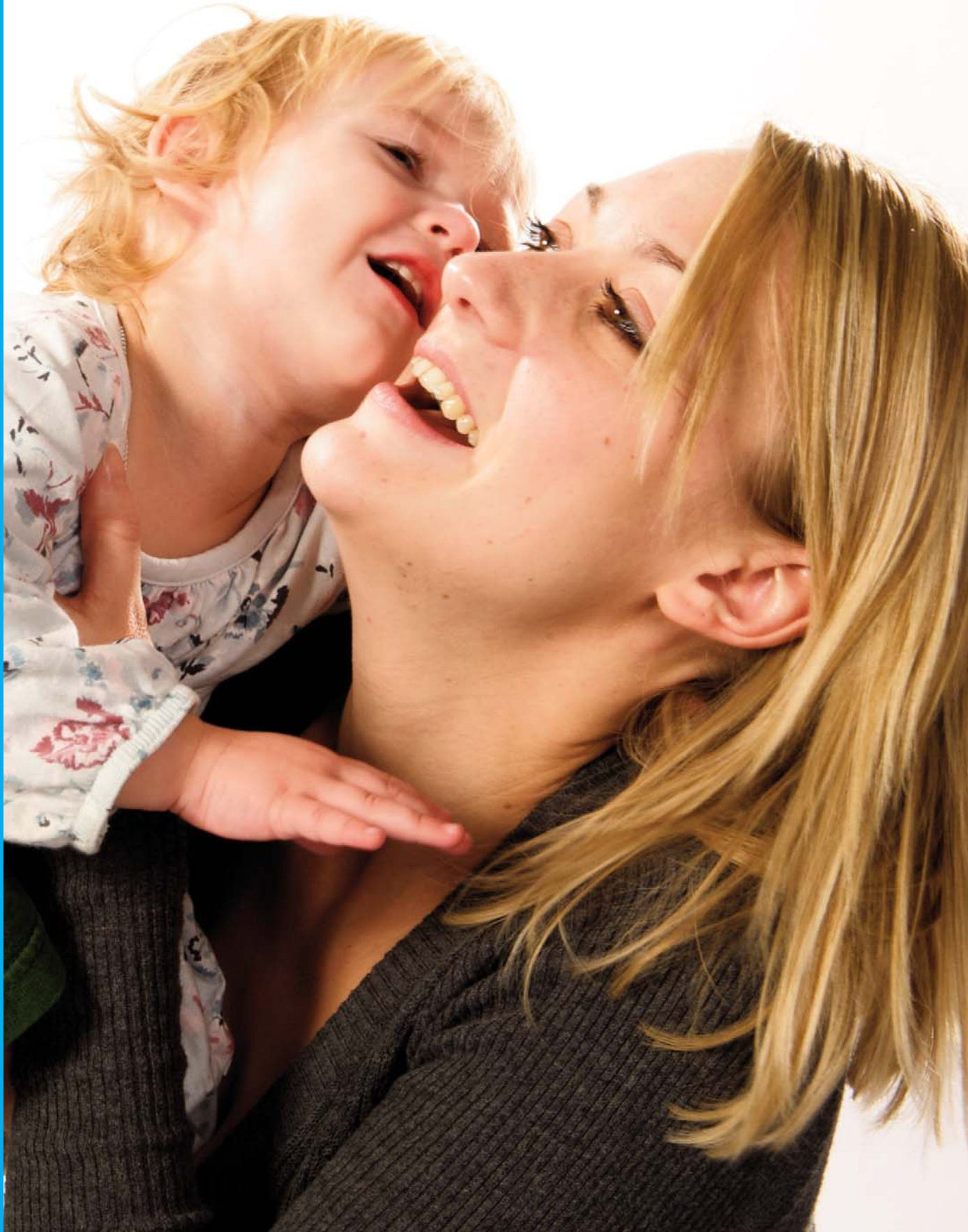




**The UNICEF UK
Baby Friendly Initiative
Annual Conference 2009**

**Bournemouth International Centre
25–26 November 2009**



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

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 25 November

Day 1 — Wednesday 25 November

Chairs: Phyll Buchanan and Lorna Hartwell (AM) Janet Calvert (PM)

- 9:30 **Update and overview of Baby Friendly Initiative activities this year**
Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative
- 10:00 **The effect of breastfeeding on obesity**
Peter Bundred, University of Liverpool
- 10:45 **Break**
- 11:30 **Weighing babies, the new growth charts and supporting breastfeeding**
Magda Sachs, UK-WHO Growth Chart Group & The Breastfeeding Network
- 12:15 **The presence of stem cell-like cells in human breastmilk**
Mark Cregan, University of Western Australia
- 1:00 **Lunch**
- 2:15 **Breastfeeding made simple: Seven natural laws for new mothers**
Kathleen Kendall-Tackett, Texas Tech University School of Medicine
- 3:00 **Supporting informed decision making: The health professional's role**
Jo Orgles and Janette Westman, UNICEF UK Baby Friendly Initiative
- 3:30 **Break**
- 4:15 **Unlocking the power of social marketing — a case study approach**
Helen Johnson, The Hub
- 5:00 **Ends**
- 5:15 **Civic reception**

THE MAYOR OF BOURNEMOUTH
(Councillor Mrs Beryl Baxter)
on behalf of Bournemouth Borough Council
has pleasure in inviting you to a
Civic Wine Reception at Purbeck Hall, BIC,
Wednesday 25 November 5.15pm-6.00pm

Day 2

Thursday 26 November

Day 2 — Thursday 26 November

Chairs: Theresa McElhone (AM) Sue Sky (PM)

- 9:30 **A new paradigm for depression in new mothers**
Kathleen Kendall-Tackett, Texas Tech University School of Medicine
- 10:30 **Break**
- 11:15 **Kangaroo Mother Care — Aspects of neonatal care and breastfeeding beyond your imagination**
Kerstin Hedberg Nyqvist, University Children's Hospital, Uppsala
- 12:00 **Effects of Baby Friendly training on health visitors' breastfeeding attitudes, knowledge and confidence**
Jenny Ingram, University of Bristol
- 12:30 **Turning training into improved practice**
Julie Smee, UNICEF UK Baby Friendly Initiative
- 1:00 **Lunch**
- 2:15 **Breastfeeding support for women of Bangladeshi origin**
Alison McFadden, University of York
- 3:00 **Nurturing: Why love is not enough**
Annette Mountford, Family Links
- 3:45 **Closing remarks**
Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative
- 4:00 **Ends**

During all breaks the Baby Friendly Initiative team will be available for advice and support at their stand (Stand 20)

The speakers

Sue Ashmore has worked for the UNICEF UK Baby Friendly Initiative since 1997. She is currently the Programme Director and is responsible for the management and development of the Initiative as well as providing support for health-care facilities to implement and maintain the Baby Friendly best practice standards. Her background is in midwifery and she was the infant feeding adviser at one of the first hospitals to achieve Baby Friendly accreditation in the UK.

