UNICEF UK BABY FRIENDLY INITIATIVE NEONATAL CONFERENCE
9 MAY 2017, SENATE HOUSE, LONDON
A very warm welcome to the Unicef UK Baby Friendly Initiative’s second Neonatal Conference, hosted in partnership with Bliss.

Today’s speakers will give you an insight into the latest research, innovations and challenges around caring for the UK’s sick and preterm babies and their families. We’ll be highlighting some of the work that’s been taking place in neonatal units across the UK as they begin their Baby Friendly journey to improve care and give these babies the best possible chance to thrive.

You’ll get the chance to hear from staff at Royal Devon and Exeter neonatal unit, the first to achieve full Baby Friendly neonatal accreditation; they’ll be sharing their experiences and lessons learned as they progressed. We’re now helping more units to follow in their footsteps, transforming their practices to support breastmilk feeding and breastfeeding, enable close parent-infant relationships and empower parents to be at the heart of their baby’s care.

We hope you enjoy the day and feel inspired to continue your hard work.

Sue Ashmore
Programme Director,
Unicef UK Baby Friendly Initiative
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<td>Dr Matthew Hyde, Research Associate in the Section of Neonatal Medicine, Faculty of Medicine, Imperial College London</td>
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<td>Karen Read, Infant Feeding Coordinator, and Louise Rattenbury, Matron, neonatal unit, Royal Devon and Exeter NHS Foundation Trust</td>
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<td>Inga Warren, Senior NIDCAP Trainer, University College Hospital</td>
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Times subject to change
CHAIR & SPEAKER BIOGRAPHIES

Caroline Lee-Davey (chair) joined Bliss as Chief Executive in November 2014; she also sits on the Executive Committee of the British Association of Perinatal Medicine, and is a member of the Maternal, Perinatal and Infant Independent Advisory Group. Before joining Bliss Caroline was the Director of Policy, Advice and Communications at Gingerbread, the single parent charity, where she led on policy and campaigning work as well as overseeing the delivery of multi-channel information and advice services. Caroline was previously Deputy Director of Communications, Policy and Campaigns at housing charity Shelter. She is also a trustee of Crisis, the national charity for single homeless people, and is a Fellow of the Royal Society of Arts.

Sue Ashmore is Programme Director of Unicef UK’s Baby Friendly Initiative. With a background in midwifery, Sue has directed the Baby Friendly Initiative on a strategic level for 10 years, introducing new standards to ensure that babies’ physical and emotional wellbeing is at the heart of the programme. Sue leads on external and internal relations and supports facilities with implementing and maintaining the standards.

Dr Matthew Hyde has a PhD in animal physiology. He has since transitioned to clinical research and for the last nine years has been based in the Section of Neonatal Medicine at Imperial College. His research interests focus on early life programming of later life health, and particularly how mode of delivery acts as a programming event. Most recently his research has focused on the association between Caesarean delivery, breastfeeding and subsequent obesity in offspring. He is currently heading a research initiative looking at the way in which we conduct research in the perinatal period and designing a study to look at the long-term impact of mode of delivery on offspring outcomes.

Karen Read qualified as a children’s nurse in 1994 and, after a year of general paediatrics, moved into neonatal nursing. After eight years in Southampton neonatal unit she moved to the Royal Devon and Exeter Hospital, working as a sister. During this time she developed a strong interest in supporting mothers to breastfeed, and in 2009 she became half of the Infant Feeding Coordinator team facilitating breastfeeding support and the implementation of the Baby Friendly standards across the maternity and neonatal services. Full maternity accreditation was achieved in 2012, with a successful re-accreditation in 2014. The neonatal unit became the first in the UK to achieve full neonatal accreditation in February 2016.
Louise Rattenbury trained as a registered nurse in London in the mid-1980s, and completed her midwifery training in Southampton in 1992. With no full time midwifery posts available, Louise found herself working in a neonatal unit with every intention of returning to midwifery. However, 23 years later Louise is matron of the Royal Devon and Exeter neonatal unit. She is passionate and dedicated to delivering the best care possible to babies and their families.

