

2025 POSTER ABSTRACTS

Abstracts for the posters displayed at the UNICEF UK Baby Friendly Initiative 2025 conference can be found in this booklet. Thanks to all who submitted a poster for consideration.



1. “Empowering NICU Parents: The Development of a Breast Milk Expressing Journal”

Frances Pickering - East Lancashire Hospitals NHS Trust

This poster presents the development and impact of a Breast Milk Expressing Journal, designed to support parents of premature or unwell babies in neonatal care. Expressing breast milk in the NICU can be a daunting and emotional experience, particularly for those navigating it for the first time. In response, a practical and reassuring journal was created in collaboration with NICU staff, guided by Baby Friendly Initiative standards.

The journal provides clear, accessible information on expressing techniques, encourages routine and consistency, and offers emotional support through structured logs and reflective prompts. It was trialled over four weeks with NICU mothers, who reported increased confidence, improved consistency in expressing, and a stronger sense of control. 90% found the journal easy to use and practical. Staff feedback was similarly positive, with 95% agreeing it was helpful to have all expressing information in one place.

Updated for this submission, the poster shares key findings from the pilot and includes parent and staff perspectives. It was previously recognised by the North West Neonatal Operational Delivery Network, and continues to demonstrate how a simple tool can make a meaningful difference to parents' experiences in neonatal care.

2. Mamazing Media Campaign

Fiona Malyan Jacques - Middlesbrough 0 – 19 team and Middlesbrough Family Hubs

This campaign was delivered in partnership with the Family Hubs in both authorities and is designed to promote breastfeeding in both localities. A competition was held for Mothers to describe why breastfeeding was important to them.

The winners (selected by parents and professionals) were given a makeover and photo shoot with their babies and partners. During the makeover they were interviewed and videoed by local radio. The photos and stills from the videos were then made into posters which are now on hoardings around the city. The radio campaign will start next week. So far the campaign has had a very positive response.

3. Koala Cuddles: Embedding Skin-to-skin Care in a Cardiac Unit

Rachel McConnell - Newcastle-upon Tyne NHS Foundation Trust

Babies with congenital heart disease may face early maternal separation, prolonged hospitalisation and complex medical care, placing them at risk of compromised parent-infant connection, stress and adverse neurodevelopmental outcomes. They are often excluded from the neuroprotective benefits of skin-to-skin care (SSC), due to medical complexity and the traditional culture and environment of a specialist paediatric cardiac unit.

This FINE Level 3 Quality Improvement Project aimed to embed SSC into the care culture of a specialist cardiac unit – supporting babies and their families, whilst building staff confidence and reframing what is possible, even in intensive care. At baseline, no staff had received training and there were no reported episodes of SSC. Since the project began, over 120 staff have received training. Professional Guidance has been written and a step-by-step process developed to support safe practise.

As a result, to date 99 babies have received SSC, including pre- and post-surgery. Parents describe the impact: "I was worried he wouldn't know that I was his Mam with all the different nurses looking after him, but as soon as I did SSC, I knew that he knew I was his Mam"

Now in its third year, our Koala Cuddle Day raises awareness of the power of SSC for babies in hospital with heart conditions. Grounded in FINE (Family and Infant Neurodevelopmental Education) and Baby Friendly principles, this work shows that with teamwork, preparation and support, even the most fragile babies can experience calm, closeness and belonging with their families.

4. FOREST (Giving Families, Opportunities, Resources, Early Years Support Together Optimising Early Health Outcomes for Children and Families)

Catherine Bray and Amber Austin - Somerset Council

Early life experiences shape health, social, and economic prospects.

Disadvantaged families are more likely to suffer intergenerational effects of early life stressors (Asmussen et al., 2020), increasing the risk of adverse childhood experiences, poor mental and physical health, and substance misuse and violence in adulthood (Bellis et al. 2015).