Professor Peter Bundred spent his early professional career working in South Africa where he trained in Paediatrics. He subsequently did a Masters course in Epidemiology and became interested in childhood nutrition. He was involved with the promotion of breastfeeding in the Western Cape Region of South Africa where he worked in one of the many shanty towns as a GP. He was made the Professor of Primary Care at the University of the Witwatersrand in Johannesburg in 1983 and came back to the UK in 1986 to take up the post of Senior Lecturer in Primary Care at the University of Liverpool. Over the last 10 years he has carried out research into the epidemiology of childhood obesity and has had papers published in a number of international medical journals on this subject. He firmly believes that the origins of childhood obesity are to be found in early life nutrition.

He and his wife, a paediatric cardiologist, retired last year. Since retirement they have both worked part-time and have spent some months in New Zealand and South Africa, and in the summer have spent time gardening and playing croquet!

Dr Magda Sachs trained as a volunteer breastfeeding supporter and qualified in 1988. In her work for The Breastfeeding Network, she helped develop parent information leaflets as well as providing face-to-face and telephone support to women. Magda received her PhD from the University of Central Lancashire in 2005. Her research investigated the influence of routine baby weighing on the feeding decisions of breastfeeding women. In 2008 Magda joined the UK-WHO Growth Chart Group, funded by the Department of Health and organised by the Royal College of Paediatrics and Child Health, which was responsible for the design of the new UK growth charts.

Dr Mark D Cregan undertook his Doctoral studies at The University of Western Australia in the laboratory of Professor Peter Hartmann, specialising in the composition of breastmilk following premature birth. Following completion of his PhD, Dr Cregan worked as a Postdoctoral Research Associate before accepting a Faculty position at The University of Western Australia and

forming the Lactation Biology Laboratory in 2003. Dr Cregan's research then began to focus upon the cellular composition of breastmilk with a particular emphasis being the potential for stem cells in breastmilk.

During his tenure at The University of Western Australia Dr Cregan served on a number of committees, taught at all levels of the Medical and Science curriculums, and was the Director of The Faculty of Life and Physical Sciences offshore operations in Singapore. Further, Dr. Cregan Chaired the Organising and Scientific Programme Committees for the International Society for Research in Human Milk and Lactation (ISRHML) conference held in Perth in February 2008.

In January 2009, Dr Cregan resigned from his Faculty position at the University to take up a position as Medical Director for Medela Healthcare in Switzerland. Dr Cregan remains an Honorary Research Fellow at The University of Western Australia.

Kathleen Kendall-Tackett is a health psychologist and an International Board Certified Lactation Consultant. She is a Clinical Associate Professor of Pediatrics at Texas Tech University School of Medicine, and Acquisitions Editor for Hale Publishing. Dr Kendall-Tackett is a Fellow of the American Psychological Association in both the Divisions of Health and Trauma Psychology, and is Associate Editor of the journal *Psychological Trauma*. Dr Kendall-Tackett is author of more than 200 journal articles, book chapters and other publications, and author or editor of 17 books in the fields of trauma, women's health, depression, and breastfeeding, including *Depression in New Mothers* (2005, Taylor & Francis), and *Non-Pharmacologic Treatments for Depression in New Mothers* (2008, Hale Publishing).

Jo Orgles is currently working as a Professional Officer for the UNICEF UK Baby Friendly Initiative, and as Infant Feeding Co-ordinator for Harrogate and District NHS Foundation Trust and North Yorkshire and York PCT. Jo has experience of successfully implementing Baby Friendly standards within a maternity unit.

Janette Westman is a Professional Officer with the UNICEF UK Baby Friendly Initiative. With a background in midwifery, she currently works as an infant feeding co-ordinator at Bradford Royal Infirmary Maternity Unit. She is also currently working as a Project Manager on the Bradford Infant Care Study, which is comparing infant care practices between families from South Asia and white British background.

Helen Johnson is Managing Director and strategic lead at award-winning social marketing agency The Hub. Helen has extensive frontline experience across the health promotion and behaviour change agenda. As a renowned social marketing 'purist', she is passionate about social change and a vocal advocate for the power of social marketing as a catalyst for change.

As a well-respected practitioner and a passionate speaker, she works closely with the National Social Marketing Centre and the NHS, both to deliver projects and to raise awareness of social marketing throughout the UK public sector. Following the success of 'Be a Star' – The Hub's groundbreaking breastfeeding initiation campaign – Helen is committed to sharing learning to drive change and is in increasing demand to speak on this issue, nationally and internationally. With considerable specialist expertise in engaging with disadvantaged and hard-to-reach groups, Helen is focused on low aspiration and unrealised potential as the main barriers to positive social change, both within communities and the organisations that serve them.

She lives in the Ribble Valley with her family and, despite enjoying considerable professional success as a social marketer, it is as a mother of two young daughters that Helen faces her greatest behaviour change challenge.

Kerstin Hedberg Nyqvist is a Registered Nurse, has a PhD in paediatrics at the Medical Faculty of Uppsala University, with a doctoral thesis on the development of breastfeeding competence in preterm infants. She is Associate Professor in Paediatric Nursing at the Department of Women's and Children's Health, combined with clinical work at the NICU at the University Hospital, Uppsala. Her main interest areas in education, research and clinical practice are: breastfeeding, feeding policies and practices, developmentally supportive family centered care, and kangaroo mother care.

Dr Jenny Ingram has been working in the field of breastfeeding and maternal and child health for over 20 years at the University of Bristol. Her projects have included aspects of mothers' breastfeeding behaviour; parents' perceptions of neonatal care; the hormonal predictors of breast milk output; evaluation of a "hands-off" breastfeeding technique for midwives; breastfeeding in black and minority ethnic groups; developing a multi-professional breastfeeding educational package and increasing family support for breastfeeding. Other research interests include the sexual health of young people, injury prevention in the under fives and health service evaluations in primary care. She has considerable expertise in managing breastfeeding problems and ran a tertiary breastfeeding problem clinic with Dr Mike Woolridge for several years. Jenny has published extensively on many aspects of breastfeeding.