Dr Laura De Rooy is a Consultant Neonatologist at St George’s Hospital London, where she has worked since 2003. She has always been interested in neonatal nutrition, specifically the impact of human milk and breastfeeding on hypoglycaemia in the newborn. She worked on the Diabetes in Pregnancy Confidential Enquiry as a member of the Neonatal Enquiry Steering Group (2007), and as a member of the Consensus Standards Group for the Centre for Maternal and Child Enquiries (CMACE) and Royal College of Obstetricians and Gynaecologists (RCOG) joint guideline: Management of Women with Obesity in Pregnancy (2010). She obtained an MSc in Clinical Nutrition from the University of Roehampton in 2015. She is passionate about minimising mother-baby separation on the neonatal unit. Laura is part of St George’s neonatal unit’s Baby Friendly team, who have begun their journey towards accreditation as one of six UK units receiving support thanks to the Burdett Trust.

Annie Aloysius is a Speech and Language Therapist and lactation consultant working in the field of paediatric feeding and swallowing difficulties and specialising in Neonatology. She works on the neonatal units at St Mary’s, Queen Charlotte’s and Chelsea Hospitals alongside the multidisciplinary team to support families and their babies. She has worked with a number of charities and organisations on projects and initiatives to support feeding and neonatal care including the Royal College of Speech and Language Therapists (RCSLT), Bliss, Best Beginnings, Unicef UK Baby Friendly Initiative and Birthlink UK. As well as publishing various chapters and papers on feeding, Annie is currently involved in research into the safety of breastfeeding babies on nasal Continuous Positive Airway Pressure therapy (CPAP) and High Flow and implementing the Family Integrated Delivered Care Project at Imperial College Healthcare NHS Trust.
Inga Warren’s career has spanned five decades of work with children and families as an occupational therapist and a neurodevelopmental specialist in Neonatology and early intervention. She is a pioneer in the field of family and infant neurodevelopmental care in the UK, introducing advanced training with the establishment of a Newborn Individualized Developmental Care and Assessment Program (NIDCAP) Centre and designing the Family and Infant Neurodevelopmental Education (FINE) programme, which has been translated into six languages with training centres in five countries, and is growing rapidly. Inga has worked with international research networks and is particularly interested in pain management research. She is the author of a popular book for parents in the neonatal unit, has published in medical, nursing and therapy journals, and is well known nationally and internationally as a lecturer, trainer and consultant. She is a Senior NIDCAP Trainer, now based at the UK NIDCAP Centre at University College London Hospitals (UCLH), and works as a consultant with Bliss.
Welcome, overview and update

Sue Ashmore

Sue’s welcoming talk will share progress being made across the UK to implement the Baby Friendly neonatal standards, including projects that are underway and the successes and challenges that units are experiencing. She will also introduce a new and exciting National Infant Feeding Network established especially for neonatal units – sign up at the Baby Friendly stand.

Microbirth

Dr Matthew Hyde

In 2014 we were asked by an independent film company to help with a documentary, Microbirth, which aimed to increase awareness of research suggesting that how we are born may affect our health in later life. In recent years research has shown an association between Caesarean delivery and the incidence of asthma, type 1 diabetes, other immune-related conditions and obesity in offspring during later life. Research has also used human and animal studies to show altered metabolism in early life between offspring born by Caesarean section and those born by vaginal delivery. A further factor possibly influencing the relationship between Caesarean delivery and later life health is breastfeeding. This knowledge is particularly important in the care of sick and preterm babies – these most vulnerable babies are the least likely to receive breastmilk, and it is crucial that opportunities to enable breastmilk feeding and breastfeeding are prioritised on neonatal units. This talk will explore the background research that led to the Microbirth documentary and explain the importance of resolving these research questions in order to provide the best care for vulnerable babies and their families in the future.

Implementing the Baby Friendly neonatal standards – the strength of vulnerability

Karen Read and Louise Rattenbury

Neonatal units are daunting environments. The experience for babies can be traumatic and painful, yet often they cannot be held, comforted or nurtured by their mother. It is distressing for parents who cannot begin to parent their child, hold him, nurture him, and know him as they have dreamed. They may feel terrified, exhausted and vulnerable. The intensely private, intimate process of becoming a family unit is played out in a very public arena. For neonatal teams this world is their normality. The extraordinary becomes the norm. How do we
create and deliver a comfortable, nurturing and safe neonatal environment? This presentation will follow the ongoing journey of the Royal Devon and Exeter neonatal unit in its aspiration to engage, empower and nurture parents and babies.