Our abstract submission references our Award-Winning Programme, FOREST. FOREST is a community-based programme that supplements maternity and health visiting care, drawing on local and national evidence. It offers early, integrated support from the antenatal period to age two for vulnerable families in Somerset. The programme aims to improve early health outcomes for children, families, and the wider community, reducing the need for intervention from other health and social care agencies. It supports families whose needs at referral exceed universal provision but are below the statutory threshold of Section 17 of The Children's Act (1989). Our poster will include accessible universal group offers, qualitative and quantitative data on outcomes including physical and mental health, infant attachment, and parental confidence and families' lived experiences.

By integrating the UNICEF Baby Friendly principles within the FOREST programme, Somerset's Public Health Nursing service is working collaboratively towards a healthier, more supportive future for vulnerable families.

5. Infant Feeding Workshop for Interprofessional Learning

Sheryl Halliday and Hayley Carr - University of Greater Manchester

Each year, a cross-programme learning event is held at the university of Greater Manchester. Experts from practice present their extensive knowledge from a varied practice background, alongside academic staff. The interactive presentations are followed by a series of workshops to cover simulation of skills in relation to infant feeding and Baby Friendly Initiative (BFI) standards. Practice experts include Infant Feeding Leads and Specialist Neonatal Dietitians. The skills stations utilise model breasts for teaching hand expression and recognising mastitis. Anatomy and physiology of the lactating breast is another station. The students involved are from Health Visiting, pre-registration children's nursing, and pre-registration midwifery. Academic staff from each programme are on hand to facilitate the event and support student learning.

The event evaluates well each year, and the student Health Visitors find this particularly useful as a refresher prior to completion of the BFI student HV audit. Our Health Visiting programme was the first in the country to receive BFI Accreditation which is something we are immensely proud of. We also value the importance of cross-programme learning and the benefits this yields for the future practice of our students, with the aim of improving care for children and families.

6. The Infant Feeding Team

Ashley Ferguson and Brona McSorley - Western Health & Social Care Trust

Northern Ireland has the lowest breastfeeding rates across the UK, furthermore the Western Health & Social Care Trust has the lowest breastfeeding rates within Northern Ireland (PHA 2024). A significant drop off in breastfeeding rates between hospital discharge and Newbirth visit was identified. Between July and September 2023, 37% of women who were breastfeeding at hospital discharge were completely formula feeding by the new birth visit. The infant feeding team was developed, with an aim was to reduce drop off rate by 10% by December 2024. The team consists of three staff members: a community infant feeding lead, an infant feeding practitioner and a child health assistant.

Working collaboratively with midwifery, health visiting and community groups we identified key change ideas to encourage continuation of breastfeeding. The infant feeding team implemented the following: antenatal breastfeeding education at antenatal workshops, early postnatal breastfeeding support contact at home within 72hours of hospital discharge (further support and home visits can continue up until day 14 if needed) and facilitating a weekly breastfeeding support group.

Our findings have far exceeded our goal with October 2024-December 2024 rates showing that now only 10% of women who were breastfeeding at hospital discharges are now bottle-feeding at new birth visit. A reduction of 27% from baseline data initially gathered in 2023, far above our goal of 10%.

7. The availability of breastfeeding and lactation support for families whose children are receiving palliative care in the United Kingdom

Laura Thomas - Cardiff University

Objectives

There are many benefits of breastfeeding for children with palliative care needs. These are important when providing support, but there is limited research or guidance in this area. This research aimed to determine what support and resources exist for UK-based families receiving palliative care for their breastfeeding children, what would be considered ideal, and what barriers healthcare professionals experience.

Methods

An initial literature search confirmed the limited data available. A questionnaire was circulated via social media and direct contact with hospices. Descriptive analysis examined currently available resources, identified barriers and what was aspirational. Thematic analysis of free text identified major themes considered important.

Results

The research identified the lack of resources and knowledge around providing lactation/breastfeeding care for palliative patients, which frequently relied on personal experience. The need for guidelines and increased training was expressed in the quantitative and qualitative data. There was recognition of the importance of breastfeeding, and of the psychological and physical impact of losing a breastfeeding child.

Conclusions

This project confirmed that there was overlap with themes identified in existing research around post-bereavement care and supporting breastfeeding for children with complex medical needs, and supports the need for further research in the palliative cohort.