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

Alison McFadden is a research fellow and PhD student in the Mother and Infant Research Unit at the University of York. Her doctoral study, 'Breastfeeding support for women of Bangladeshi origin', was funded by the National Institute of Health Research. She has previously worked as a midwife in Bristol, Central Africa and Teesside and as a midwifery lecturer at the University of Teesside. Alison's research interests are in health inequalities and ethnicity related to maternal and infant health and nutrition.

Annette Mountford is the Chief Executive of Family Links. She worked as a Health Visitor for 13 years, and then combined her experience in health, education and parenthood to introduce the Nurturing Programme to the UK in 1992. She has led the Family Links team in adapting the Nurturing Programme (NP) to meet national curriculum standards; in anglicising the NP for parent groups; and in developing a national training programme for those working as education, health and community practitioners. The NP is at the forefront in promoting emotional literacy and emotional health nationally. Family Links' popular book, *The Parenting Puzzle*, explains the relationship between feelings and behaviour by engaging the reader through cartoons and exercises. Annette's most recent development work includes directing the trial of the NP in prisons; devising the NP for Parents and their Teenagers; and advising on the production of the Parenting Puzzle DVD, an animated version of the NP aimed at parents with learning and literacy difficulties. She received an MBE for her work in 2002.

Since 1998, the Baby Friendly Initiative has trained over 20,000 health-care professionals in breastfeeding management skills

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 18 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/inspiredgifts

Some of UNICEF's achievements in 2008

- Delivered over 19 million mosquito nets to families in vulnerable areas
- Supplied nearly 7 million HIV treatment packs
- Provided over \$75 million worth of supplies in response to emergencies
- 540 million doses of Vitamin A provided to children at risk
- 20,000 education kits supplied to 43 countries, allowing schooling to continue in emergencies

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 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



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Key articles from the Convention

Article 1 (definition of the child)

Everyone under the age of 18 has all the rights in the Convention.

Article 2 (without discrimination)

The Convention applies to every child whatever their ethnicity, gender, religion, abilities, whatever they think or say, no matter what type of family they come from.

Article 4 (protection of rights)

Governments must do all they can to fulfil the rights of every child.

Article 6 (survival and development)

Every child has the right to life. Governments must do all they can to ensure that children survive and grow up healthy.

Article 12 (respect for the views of the child)

Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously.

Article 24 (health and health services)

Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Article 28 (right to education)

Every child has the right to an education. Primary education must be free. Secondary education must be available to every child. Discipline in schools must respect children's human dignity. Wealthy countries must help poorer countries achieve this.

Article 31 (leisure, play and culture)

Every child has the right to relax, play and join in a wide range of cultural and artistic activities.

Twenty years of the UN Convention on the Rights of the Child

Twenty years ago, the world made a set of promises to all children when it adopted the UN Convention on the Rights of the Child (CRC). The Convention is a major milestone in the effort to achieve a world fit for children. It has inspired changes in laws to better protect children, changed the way international organisations work, and helped to protect children during conflicts and natural disasters.

One of these rights is the right to enjoyment of the highest attainable standard of health and to health care facilities with specific obligations including providing knowledge of child health and nutrition, **breastfeeding**, hygiene and prevention of accidents. More than one million babies worldwide die every year because they are not breastfed effectively or because they are given other foods too early. Yet globally only 38 per cent of children under six months are exclusively breastfed. The Baby Friendly Initiative, a joint programme of the World Health Organization and UNICEF works in over 130 countries to support breastfeeding mothers.

While great progress has been made on children's rights in the past 20 years, much remains to be done. As the champion of the Convention, UNICEF is making a promise to help every child realise their rights. Every child has the right to a childhood, to be educated, to be healthy, to be treated fairly and to be heard.

Dan Seymour, Chief of UNICEF's Gender and Rights Unit, writes:

"In every region of the world, we find numerous examples of the CRC's impact on law and practice. The CRC was the first international convention to be ratified by South Africa, leading to changes such as the prohibition of corporal punishment and development of a separate juvenile justice system. The Russian Federation also set up juvenile and family courts in response to the CRC, while Morocco established a National Institute to Monitor Children Rights.

Finland took a number of new measures for children inspired by the Convention, such as a plan for early childhood education and care, a curriculum for the comprehensive school, quality recommendations for school health care, and an action plan against poverty and social exclusion.

This wide acceptance of the CRC can give the misleading impression that it is neither challenging nor new. Yet the very idea that children are the holders of rights is far from universally recognized. Too many children are considered to be the property of adults, and are subjected to various forms of abuse and exploitation.

That the world fails to respect the rights of its children – even to deny that children have rights – is clear in the alarming numbers of children who die of preventable causes, who do not attend school or attend a school that cannot offer them a decent education, who are left abandoned when their parents succumb to AIDS, or who are subjected to violence, exploitation and abuse against which they are unable to protect themselves.

We cannot claim that the Convention has achieved what needs to be achieved. Rather, it has provided all of us with an essential foundation to play our part in changing what needs to be changed. The Convention demands a revolution that places children at the heart of human development – not only because this offers a strong return on our investment (although it does) nor because the vulnerability of childhood calls upon our compassion (although it should), but rather for a more fundamental reason: because it is their right."

Read more about the 20th anniversary of the Convention at www.unicef.org.uk/crc

The Convention sets out the rights that every child is entitled to, including the right to a childhood free from poverty. Despite the UK being one of the richest countries in the world, there are 4 million children living in poverty in this country. Please ask your MP to write to the Chancellor and ask him to prioritise the needs of children living in poverty and to provide a recession recovery package for struggling families.

To email your MP, please go to www.unicef.org.uk/takeaction

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 2009. 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.

The effect of breastfeeding on obesity

Dr Peter Bundred

Does breastfeeding prevent the subsequent development of obesity in children? The answer is that we do not have definitive evidence. However a number of studies have shown that breastfed infants are less likely to become obese. What we do know is that sub-optimal nutrition during the foetal period and the first year of life profoundly affects the way the child grows and has a major influence on the subsequent development of diseases such as hypertension, diabetes and heart disease in early adult life.

This paper will review the current literature on the relationship between breastfeeding and obesity and will use the results of research carried out in Wirral over the last 10 years to show how early life nutrition has affected the development of childhood obesity. In this large cohort study the research showed that there was a strong relationship between an individual's socio-economic status and their birth weight. Children born to mothers from the lowest fifth of the socio-economic scale had a significantly lower birth weight. Research from a number of studies has consistently shown a relationship between low birth weight and the development of cardiovascular disease in early adult life.