The use of breastmilk fortifier and growth

Dr Laura De Rooy

The use of breastmilk as enteral nutrition in preterm infants is a well established gold standard of care. Despite this, the number of babies being discharged from neonatal units receiving mother’s milk is reported at only 58% (National Neonatal Audit Programme [NNAP] 2015), and the number of these exclusively breastfeeding even lower. Whilst Neonatologists focus on the power of breastmilk to ameliorate the risk of necrotising enterocolitis (NEC), the ongoing benefits of being breastfed beyond the neonatal unit should not be forgotten. We hypothesised that earlier acknowledgment of the increased nutritional requirements of preterm infants, greater than that provided by expressed breastmilk alone, may lead to better postnatal growth and as a consequence greater confidence in breastfeeding. In order to test this theory, we surveyed UK neonatal units and compared practice and belief regarding breastmilk fortifier (BMF) with outcome of milk at discharge in the NNAP 2015 report. The results demonstrate that there remains great heterogeneity of practice across the UK: some units routinely prescribe fortifier to all preterm infants while others wait for growth failure to occur. In this presentation, I will explore beliefs and practice in the use of BMF around the UK, and link this to current evidence as well as breastfeeding outcomes.

Family integrated care models

Annie Aloysius

Neonatal care has seen a shift in focus from the medical care and technology required to save the lives of sick, small and preterm babies to the consideration of factors that influence longer-term outcomes of neonatal survivors as individuals and as part of a family. Creating an environment that nurtures and builds a loving relationship between parents and their babies is a challenge for neonatal care. Initiatives including: breastfeeding; kangaroo mother care; 24-hour parent access; parent involvement in ward rounds and decision-making; education to support competencies and parent involvement in traditional
nursing care; and consideration of team communication, have helped in the move towards including parents as true partners in their baby’s care. Integrating the family into neonatal care is essential for optimal outcomes for babies and their parents.

It’s not what you do – it’s how you do it. Practical skills for family and infant neurodevelopmental care

Inga Warren

As family integrated care becomes increasingly recognised as an important direction for neonatal care, questions arise about why this is such a challenge and how we can support staff to change their perceptions of the role of parents in the neonatal unit. The Family and Infant Neurodevelopmental Education (FINE) programme is designed to help staff to change the way they work by focusing on six core themes: understanding preterm development; observing babies and being responsive to their behavioural signs; engaging parents through active listening; reflecting on staff practices; understanding how systems work and using tools for quality improvement; and awareness of the best available evidence. FINE provides a much-needed and widely applicable educational pathway which is already extensively used through collaboration with NIDCAP Federation International, Bliss and the European Foundation for the Care of Newborn Infants (EFCNI). Preliminary data from evaluations indicate a positive result for the infant and family.

Celebrating improvements in neonatal care

Various facilities

This video highlights some of the work taking place in neonatal units as they begin their Baby Friendly journey to improve care for sick and preterm babies and their families. Six units are receiving training and support to implement the Baby Friendly neonatal standards thanks to the Burdett Trust: Royal Cornwall Hospital, Truro; Dyson Centre for Neonatal Care, Bath; St George’s Hospital, London; Royal Victoria Infirmary, Newcastle upon Tyne; Singleton & Princess of Wales (Bridgend) Hospitals, Wales; and Bradford Royal Infirmary. Staff are working hard to enable vulnerable babies to receive breastmilk and breastfeed where possible and develop a close, loving relationship with their parents, as well as empowering parents to take an active role in their baby’s care.
Audit tool
Our audit tool for neonatal units enables health professionals to monitor progress as they implement the Baby Friendly standards in their workplace. The tools will help identify when facilities are ready for Baby Friendly accreditation, and support services to maintain the standards. The tool contains interview and scoring forms for staff and mothers, instructions for using the tools and PowerPoint templates for presenting the results.
unicef.uk/audit

**Price:** £96 (inc. VAT)

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Neonatal unit guidance: implementing the standards
Our neonatal guidance document provides in-depth advice to help you to bring your neonatal unit through to accreditation. Free to download and print, this comprehensive guide provides a roadmap for the journey towards accreditation, as well as tips, ideas and case studies.
unicef.uk/neonatalguidance

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A workbook for neonatal nurses
This workbook accompanies the Embedding Baby Friendly Standards in Neonatal Care course (see page 12). It is designed to be used in everyday practice, helping you to provide premature or sick babies and their families with the best possible care according to the Baby Friendly standards.
unicef.uk/neonatalworkbook