8. Maternal dietary changes during breastfeeding: a mixed method study.

Anna Gilbertson, Jonathan Banks, Matthew J Ridd, Raquel Granell and Robert J Boyle - University of Bristol

The widely held belief that foods in the maternal diet can cause harmful symptoms through breastmilk is not unique to western or non-western communities and often not scientifically driven. Mothers around the world intentionally change their diet, removing foods or food groups to prevent or relieve early infant symptoms. At a critical time, when a well-balanced diet is recommended, such unplanned changes may be harmful, but the actual significance is unknown. A better understanding of the frequency and reasons for the dietary changes mothers make during breastfeeding is needed to evaluate and improve strategies to alleviate this potential threat to global public health.

This mixed method study will address this issue with a systematic review, cross-sectional survey and in-depth interviews. The systematic review (PROSPERO: 1009350) will estimate the global prevalence of maternal dietary changes across populations and determine what maternal dietary changes are commonly made, why they are made and if there are any reported consequences during breastfeeding. Next, the cross-sectional survey will address these questions for mothers in England. Finally, qualitative interviews will provide in-depth insight of mother's experiences of dietary changes, which is needed to better inform their care.

9. Maternity BFI standard 1 & 5: Enhancing staff confidence and parental understanding of early relationships

Lynethia Geppert - Chelsea and Westminster Hospital NHS Foundation Trust

Close and loving parent-baby relationships play a foundational role in a child's brain development, emotional regulation and life-long health outcomes.

My poster includes information on a QI project focused on improving communication surrounding UNICEF BFI standards 1 and 5. These two standards concentrate on the importance of supporting close and loving parent-baby relationships and the role that maternity staff play in this education and support.

Surveys were completed by 99 staff members and 173 parents to assess baseline understanding of the importance of early parent-baby relationships, explore common parenting myths, and determine how parents access or wish to receive relevant information.

Key findings included:

- Gaps in knowledge and confidence around discussing early parent-baby relationships with families
- Identification of prevalent myths that may hinder parent-baby bonding and responsive baby care
- Preferences on how parents would like information to be delivered, offering insights into effective communication strategies.

Based on the findings, my poster includes recommendations including:

- Enhanced staff training to improve knowledge and communication skills
- Additional antenatal and postnatal conversation opportunities (other than standard maternity appointments)
- Physical and environmental adjustments on the postnatal ward to bonding and responsiveness.

10. Building a Breastfeeding Friendly Lanarkshire

Susan Short and AnneMarie Bruce - NHS Lanarkshire

Using an asset based approach, we have worked with both colleagues and external partners as well as listening to the communities' voices to work towards a Breastfeeding Friendly Lanarkshire whole systems approach.

3 key themes and barriers have emerged to inform action plans and drive the direction of work-feeding outside the home, information in pregnancy and education services. The ongoing role out of the Breastfeeding Friendly Scotland scheme, training and resources for staff to support informed discussions, social media campaigns as well as laterally working with partners in education to ensure breastfeeding features in the curriculum from early level to secondary school, has started to show changes to the culture in Lanarkshire, including the drop off (attrition) rates. While we are forever learning and have a long way to go, we continue to evaluate, listen to feedback and work with our communities and families to learn from them about what is working and what we can change to create a nurtured and enabled community.

Breastfeeding rates continue to show and sustain improvement. While we are forever learning and have a long way to go, we continue to evaluate, listen to feedback and working with our communities and families to learn from them what is working and what we can change to create a nurtured and enabled community.

11. Pumping through separation- supporting the most vulnerable families on their infant feeding journey

Sophie Thompson-Hyland, Dr Karen Kinloch, Dr Lauren Wolfenden - Better Start, NSPCC

Breastfeeding lays the foundations of optimal infant nutrition, immune protection, and maternal-infant attachment. However, mothers separated from their infants due to safeguarding and child protection proceedings face significant barriers to lactation. There has been considerable work to support lactation for neonates separated due to hospitalisation, yet separation following child removal remains under-recognised and under-resourced in infant feeding policy.