In early infancy it is the rate of weight gain which is the main contributory factor in the development of obesity. Children with lower birth weight tend to have an increased rate of weight gain as they go through a period of "catch-up" growth. This is where breastfeeding may play its part in controlling the development of obesity. A number of studies have shown that rapid weight gain in the first weeks of life is associated with the subsequent development of obesity. Initially, breastfed children have a short period of physiological weight loss before they begin to gain weight. In general they have a different growth trajectory to formula-fed infants and it is this growth pattern which probably protects them from gaining excess weight. Children in Wirral who were born with a lower than average birth weight and who gained weight rapidly were four times more likely to be obese at the age of three.

The Wirral cohort also showed that there was a strong relationship between big babies — "macrosomia" — and higher socio-economic status. If these babies gained weight rapidly in their first weeks they would be at even greater risk of obesity when they were three.

Another cohort study carried out between 1997 and 2003 on women booking at the Wirral antenatal clinic showed a year-on-year increase in booking weight. Women booking in 2003 were 3kg heavier than women booking in 1997. There is a strong relationship between maternal weight and the weight of their newborn infant. These results have implications on the development of early childhood obesity in this group.

It would appear that children born at both extremes of the birth weight spectrum are at risk of developing obesity. Strategies aimed at reducing the prevalence of childhood obesity must take into consideration early life nutrition of both the mother and child. Encouraging women to reduce excess weight before becoming pregnant and not to gain an excessive amount of weight during their pregnancy are important. It is also important to ensure that as many women as possible breastfeed during the first few weeks as breastfeeding may well prevent the rapid increase in weight which is associated with early life obesity.

Day one

Weighing babies and supporting breastfeeding

Magda Sachs

For many years, it has been suggested that the use of the UK 1990 growth reference chart, based on a mix of breastfed and formula-fed infants, provided the wrong measure of breastfed infants' growth and undermined breastfeeding. There has been a lack of clear understanding of normal growth patterns and how to interpret them, poor explanation to parents, and a readiness to use formula as a first intervention to increase weight gain. This has combined with a lack of skills to support breastfeeding in creating the current situation in the UK.

In 2006, in response to similar international concerns, the World Health Organization (WHO) launched growth standards based on optimally growing children. Sampling was conducted in six countries from relatively privileged infants who were exclusively breastfed for at least four months, and whose mothers did not smoke.

SACN (Scientific Advisory Committee on Nutrition) examined the application of these standards to the UK, and the Department of Health (DH) decided to adopt the WHO standards for infants in England aged two weeks to four years. The DH tasked the Royal College of Paediatrics and Child Health with producing a UK version of the charts, as well as educational materials. This work was completed in April this year and the charts launched in May.

The new growth charts are unique to this country as they combine UK and WHO data. The design, professional instructions (on the A4 chart) and parent information (in the parent-held record and online) were informed and refined by work with focus groups. Educational materials are available online, providing information on new features, and also general training in the use of growth charts and growth monitoring.

This presentation will describe the charts and the project of their creation, which has illuminated many aspects of UK practice. As the UK-WHO charts begin to be used, the impact on breastfeeding has yet to be evaluated. It is likely that, to reap maximum benefits from the change to new charts, a period of transition and training in the charts for all will be required. The change to growth standards, which firmly place the growth of breastfed babies as the norm, provides an opportunity to support other UK-wide changes in practice to embed breastfeeding support into standard care for all mothers and babies.

Day one

The presence of stem cell-like cells in human breastmilk

Mark D Cregan, PhD

Human breastmilk contains a range of bioactive components that have been fine-tuned through evolution to provide the optimum developmental benefits to the newborn infant. The cells in breastmilk are not clearly understood, but are known to include secretory epithelial cells (lactocytes) that have exfoliated from the alveoli and a range of immune cells activated to specific pathogens. Further, it has been shown that the immune cell component of breastmilk can survive the digestive processes of the infant; while animal studies have shown that immune cells from mother's milk can be found in the infant's circulation following feeding.

In a recent study, we identified cells from human breastmilk that were positive for the putative stem cell marker, nestin. Analysis of the cells isolated from breastmilk showed there to be a small population of cells isolated that exclude a dye that is indicative of multipotent stem cells. Further, we have also recently observed a population of cells in breastmilk that are positive for a hematopoietic stem cell marker, suggesting that human breastmilk contains stem cells of multiple lineages. The presence of putative stem cells in breastmilk demonstrates a more complex cellular component exists in human milk than previously appreciated. These findings further enhance our appreciation of the bioactivity of breastmilk and also demonstrate that human breastmilk is a readily available and non-invasive source of putative stem cells.

Breastfeeding made simple: Seven natural laws for nursing mothers

Kathleen Kendall-Tackett, PhD, IBCLC

Each year, hundreds of thousands of women initiate breastfeeding only to stop in the first few days or weeks postpartum. Why does this happen? It's certainly not lack of information or lack of mothers' interest in the topic. This attrition suggests that a different approach is needed.

In our efforts to help mothers, we may have become part of the problem. Mothers often report feeling overwhelmed by information and the wide range of help they receive in the early days of breastfeeding. Further, they often feel the sole responsibility for getting breastfeeding 'right' and, if it doesn't go well, they feel incompetent. Fortunately, it doesn't have to end this way.

This presentation describes the seven natural laws for nursing mothers that simplify breastfeeding and help mothers tap into their own innate wisdom. These laws are based on the latest research from around the world. The seven natural laws will help teach mothers more effectively so they can have a successful breastfeeding experience.

References:

Mohrbacher, N. & Kendall-Tackett, K A (2005). *Breastfeeding made simple: Seven natural laws for nursing mothers*. Oakland, CA: New Harbinger.

Day one

Supporting informed decision making: The health professional's role

Jo Orgles and Janette Westman

Although decades of research has provided us with a plethora of evidence about the benefits of breastfeeding, it is only more recently that we have seen an improvement in breastfeeding rates. One of the underlying principles of the Baby Friendly Initiative is that women be given sufficient information to enable them to make informed choices and that they are then empowered to feed their babies however they choose, for as long as they wish. Baby Friendly accredited units have demonstrated an increase in breastfeeding initiation rates by around 10 per cent but national audit figures also show that many UK mothers stop breastfeeding sooner than they would have liked.