**Price:** £15 each (1 – 9 copies) or £10 each (10 or more copies) and this price includes P&P within UK

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E-learning for paediatricians
This comprehensive course allows paediatricians to learn about infant feeding, relationship building and the Baby Friendly Initiative standards in their own time, helping them to support the babies and mothers in their care. Our online training platform is currently being reviewed and the new package will launch later this year.
unicef.uk/elearning-paed
You and your baby: supporting love and nurture on the neonatal unit
This leaflet covers a wide range of issues and provides a useful tool to help guide conversations with parents on the neonatal unit. It is designed to give parents comfort and confidence in the care of their sick or premature baby.
unicef.uk/youandyourbaby

**Price:** £15 per pack of 50 (1 – 9 packs) or £11 per pack (10 or more packs) and this price includes P&P within UK

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Embedding Baby Friendly Standards in Neonatal Care
This course provides neonatal staff with the knowledge and practical skills to fully implement the Baby Friendly neonatal standards in their workplace. There will be a strong focus on the importance of relationship building, involving parents as true partners in care and supporting breastmilk use and the transition to breastfeeding.
unicef.uk/neonatalcourse

**Open course dates:** 25-26 May and 6-7 Sept 2017

**Prices** (2017): **£450 per person** or **£5,800 in-house**.

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Annual Conference
The Unicef UK Baby Friendly Initiative’s conference for health professionals and others involved in the care of babies and mothers is Europe’s largest conference on infant feeding, covering a wide range of issues around feeding and parent-infant relationships. This year’s conference takes place on 22-23 November at The International Centre, Telford. Speakers include Dr Neil Patel, Consultant Neonatologist at the Royal Hospital for Sick Children and Dr Nick Embleton, Consultant Neonatal Paediatrician from Newcastle Hospitals NHS Trust. Early bird and group booking discounts are available.
unicef.uk/bfconf

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Events can be booked at unicefbfi.force.com/signup
Or contact bfi@unicef.org.uk to enquire about booking in-house training.
For more information visit babyfriendly.org.uk
ABOUT BABY FRIENDLY

Unicef UK’s Baby Friendly Initiative works in hospitals, community health services, children’s centres and universities to raise standards of care for babies, their mums and families and to make sure every pregnant and new mum gets expert support to nurture and feed their baby. Over the last 20 years the Baby Friendly Initiative has revolutionised healthcare for mums and babies in the UK, as part of a wider global partnership between the World Health Organization (WHO) and Unicef. It is now recognised as the minimum standard of care provision by The National Institute for Health and Care Excellence (NICE).

We have now developed our standards to address the unique needs of preterm and sick babies. The standards give these vulnerable babies the best possible chance to thrive, through breastmilk feeding and breastfeeding and by helping families to build strong relationships. With a skilled and knowledgeable team to guide you through implementation, we offer bespoke courses and resources to support the journey to Baby Friendly accreditation (see pages 11-12). In this way, neonatal units can achieve a nationally recognised set of standards leading to better outcomes for babies and their families.

For more information contact bfi@unicef.org.uk or go to babyfriendly.org.uk
Bliss’ vision is that every baby born premature or sick in the UK has the best chance of survival and quality of life. Over the next three years (2016-2019) our ambition is to reach every single baby born needing neonatal care in the UK and their family. We want every baby to benefit from our work, no matter how long they live or how long they spend on a neonatal unit. Premature and sick babies deserve the best chance of survival and quality of life. We aim to make this a reality by:

- Supporting parents of babies born premature or sick to be as involved as possible in care and decision-making for their babies
- Supporting neonatal professionals to deliver high quality family-centred care and involve parents actively in their babies’ care
- Placing premature and sick babies’ voices at the heart of decision-making to ensure that their best interests are always put first
- Supporting research that can tangibly improve outcomes for babies born premature or sick.

For more information visit bliss.org.uk

The Bliss Family Handbook helps parents understand how they can fully participate in the care of their baby while in hospital. bliss.org.uk/shop

Bliss’ Your Special Care Baby guide is specifically aimed at providing information to parents of later preterm, near term (32-36 weeks) and sick babies, which helps parents to interact confidently with neonatal healthcare professionals. bliss.org.uk/shop

The Bliss Baby Charter provides a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles. It enables units to audit their practices and develop meaningful plans to achieve changes that benefit babies and their families. For more information email babycharter@bliss.org.uk

Bliss’ Family Infant Neurodevelopmental Education Programme (FINE UK) covers the scope and evidence supporting developmental care, looking at a number of areas including preterm brain, motor and sensory development, baby-led feeding and managing stress and pain. For more information email training@bliss.org.uk or visit bliss.org.uk/fine
CONTACT US

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