In Blackpool –a locality with significantly higher-than-average children in our care– a targeted pathway was needed. Supported by National Lottery and Start for Life funding, a free pump loan scheme was initiated in 2024. This scheme, aimed at all separated mothers, saw notable uptake from mothers whose babies were removed at birth or shortly after. It allows mothers to breastfeed their babies during supervised contact and enables foster families to provide breast milk, supporting continued lactation and health benefits to infants. It also contributes to the psychological wellbeing of mothers during postnatal adjustment.

Service data monitoring, case studies and professional perspectives suggest that the use of the pump loan scheme is both feasible and impactful in a child protection context. These insights highlight the need for equitable infant feeding support and recognition of the benefits for mothers and infants in safeguarding situations.

12. A Flange-tastic Project! Improving access to appropriately fitted equipment to support mothers expressing breastmilk.

Amber Clark, Holly Green - University Hospital
Southampton NHS Trust & Health Innovation Wessex

Correctly fitted breast pump flanges significantly increase breast milk yield, reduce maternal discomfort, and might lower the risk of mastitis (Anders, Mesite Frem, & McCoy, 2024). However, standard practice across NHS Trusts often overlooks nipple measurement, and most Trusts only stock a single flange size, which is typically too large. This forces mothers—particularly those from low-income backgrounds—to purchase appropriate equipment themselves, creating inequity in access.

Led by an International Board Certified Lactation Consultant at University Hospital Southampton and funded by NHS England South West, this quality improvement project aims to address these disparities across the Wessex region. Delivered in partnership with Health Innovation Wessex, the initiative includes three core components: evidence-based staff training, accessible patient education, and equitable access to tools and resources.

Key deliverables include a webinar for healthcare professionals, a parent-facing video on flange fitting and expressing technique, and custom-designed nipple measuring tools attached to breast pumps. QR code stickers provide easy access to educational materials.

Since February 2025, the virtual toolkit has been accessed over 2,200 times. Early outcomes include a 13% increase in breast milk provision for pre-term infants at UHS. National expansion is being explored to support widespread adoption of this impactful intervention.

13. Plain label infant formula milk for NHS settings: understanding acceptability, feasibility and impacts on feeding and purchasing decisions

Amy Brown, Vicky Sibson, Aimee Grant, Karen Hall, Sara Jones, Catrin Griffiths, Holly Morse, Sharon Breward, Nick Rich - Public Health Wales, Children's Nutrition and Healthy Weight Team, Swansea University

This poster presents findings from an ESRC funded impact study on plain label formula milk.

Infant formula milks differ in price despite comparable nutrition composition and no difference in health impacts. Misleading advertising claims are used to encourage higher priced purchases and brand loyalty. Logos, statements and branding on packaging are central to this.

Our research identified that parents' decisions around which brand of milk to buy are often driven by these inaccurate marketing claims. Many decide to continue to use whichever brand is provided in hospital due to a belief this is an endorsement of the 'best' product and a reluctance to switch brands.

First Steps Nutrition Trust have developed a prototype for plain label formula for formula milk distributed within the NHS. The packaging contains legally required information as per UK regulations, and additional safety warnings as per international best practice but excludes all marketing/ promotion.

Our project is exploring parent and healthcare professional perceptions of the prototype alongside the concept of plain label formula, feasibility and acceptability of using it in practice and impacts on feeding and purchasing decisions. Our goal is to work with Public Health Wales to test this product within the Welsh NHS.

14. The Breastfeeding Journey - Celebrate every milestone

Louise Shafei and Alison Greaves - Humber Teaching NHS Foundation Trust (East Riding ISPHNS) and East Riding of Yorkshire Council Family Help Service

This Monopoly-inspired poster creatively reimagines the breastfeeding journey, transforming a familiar game board into a vibrant celebration of milestones from birth through 36 months. Each square represents a key stage in the breastfeeding experience, accompanied by affirmations that acknowledge the dedication, resilience, and love involved in every step. Special tiles emphasize the importance of self-care, community connection, and access to professional lactation support.