How we give information to mothers is vitally important if we are to enable them to make choices and then to support them in those decisions, whatever they may be. At a time when we are all working within time constraints and when the mother is going through a life-changing period, finding ways to give this information effectively can be challenging.

This presentation will consider some of the challenges and how to overcome them, as well as looking at whose responsibility it ultimately is to give the information.

Unlocking the power of social marketing – a case study approach

Helen Johnson

In March 2008 award-winning social marketing agency, The Hub, in collaboration with Central Lancashire PCT, developed and launched the Be A Star breastfeeding initiation programme. The project was designed to increase breastfeeding amongst the UK's lowest initiators— young, white mothers from disadvantaged communities.

The programme has achieved unprecedented results and has evolved into a comprehensive behaviour change intervention, incorporating service design, co-creation, public and stakeholder engagement and a comprehensive, through-the-line communications campaign.

Awareness of the power of social marketing to change behaviours and shift norms in a health context is rapidly rising. In this presentation, Helen Johnson, Managing Director at The Hub, will use the inspirational success of the Be A Star programme to bring the fundamental principles of social marketing to life.

Taking you through the research, development, implementation and evaluation phases of this programme, Helen's presentation will emphasise the practical application of social marketing techniques, focusing on principles that can be applied widely to health and equality programmes.

Day two

A new paradigm for depression in new mothers

Kathleen Kendall-Tackett, PhD, IBCLC

References:

Kendall-Tackett, KA (in press). *Depression in new mothers*, 2nd edition. London: Routledge.

Kendall-Tackett, KA (2008). 'Non-pharmacologic treatments for depression in new mothers: Omega-3s, exercise, bright light therapy, social support, psychotherapy and St. John's Wort'. *Clinics in Human Lactation*. Amarillo, TX: Hale Publishing.

Kendall-Tackett, KA (2010). *The psychoneuroimmunology of chronic disease: The link between negative mental states, inflammation, and chronic illness*. Washington, DC: American Psychological Association.

Kendall-Tackett, KA (2007). 'A new paradigm for postpartum depression: The central role of inflammation and how breastfeeding and anti-inflammatory treatments decrease risk'. *International Breastfeeding Journal*, 2, 6. www.InternationalBreastfeedingJournal.com

Traditionally, postnatal depression is presented as being due to the sudden drop in estrogen and progesterone after birth. Although a popular view, the reproductive-hormonal hypothesis does not have empirical support. Instead, risk factors have been identified that include maternal stress, fatigue and sleep deprivation, inflammation, infant characteristics, pain, a history of psychological trauma, and a history of affective disorder. These individual risk factors are accurate, but incomplete, in understanding the etiology of depression. More recently, researchers from the field of psychoneuroimmunology have presented a new paradigm for postnatal depression. In this new paradigm, inflammation is not simply a risk factor for depression; it is the risk factor, the one that underlies all the others. This new understanding has implications not only for how we understand depression in new mothers. But it also helps us understand why depression and other negative emotions increase the risk of preterm birth. It also offers at least a partial explanation for why breastfeeding mothers have lower rates of depression, if breastfeeding is going well. Finally, it explains why the large array of treatments for depression, such as Omega-3 fatty acids, exercise, St. John's Wort, cognitive therapy and antidepressants, are all effective.

Kangaroo Mother Care — Aspects of neonatal care and breastfeeding beyond your imagination

Kerstin Hedberg Nyqvist, RN, Associate Professor

The aim of family-centered neonatal care is to support the family by not separating the infant and mother (father) after birth, offering early physical contact between the infant and parents, enabling parents to stay for 24 hours with the infant and provide the infant's care, and helping mothers to establish breastfeeding. A model for such care is Kangaroo Mother Care, which is recommended by the World Health Organization for all levels of care from 29 weeks/1.5kg using practices such as early, continuous and prolonged skin-to-skin contact between mother and low birth weight infant, with exclusive breastfeeding (ideally), early discharge and adequate follow-up.

This model of care is practiced in the Neonatal Infant Care Unit in Uppsala, Sweden, which allows all infants to have at least one parent present for 24 hours in the intensive care nurseries. There are family rooms for intermediate care, where mother and father room-in in the capacity of the infant's primary caregivers, from birth when possible. The infant's care (covering nearly everything that nurses do) is transferred early to parents, without pressure. Based on evidence of very early oral motor capacity in preterm infants, breastfeeding is introduced from 28 weeks with infant stability as the only criterion. Semi-demand (not scheduled) feeding is introduced early, with alternative strategies for reduction of supplementation via tube or cup feeding. Exclusive breastfeeding may be attained from 32 weeks, often at 33—35 weeks. Infants go home on early discharge (requirement of tube/cup feeding) from around 34 weeks. This presentation will describe the rationale and practical aspects of this program.

Day two

The effects of Baby Friendly Initiative training on health visitors' breastfeeding attitudes, knowledge and confidence

Dr Jenny Ingram

References:

1 Bartington S, Griffiths LJ, Tate A, Dezateaux C, Millennium Cohort study health group. (2006). 'Are breastfeeding rates higher among mothers delivering in Baby Friendly accredited maternity units in the UK?' *Int J Epidemiol.*; 35(5):1178-86. Epub 2006 Aug 22

2 Ingram J C (2006) 'Multi-professional training for breastfeeding management in primary care in the UK' *International Breastfeeding Journal* 2006, 1:9 (28Apr2006)

The UNICEF Baby Friendly Initiative (BFI) programme in the community uses similar principles to those applied in acute Trusts. The effects on breastfeeding initiation rates from BFI training for acute sector staff are well documented¹. The goal of implementing BFI practices in the community is to improve breastfeeding rates at eight weeks. Previous research in primary care has shown that a short training course for health professionals in breastfeeding problem management can improve breastfeeding knowledge and the management of problems². This presentation reports an evaluation of the effects of BFI community training on breastfeeding rates, staff and mothers in NHS Bristol during 2008 and 2009.

All the health visitors and nursery nurses working in community settings were trained on mandatory three-day BFI courses during 2008. Breastfeeding attitudes, knowledge and their confidence in helping mothers to breastfeed were measured using a validated breastfeeding questionnaire and a self-efficacy tool. Questionnaires were given immediately before, one month after training, and again six months later. Statistically significant increases were seen in breastfeeding attitudes, knowledge and self-efficacy for both health visitors and nursery nurses after attending the course. These improvements were maintained six months later. There were also increases in the appropriate management of some breastfeeding problems.

