



THE BABY
FRIENDLY
INITIATIVE



**UNICEF UK
BABY FRIENDLY INITIATIVE
ANNUAL CONFERENCE 2017
POSTER ABSTRACT BOOKLET**



INTRODUCTION

Welcome to the Unicef UK Baby Friendly Initiative's 20th Annual Conference. Below are the abstracts for this year's poster presentations, which you can view in the exhibition area during break times. The posters showcase the latest innovations and developments in infant feeding and parent-infant relationships. We are very pleased to welcome university student submissions for the first time this year, sharing their ideas for how to improve care.

You can vote for your favourite poster at www.surveymonkey.co.uk/r/postervote17 and the winner will be announced during the closing remarks on Day 2 of the conference.

The abstracts below are presented alphabetically by surname of the first author. References are not included in the abstracts – please visit the posters for more details. This booklet and the posters will also be available on our website: unicef.uk/bfconf

A huge thank you to everyone who has submitted a poster this year. We hope you enjoy the conference and find the poster presentations inspiring!

ABSTRACTS

Kangaroo care in the community: A novel innovation to facilitate ongoing skin-to-skin contact

Name: Roisin Bailey and Dr Helen McIntyre

Organisation: Birmingham City University

Poster number: 23

Birmingham City University has developed an innovation to support mothers and their babies to spend more time in skin-to-skin contact. A garment has been created in a joint enterprise between the Fashion and Midwifery departments to support kangaroo care throughout the postnatal period.

Eleven mothers with healthy, term babies were recruited into a pilot study to assess the garment's safety, efficacy, and feasibility. The key outcomes investigated were neonatal temperature stability, neonatal behaviour, safe positioning in kangaroo care and maternal perception of using the garment. Direct observation of the dyads was used to generate field notes on maternal and neonatal behaviour whilst having skin-to-skin contact. Participant-led data collection involved mothers recording their baby's temperature and behaviour before and during skin-to-skin contact. Mothers also provided a verbal evaluation of using the garment.

In all eleven dyads, safety was demonstrated with neonatal normothermic temperatures, and safe positioning in kangaroo care. Neonatal behaviour was described positively by all mothers, and an increase in mother-baby engagement and recognition and response to feeding cues was observed. Mothers responded positively to the garment.

A randomised controlled trial will compare the garment to the existing skin-to-skin contact facilitation strategy, to assess its effect on skin-to-skin contact uptake and infant feeding.

Antenatal harvesting and support for high risk women

Name: Jennifer Brindley

Organisation: Barnsley Hospital NHS Foundation Trust

Poster number: 7

Whilst working as Infant Feeding Lead within the maternity services at Barnsley Hospital, it became apparent that many high risk women experienced challenges with breastfeeding in the early days following delivery.

At the trust we had already started to introduce antenatal colostrum harvesting support and information for pregnant women who were diabetic. The women were referred to the infant feeding team by the antenatal clinic staff and then received one-to-one support from 36 weeks gestation to encourage and support antenatal harvesting of colostrum prior to being admitted to hospital. We wanted to develop this service further to increase the support given to many more high risk women, including those with multiple pregnancies and known fetal abnormalities e.g. cleft lip and palate.

This service has been gradually rolled out from January 2017. Staff have been made aware of the service through the annual mandatory training programme. Overall this has had positive feedback from the women and ultimately has reduced the need for breastmilk supplementation in the early postnatal period.

Breastfeeding peer support in supermarkets and reward points initiative: A proposal

Name: Michelle Clay

Organisation: Manchester Metropolitan University

Poster number: 26

The proposed initiative aims to increase breastfeeding at 6-8 weeks, support women to breastfeed in public and have a positive influence on breastfeeding attitudes.

The aim of this project is to provide postnatal breastfeeding peer support groups in supermarket cafés, to encourage an inclusive and non-stigmatising environment in which to normalise breastfeeding.