The poster forms part of a wider intervention designed to encourage, normalize, and celebrate individual breastfeeding journeys. By visually framing breastfeeding as a series of meaningful achievements, the poster not only empowers caregivers but also invites families, peers, and professionals to recognize and support the challenges and triumphs along the way.

Milestone cards are distributed at key points in the journey—through breastfeeding groups, 1:1 contacts with Children's Centre staff, and during the 10–14 day contact with the ISPHNS (Integrated Specialist Public Health Nursing Service). These cards serve as both a celebration of progress and a prompt to ensure timely, integrated support from professionals and peer networks.

Ultimately, this intervention aims to promote the continuation and prevalence of breastfeeding by fostering a positive culture of recognition and support across the East Riding.

15. Empowering communities: Partnership approach to enhancing breastfeeding awareness and culture in low-prevalence socially deprived areas.

Rachel Evans (Public Health Wales), Eleanor Johnson, Bronwen Clatworthy (The Breastfeeding Network), Rosy Phillips, Fay Fear, Claire Turbutt, Sarah Jenkins (Cwm Taf Morgannwg University Health Board), Carla Baldwin, Florence Beach, Joanne Foley, Bethan Thorn (Aneurin Bevan University Health Board)

Background

The All Wales Breastfeeding Action Plan described the need for population wide action to shift social norms, but this has been difficult to put into practice. Public Health Wales (PHW), the Breastfeeding Network (BfN), Cwm Taf Morgannwg University Health Board (CTMUHB) and Aneurin Bevan Health Board (ABUHB) worked together to develop a project funded by Welsh Government's Child Poverty- Innovation and Supporting Communities grant, aiming to influence social norms around infant feeding in target communities in low prevalence, socially deprived areas.

Project aim

Increase, in six months:

- a. Accessible breastfeeding support in target communities.
- b. Use of National Breastfeeding Helpline (NBH).
- c. Community knowledge of breastfeeding.

Outcomes

A full evaluation has been completed by LIFT Research Centre, Swansea University.

- Two cohorts of Breastfeeding Helpers trained with a high proportion of volunteers living in target communities.
- One cohort of Breastfeeding Supporters trained.
- BfN data shows increased use of NBH from target communities.
- Four First Milk Matters courses delivered, increasing awareness level knowledge for staff outside the health system.
- Excellent collaborative working relationships developed.

While a change in the social norm is impossible to measure, local teams have described a "ripple effect" and increased interest in breastfeeding.

16. Medicines in breast milk enquiries: an opportunity to provide safer sleeping advice

Devisha Joshi, Laura Kearney, Emma Wigmore, Maame Adusei - UK Drugs in Lactation Advisory Service

The UK Drugs in Lactation Advisory Service (UKDILAS) is a pharmacist-led national advice service for medicines use in breastfeeding. As a wider project, the service is aligning with the BFI Community Services standards. As part of the revised standards, assessment is made on the information provided to keep babies safe whilst sleeping.

This quality improvement project aimed to review and improve our provision of safer sleeping advice where sedating medicines are taken while breastfeeding. This included deciding how to define a sedating medicine. The target: 100% of enquiries involving sedating medicines should include safer sleeping advice.

Data was collected from enquiries involving licensed sedating medicines over three separate periods, starting before the BFI alignment journey began. Before the final data collection period, a team training intervention was delivered to improve knowledge of safer sleeping practices, enabling more holistic advice to be issued.

The results showed a 74% increase in the provision of safer sleeping advice over time, with the training intervention having most impact.

Work is required to achieve the 100% target. A standard statement has been developed to improve consistency of the advice, and continued staff education and repeated data collection will ensure this target is met.

17. A river metaphor for protecting and supporting breastfeeding

Patricia Wise, Helen Gray, Clare Meynell, Alison Spiro - WBTi UK

Background: Most new mothers in the UK start breastfeeding but rates drop sharply. Many mothers stop breastfeeding before they intend, which can contribute to distress and increased risk of postnatal depression, along with poorer health outcomes for baby and mother. The World Breastfeeding Trends Initiative (WBTi) UK reports^{1,2} have identified barriers in policy and programmes and made recommendations for action.