Process evaluation was carried out through interviews of health visitors, nursery nurses and managers to explore their views on the success of the training, changes in practice and management of breastfeeding. The response to the course was overwhelmingly positive and it was felt to be extremely worthwhile. It has led both to renewed enthusiasm about breastfeeding and immediate changes to practice. Health visitors felt confident about enabling nursery nurses to take a greater role in breastfeeding support.

Mothers were purposively sampled from baby clinics and postnatal groups at nine health centres and interviewed to explore their experiences of breastfeeding before and after training had taken place. They completed the Breastfeeding Self Efficacy Scale to assess their confidence about breastfeeding, and a breastfeeding problems questionnaire to assess advice and support. An increase was reported in those breastfeeding exclusively and in mothers' self confidence in breastfeeding.

Making the training mandatory and across the whole Primary Care Trust has improved the consistency of advice and confidence of all health-care staff who help mothers with breastfeeding. These improvements have been translated into increased breastfeeding continuation rates at eight weeks.

Day two

Turning training into improved practice

Julie Smee

The WHO/UNICEF Baby Friendly Initiative is a global accreditation programme which is aimed at improving practice in the health service in order to improve breastfeeding rates. In recognition of the credible evidence demonstrating that it is both clinically and cost effective in delivering a significant increase in breastfeeding rates, implementation of the Baby Friendly Initiative is a key recommendation of the National Institute for Health and Clinical Excellence (NICE) Postnatal Clinical Care Guidelines. Implementation of the Baby Friendly Initiative is also recommended in the NICE public health guidance 'Improving the nutrition of pregnant and breastfeeding mothers and children in low income households' and is part of the Child Health Promotion Programme, the Obesity Strategy and the latest Health Inequalities Strategy.

Unfortunately the standard of care required for accreditation can not be taken for granted. A lack of understanding about the benefits and management of breastfeeding has led to poor pre-registration training for health-care professionals which in turn has led to routine practices that can make successful breastfeeding harder to achieve.

Crucial to achieving the standards required to achieve accreditation, therefore, is the provision of an effective training programme for all staff that results in improved practice to enable mothers to initiate and sustain breastfeeding. This can mean that decades of routine practice have to be unlearned and cultural and personal issues around breastfeeding addressed. The improvements required do not necessarily fit effortlessly into current routine practice and hierarchies and health professionals sometimes find it difficult to achieve the changes required to provide effective breastfeeding support to women. This presentation will be exploring the challenges of turning training into improved practice. It will look at the support that is offered by the Baby Friendly Initiative and discuss strategies for providing effective care.



There are an estimated 2 million children living with HIV in developing countries, but only 38 per cent of children receive the life-saving medicine they need. Creating cost effective child-friendly treatments often requires the use of several different HIV medicines. But often the use of these medicines are restricted under patent laws.

However, there is a solution.

Last year, UNITAID, the international drug purchasing facility, took steps towards setting up an HIV patent pool. This is a simple system whereby pharmaceuticals allow other companies to use their patents in exchange for a fair royalty. This could help to increase the number and availability of urgently needed child-friendly HIV treatments for use in developing countries, where the majority of children with HIV live.

Help children around the world access the treatment they need to stay alive by joining our 'Push for the pool'. To sign up visit www.unicef.org.uk/patent

Day two

References:

- 1 Bolling K, Grant C, Hamlyn R, Thornton A. *Infant feeding survey 2005*. London: The Information Centre; 2007.
- 2 Thomas M, Avery V. 'Infant feeding in Asian families: early feeding practices and growth.' London: The Stationery Office; 1997.
- 3 Kelly YJ, Watt RG, Nazroo JY. 'Racial/ethnic differences in breastfeeding initiation and continuation in the United Kingdom and comparison with findings in the United States.' *Pediatrics*. 2006;118(5):2207-8.
- 4 Jayaweera H, D'Souza L, Garcia J. 'A local study of childbearing Bangladeshi women in the UK.' *Midwifery*. 2005 Mar;21(1):84-95.
- 5 Peach C. 'South Asian migration and settlement in Great Britain, 1951-2001.' *Contemporary South Asia*. 2006;15(2):133-46.
- 6 ONS. *Focus on ethnicity and identity*. London: Office for National Statistics; 2005.
- 7 Nazroo J. *Ethnicity, class and health*. London: Policy Studies Institute 2001.
- 8 Atkin K. 'Primary health care and South Asian populations: institutional racism, policy and practice.' In: Ali S, Atkin K, eds. *South Asian populations and primary health care: meeting the challenges*. Oxford: Radcliffe 2004.

Breastfeeding support for women of Bangladeshi origin

Alison McFadden

National surveys¹⁻³ suggest that women of Bangladeshi origin have high breastfeeding initiation rates, low rates of exclusive breastfeeding and a preponderance of mixed feeding. The Bangladeshi community is the most uniformly socio-economically deprived ethnic group in the UK^{4,5} and has one of the youngest and fastest growing populations⁶. There is a complex but well-documented relationship between ethnicity, socio-economic disadvantage and ill-health⁷. These ethnic and socio-economic health inequalities are underpinned by the ability to access appropriate health services⁸. For these reasons it is significant to explore how breastfeeding support can be improved.

This presentation summarises the main findings and implications of a qualitative research study of women of Bangladeshi origin's breastfeeding experiences and support needs. The study had three phases comprising focus groups with grandmothers and fathers, individual interviews with women and focus groups with health-care practitioners.

The main findings were that the breastfeeding support needs for women of Bangladeshi origin were generally similar to the majority population. However it is important that health practitioners understand where cultural context makes a difference. This includes recognising diversity within the Bangladeshi population and understanding the family context of breastfeeding, including living arrangements, household responsibilities and family relationships. While practitioners recognised pressures on women they were used by many to affirm stereotypes of women as passive. This, combined with lack of confidence and organisational constraints, led to some practitioners feeling powerless to support breastfeeding for this group of women.

Recommendations include implementing good practice for breastfeeding and culturally competent care, engaging with families, providing bilingual advocacy workers and involving women in developing appropriate and accessible breastfeeding support services.

Dates for your diary

Future conference dates

27 & 28 October 2010
Harrogate International Centre

24 & 25 November 2011
Liverpool (TBC)

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



Day two

Why love is not enough: The Nurturing Programme

Annette Mountford MBE

From Spock to Supernanny, from the National Institute for Clinical Excellence (NICE) recommending parenting classes as first line treatment for children with conduct disorder, to media attention on child abuse cases — the business of being a parent has become a high profile job. Of course it always has been the most important job for creating healthy, happy children, adults and society. However, the shift in women's roles, high divorce rates, lone-parenting, and social isolation are but a few of the pressures that exacerbate the difficulty in trying to be a 'good parent'. But is being a 'good parent' a fair demand or just another pressure?