Methods: A WBTi report assesses key national infant feeding policies and programmes protecting and supporting breastfeeding, using 10 indicators drawn from the WHO Global Strategy for Infant and Young Child Feeding (2003)³. A Core Group of relevant organisations collaboratively agrees gaps and recommendations. In the metaphor illustrated, stepping stones across the river represent the mother's breastfeeding journey. The river represents the way policies influence her infant feeding decisions, with protection highlighted as the river banks and a dam upstream.

Results: Baby Friendly implementation scored highest. Relevant emergency guidance scored zero. All indicators had recommendations for improvement. The metaphor illustrates that legal protections (the dam) and other influences (the riverbanks) need to be strengthened.

Conclusion: The metaphor demonstrates that protecting mothers' breastfeeding decisions effectively needs concurrent action on different indicators, otherwise the continuing flow of negative influences overwhelms any improvements.

References

1. WBTi UK (2016) World Breastfeeding Trends Initiative UK Report 2016
2. WBTi UK (2025) World Breastfeeding Trends Initiative UK Report 2024
3. WHO (2003) Global Strategy for Infant and Young Child Feeding

18. Developing the Action4Breastfeeding toolkit to support implementation and evaluation of evidence-based breastfeeding support in the NHS

Alison McFadden, Albert Farre, Sara Cumming, Gillian McMillan, Kimberley Davidson - University of Dundee

The Action4Breastfeeding (A4B) toolkit is based on the strongest evidence of what works to support women to breastfeed. The toolkit was developed through co-design workshops with stakeholders, parents, NHS staff, third sector organisations and a graphic designer. The toolkit comprises evidence-based components for breastfeeding support (the A4B programme); recommendations for implementing the A4B programme at organisational and team levels, and practical considerations and suggested outcomes for evaluating the A4B programme.

As part of a project funded by the Scottish government, the A4B programme was adapted and implemented in an area of socio-economic deprivation with low breastfeeding rates in eastern Scotland. The project aimed to reduce attrition in breastfeeding by 1% at the first Health Visitor visit. Adaptations were made to fit the local context. The pilot supported 123 women of whom 59% were from the 2 most deprived quartiles of the Scottish Index of Multiple Deprivation and 17% were under 25 years of age. The results show that attrition was reduced by 9.5% at the first Health Visitor visit and by 10.8% at 6-8 weeks. Feedback from mothers was very positive.

We plan to build on these promising results to implement and evaluate the toolkit on a larger scale.

19. Infant feeding videos: A collaborative approach

Rachael Callow, Ruth Preece, Michelle Bailey -
Bedfordshire and Luton Community Services, with Bedford
and Luton Family Hubs

Through the Family Hubs Infant Feeding stream in Bedford Borough and Luton we have worked collaboratively to produce a series of local videos to enhance our digital offer. Working with a film production company has meant that the output is of high standard and engaging for viewers. Practitioners can share these to support specific aspects of care such as positioning and attachment and they are also embedded within CCS and Family Hubs websites.

Three of the videos represent a joint effort between our three local authorities, to support the relaunch of the Free to Feed campaign: to promote the campaign to businesses, to train businesses and to support families with feeding out and about. As a Baby Friendly Team, we have coordinated with stakeholder communications teams to align social media schedules, ensuring the campaign achieves maximum reach.

It would be wonderful to celebrate the innovative and collaborative working at conference.



Benefits of Breastmilk - <https://vimeo.com/1071735303?share=copy>

Breastfeeding an older baby or toddler -
<https://vimeo.com/1071736129?share=copy>

Breastfeeding Support Groups - <https://vimeo.com/1071736568?share=copy>

Breastfeeding – early days - <https://vimeo.com/1071737247?share=copy>

Breastfeeding – partner support - <https://vimeo.com/1071739448?share=copy>

Breastfeeding positions -
<https://vimeo.com/1071740058/f6cfa1bd6c?share=copy>

Training Video - <https://vimeo.com/1071740869/e8eb73af08?share=copy>
private link

Breastfeeding in public – tips - <https://vimeo.com/1071741675?share=copy>

Promotional video - <https://vimeo.com/1071742208?share=copy>

20. Infant Feeding and Emotional Wellbeing- A Joint Approach to Training Health Visitors

Elisabeth Rolls, Gill McCavana, Jane Richardson, Vicky McKie, Fiona James - Derbyshire Family Health Service

While the link between infant feeding and mental health is complex, the evidence base indicates that breastfeeding self-efficacy and achievement of infant feeding goals correlates well with emotional wellbeing, while feeding difficulties increase the risk of postnatal depression.