The Family Links Nurturing Programme supports parents in the quest to be a 'good enough' parent, a standard we can realistically strive for. All parents expect to love their babies, and nearly all do. But to foster and maintain this love it takes good communication and relationship skills between the parents themselves, and between parents and their children, plus lots of positive behaviour management strategies to create a secure loving environment. Having been a child does not necessarily equip us for the life-challenging experience of being an effective parent. A first-time parent in their mid-thirties said "I could manage 300 staff but my three-year-old ran circles around me. It never occurred to me to use the same people skills I used at work with my little boy." Knowledge of oneself and children's needs are crucial. Firmness, fairness, consistency, and boundaries are but a few of the wide-range of topics that the Nurturing Programme invites parents and professionals to consider in raising emotional healthy children and young people to confident fulfilling adulthood. At the centre of the Nurturing Programme is the understanding of how our feelings drive our behaviour and how we can deal effectively with all feelings.

The session will consider the philosophy and practical processes of the Nurturing Programme based on the importance of Empathy, Self awareness, Parenting skills, and knowledge of children's development. Using examples of exercises from the 10-week Nurturing Programme for Parents and cartoons from the support book *The Parenting Puzzle*, those attending the conference will have a chance to reflect on how best practice in communication skills can help parents and children get the best out of family life.

For further information please go to the Family Links website:
www.familylinks.org.uk

The exhibitors

4 Little 1 Baby Nose-clear (Stand 3)

4 Little 1 Baby nose clear can be used from birth and recently won the Queen's Award for Enterprise for outstanding innovation. The nasal aspirator gently removes congestion for clearer breathing and easier feeding. The pure essential oil room vapour helps keep airways clear for longer to aid sleep. Widely available from Boots, Mothercare, leading grocers and pharmacies and our website.

www.4little1.com

Ardo Medical Ltd (Stand 7)

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 health-care 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. 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 BPA-free products on our stand today and find out how we can help you.

Tel: 01823 336 362

www.ardomedical.co.uk

Association of Breastfeeding Mothers (Stand 16)

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 Charitable Trust (Stand 14)

The Baby Café Charitable Trust is a national network of over 130 branded breastfeeding drop-in centres which support well over 10,000 breastfeeding mothers annually. The drop-ins are a fully funded service and may be facilitated by midwives, health visitors, lactation consultants or breastfeeding counsellors from voluntary breastfeeding organisations. Many have peer supporters on hand and some operate their own peer supporter training programmes. Funding comes from various sources such as PCTs, Sure Start programmes, community funds or grants.

Baby Milk Action (Stand 4)

Baby Milk Action is the UK member of the International Baby Food Action Network (IBFAN). IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats. Baby Milk Action is also the Secretariat for the UK Baby Feeding Law Group. Visit our stand for information, membership, merchandise and publications including the 2010 Breastfeeding Calendar.

www.babymilkaction.org

Best Beginnings (Stand 27)

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.info

Tel: 020 7443 7895

Registered Charity No. 1120054

Bickiepegs-Doidy (Stand 10)

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.

Tel: 01224 790626

Fax: 01224 790920

www.bickiepegs.co.uk

enquiries@bickiepegs.co.uk

Breastfeeding Network (Stand 2)

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 90+ breastfeeding centres in the UK, offer training courses and provide supervision and on-going learning to our 500+ volunteers.

www.breastfeedingnetwork.org.uk

Department of Health – Nutrition (Stand 15)

The Nutrition Team at the Department of Health is responsible for the delivery of policies designed to improve breastfeeding support services in both hospital and community settings. It also supports the wider population through the 5ADAY programme, School Fruit and Vegetable and Nursery Milk Schemes. Healthy Start reaches pregnant women and children in low income families across the UK. It provides support and encouragement for breastfeeding and healthy eating through weekly vouchers and free vitamins.

www.dh.gov.uk

Intavent Orthofix Limited (Stand 12)

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

The FISIO Electric Breast Pump, with stimulation cycle, together with the 'Easi Fit 3' range of collecting sets: three sizes of funnel, sterile and affordable. Not forgetting the AXifeed Feeding Cup, also supplied sterile.

Tel: 01628 594500 or our Helpline: 0845 602 6382
intaventhelpline@btconnect.com

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

Jones & Bartlett Publishers (Stand 1)

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. To find out more please visit our website.

www.jbpub.com/nursing/womenshealth

La Leche League GB (Stand 23)

Mothers want to breastfeed and health professionals and lactation specialists want to help them. La Leche League GB (LLLGB) has an extensive range of breastfeeding information and resources, for both mothers and health professionals, available through the LLLGB Shop.

Our renowned breastfeeding courses / peer counsellor programmes, especially designed for those who care for breastfeeding women, are available through the LLLGB Education & Development department. Our trained and accredited volunteers offer mother-to-mother breastfeeding support and information via meetings, a telephone helpline (0845 120 2918), publications and online helpforms.

www.laleche.org.uk or to visit our Online Shop
www.lllgbbooks.co.uk

Wendy Goodwin
 Commercial Manager
 La Leche League Shop
 PO Box 29
 West Bridgford
 Nottinghamshire, NG2 7NP
 Tel: 0845 456 1866

Registered in England Reg No 2413647

Lactation Consultants of Great Britain (Stand 17)

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

Little Angels (Stand 13)

Little Angels is a Community Interest Company committed to providing breastfeeding peer support to mothers in hospital and community. The company was set up to support, promote and protect breastfeeding, continually working towards UNICEF UK Baby Friendly Initiative standards. Little Angels works alongside local health services, providing additional support incorporated into midwifery care. Partnership working ensures key information is shared, prioritising mother and baby health to successfully achieve a seamless multi-agency approach to breastfeeding care.

Medicare Colgate (Stand 8)

Sterifeed is the market leader for equipment for human milk banking and collection containers for mother's milk.

Sterifeed was the first company to introduce truly tamper-evident breast milk collection and storage bottles made from BPA-free polypropylene, with a hermetic foil seal.

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Sterifeed will be introducing its new feeding cup at the Baby Friendly Initiative Conference.

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Email: info@sterifeed.com

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Post Cross Business Park,
Kentisbeare,
Cullompton,
Devon, EX15 2BB

NCT (Stand 25)

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

The NCT has strong links with health-care professionals and provides them with a broad range of products and services, including educational materials and teaching aids, information, birth environment equipment, conferences, training courses and workshops.

If you work with parents and parents-to-be, the 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.

Tel: 0844 243 6000

Email: enquiries@nct.org.uk

www.nct.org.uk

The Practising Midwife (Elsevier Ltd) (Stand 22)

Now in its 12th year, The Practising Midwife is the best-selling monthly journal for midwives. Each month the peer-reviewed journal focuses on a different theme, covering everything from antenatal care to postnatal support, local news to international issues; and our Midwifery Basics series is essential reading for practising midwives. TPM's emphasis is always on promoting normal birth and breastfeeding; the journal is proud of its long-standing policy of not accepting formula milk adverts.

Real Baby Milk CIC (Stand 21)

The not-for-profit breastfeeding project. We produce 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

Routledge (Stand 26)

Routledge is an imprint of the Taylor & Francis Group — an Informa business.

Routledge is a distinguished international publisher of over 600 journals and 2,000 new books each year covering many different subject areas within social sciences and humanities.

Discussing topics including nursing care, midwifery and health-care management, Routledge publishes a wide range of high-quality titles for students, academics and nursing/health-care professionals.

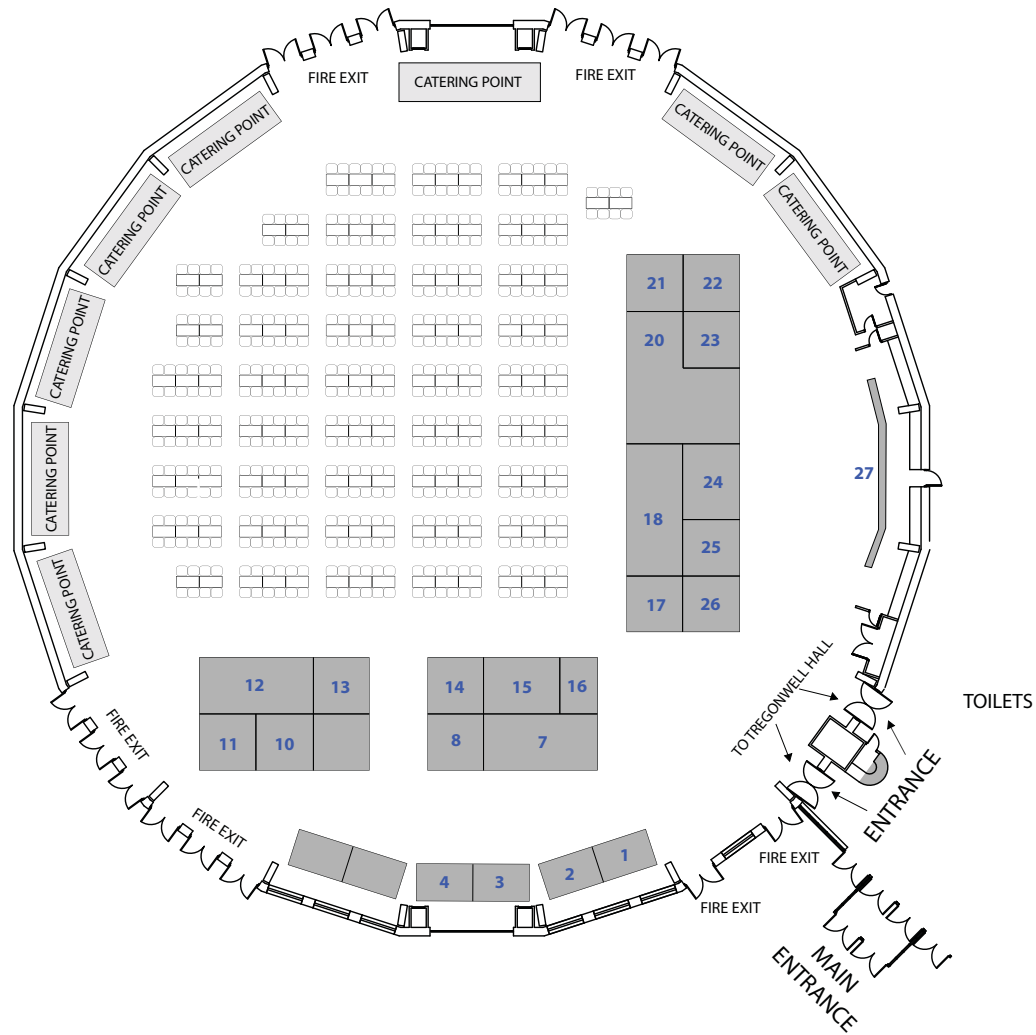
For information on Routledge health titles, please visit our website.

www.routledge.com/nursing

Timesco (Stand 24)

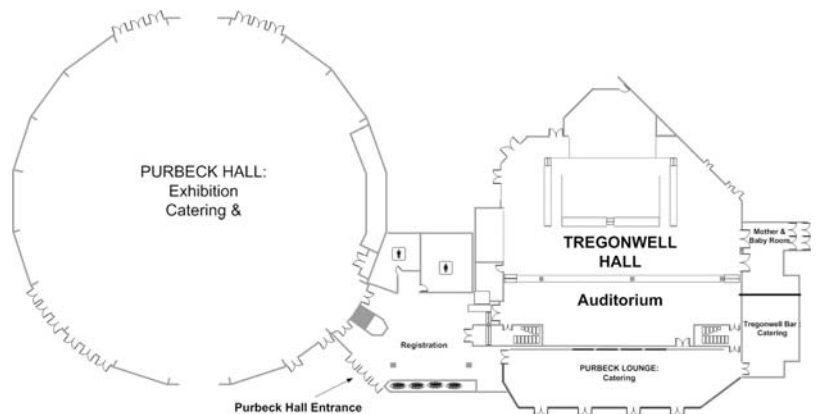
Timesco have been providing high quality medical products since 1964. We strive to develop new, innovative medical technologies that will save or improve quality of life, whilst meeting the highest standards of product safety. Timesco's primary care range includes essential items for midwives, nurses and other healthcare professionals providing care for mothers and babies. We offer an extensive range of dopplers, stethoscopes and scales, as well as supplying neonatal sizes in resuscitators and face masks.

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The UNICEF UK Baby Friendly Initiative would like to thank the Bournemouth International Centre for their support.