This evidence is embedded in the new community standards, with a focus on: discussing feeding goals, offering skilled support, and addressing the emotional impact of feeding challenges.

To improve delivery of these standards, the infant feeding specialist team worked with the specialist Health Visitor for mental health to write and deliver health visitor training.

The work of Amy Brown was used to explore the importance of including feeding goals in mother-centred conversations; tailored to individual need, as well as enabling health visitors to address barriers they face when discussing feeding challenges.

Building on existing HV experience of emotional wellbeing visits and the Brazelton Newborn Behavioural Observation, we adopted a case study approach. This was used to demonstrate how emotional wellbeing visits can be used to support maternal mental health and how the NBO can help repair disruptions in the parent infant relationship caused by feeding difficulties.

In evaluation 66% of attendees reported they felt better equipped in their role following training.

21. An Emergency Feeding Pathway - Supporting families with young babies in food poverty – a collaborative approach across two local authorities

Katy Coles and Emma Goulding - NHFT Infant Feeding Team, in partnership with West Northamptonshire Council and North Northamptonshire Council

Northamptonshire has had an Emergency Feeding Pathway since 2023 with the Infant Feeding Leads at NHFT driving the pilot project. The county has now divided into two local authorities which has created challenges and also opportunities.

We have now created two separate pathways to reflect each authority's differing approaches, funding and local need and resource.

The poster could outline the referral processes; the role of a community infant feeding team; the value and challenges of partnership working; working within the BFI guidance; identifying staff training needs e.g. re NRTPF families; case studies showing where the pathway has protected breastfeeding; the ultimate consequences of early formula supplementation without support; using the pathway to engage local foodbanks, baby banks and food larders and the opportunity we have had to roll out awareness training to many local partners about the value of breastfeeding; baby brain development; the dangers of formula milk and baby food marketing and why the WHO Code is important.

This is a lot! So we would pick the main learning points and successes which may help other areas to think about how they could approach the issue of families who cannot afford to purchase formula milk.

22. Increasing access to social parenting groups for an underserved group

Vicky Wilkinson and Debbie Ellis - Rotherham NHS Foundation Trust

Breastfeeding Drop-in groups were established in Rotherham in 2021. They are well attended but the majority of attendees are from a white British demographic which is mirrored across other parenting support initiatives. 15.5% of the Rotherham population identify as Asian or Asian British and whilst the majority of mothers in this demographic initiate breastfeeding there is a tendency to mixed feeding with formula milk. Changing this culture in this ethnic group requires a targeted initiative that provides peer and social support in addition to clinical support.

Working with a bilingual nursery nurse we explored the barriers to attendance for these mothers to identify ways to increase the acceptability and accessibility to the groups. The community room of a local mosque was offered at no charge for the fortnightly group. Outcomes are as follows:

- Venue and staff trusted by the community
- Good attendance figures
- Ongoing development shaped by feedback from mothers
- External speakers covering range of topics
- Participation in service feedback and evaluation
- Mothers and children have engaged in fun activities together
- Improved school readiness of children attending the group

23. Please Follow My Cue, Aye? Clinical Application of Cue Based Feeding Scores within the BadgerNet Electronic Patient Record

Lorna McKerracher and Hayley McDonald - NHS Tayside

Background

Cue based feeding (CBF) is increasingly recognised as a feasible intervention within neonatal units, assisting sick preterm babies in the transition from nasogastric tube feeding to direct breastfeeding or responsive bottle feeding,¹ in line with UNICEF UK BFI Standards.² It is felt to be associated with improved infant-caregiver interaction³ and shorter duration of hospital stay, with no evidence of harm.⁴

Objectives

Following successful implementation of a cue-based feeding approach in the Ninewells NICU,⁵ our aim was to integrate the CBF scores within the BadgerNet Neonatal Electronic Patient Record (EPR).

Methods

Through Neonatal Team MDT focus groups, collaboration and co-design with BadgerNet, a change request was submitted to enable documentation of CBF scores within the EPR at every feeding opportunity.

Results

In June 2024, Version 66 of BadgerNet updates was released, enabling neonatal staff to enter babies' CBF scores. Clinicians can view raw scores as well as a graphical score trend over time.

Conclusions

All UK neonatal units with full BadgerNet EPR can now enter CBF scores, providing clinicians with additional insight into babies' feeding readiness. This information can help inform discussions with parents about the development of oral feeding skills; safe timing of nasogastric tube removal and discharge planning.

24. Providing Breastfeeding Peer Support During The Night

Hester Schofield and Beth Harrison-Little - The Breastfeeding Network

The Breastfeeding Network and the Association of Breastfeeding Mothers run the National Breastfeeding Helpline offering breastfeeding peer support via the phone, social media and webchat to anyone who needs it.

Since March 2024, this service has been expanded to 24 hours per day through a successful pilot project which has recently been extended. In this poster we would like to showcase our learning around providing breastfeeding peer support overnight. This is supported through an independent evaluation of the service.

The poster will include:

- A description of the nighttime service
- An over view of who calls the Helpline overnight
- Differences in providing support overnight: what we have learnt
- The impact of the service on callers
- How we have adapted and changed the service based upon our learning

25. Feeding the Future: Do Environmental Concerns Influence Infant Feeding Decisions?

Darcy Neilson, Ernestine Gheyoh Ndzi, Olalekan Adekola,
Sally Goodwin-Mills - York St John University

With climate concerns increasing, there is mounting interest in the environmental impact of infant feeding. Although breastfeeding is widely recognised as the more sustainable option, little is known about how strongly environmental concerns influence parental choices. This poster presents findings from a survey of 1,046 parents examining whether knowledge about the environmental impact of infant feeding influences such decisions.

The poster will highlight the gap between knowledge and behaviour: Only 1.4% of parents reported that environmental information would “definitely” influence their infant feeding decisions. However, parents with higher levels of climate concern were significantly more likely to plan to breastfeed, suggesting that environmental values may exert an indirect influence.

Environmental knowledge was limited overall; plastic waste was the most recognised concern (30.3%), while awareness of issues like emissions, water use, and deforestation were low. Most parents accessed information informally (e.g., online), with healthcare professionals rarely discussing these topics.

Through visual summaries, the poster invites reflection on how sustainability is framed in infant feeding conversations. Information alone is unlikely to instigate meaningful behavioural change; we argue for more multidimensional, value-aligned approaches that support sustainable feeding choices. The poster will interest those aiming to integrate climate-informed perspectives into infant feeding support.

26. Protecting families living in temporary accommodation from the harmful impact of marketing by commercial milk formula companies.

Katie Wharton, Nicola Royds, Annie Wong - Lancashire Healthy Young People and Family Service (HCRG Care Group 0-19 team)

A hotel accommodating asylum seeking and refugee families were found to be in breach of the WHO Code, after a health visitor found that there was formula stock (of different stages) visible to families in the hotel reception. There had also been a clinical incident where an infant was hospitalised due to poor sterilisation and unsafe preparation of formula.

This poster details the process that enabled us to create a system protective of breastfeeding and optimal infant nutrition. Activities included the establishment of a multiagency stakeholder group, the creation and delivery of whole service training on the value of breastfeeding, the importance of the WHO Code, and evidence based information on formula use and safe preparation. This has resulted in an environment that normalises breastfeeding and facilitates access to evidence based information.

Our future vision is for families with no recourse to public funds/seeking asylum to be protected from formula marketing at all points of support, for hotels and community support centres to provide baby friendly environments promoting optimal feeding and responsive and loving relationships, and for families to be able to access the information they need in a format which is accessible for them.