Some supermarket staff would receive basic breastfeeding training so that there was always a 'breastfeeding champion' on duty in the store to offer support to women breastfeeding in the café. These champions would wear a T-shirt whilst working with the words 'ask me about breastfeeding' printed on. This means that a grandmother who is doing her weekly shop but knows her daughter is at home struggling with breastfeeding can also make enquiries and be signposted to support.

Women who breastfeed in the café at any time would receive loyalty points as part of the existing reward scheme that operates in the main supermarket chains. The purpose is to encourage women to breastfeed in public and in doing so it becomes a visible practice, encouraging behaviour change. If women see other women breastfeeding it will increase their sense of self-efficacy, a factor which Parkinson et al. (2012) found to be important for sustaining breastfeeding.

#KingsBrelfie: Using social media as a tool to celebrate breastfeeding mothers and babies in the UK

Name: Laura Godfrey-Isaacs, Maxine Spencer, Wendy Khuharska, Joanne Joseph, Hermione Jackson and Octavia Wiseman

Organisation: King's College Hospital

Poster number: 15

#KingsBrelfie was initiated by a group of midwives at King's College Hospital in London, who came together to devise a campaign to support and celebrate breastfeeding at the Trust, and beyond.

Our ideas were based around the social media phenomenon of the 'brelfie' – a breastfeeding selfie. Celebrities and women of all backgrounds have posted these, often in defiant response to breastfeeding shaming in public. Many have gone viral, and last year WHO declared that the brelfie was a significant tool in normalising and empowering women to breastfeed. This is something that would be highly desirable to see in the UK where we have the worst breastfeeding rates in the world, and little acceptance of it in public.

There is a disconnect between public health campaigns exhorting women to breastfeed for six months as recommended by the WHO, and a prevailing negative culture around breastfeeding as an acceptable practice in public. This can lead to women feeling they are to blame for 'failing' to breastfeed, and over 80% give up before they want to. Cultural factors need to be addressed, which is where the power of the brelfie and social media campaigns can, and do, have a really positive effect in shifting attitudes and encouraging activism on the issue.

The #KingsBrelfie campaign was designed to change attitudes, support mothers and assert the right to breastfeed wherever and whenever women want or need to. It was launched during World Breastfeeding Week (1-7 August, 2017) and was an invitation to all women to post a brelfie on social media during the week and beyond. We had over 100 pictures submitted and thousands of tweets and Facebook mentions.

The Breastfeeding Companion

Name: Jackie Hall

Organisation: Pennine Care NHS Foundation Trust

Poster number: 11

The Breastfeeding Companion is a mobile-friendly, video-based educational tool for pregnant and breastfeeding mothers.

Despite numerous initiatives and training opportunities for midwives and health visitors, many women become discouraged and struggle unnecessarily with issues that could have been resolved earlier, with eight out of ten women in the UK stopping breastfeeding before they wanted to.

The Breastfeeding Companion is a free, mobile-friendly website which provides access to a comprehensive set of videos, laid out in eight categories, addressing the most common questions that breastfeeding women ask. www.thebreastfeedingcompanion.com/videos (presently undergoing certification for the NHS Information Standard kitemark)

Unicef UK Baby Friendly Initiative Achieving Sustainability (Gold) Award

Name: Sue Henry

Organisation: East Lancashire Hospitals NHS Trust

Poster number: 16

In June 2017 East Lancashire Hospitals NHS Trust (ELHT) maternity service was assessed by the Unicef UK Baby Friendly Initiative for the Achieving Sustainability (Gold) Award and passed to an excellent standard. ELHT are the first maternity service in the UK to achieve this award. This poster will showcase some of the work leading to this result.

Our service has been accredited as Baby Friendly for 19 years, seeing breastfeeding rates rise from 27% to 74%. Some of our progressive work includes:

- reduced weightloss re-admission
- reduced formula supplementation
- increased breastfeeding rates
- colostrum harvesting
- tongue tie service
- staff breastfeeding champions

Our Gold journey has been extremely valuable in:

- ensuring that what we have achieved will be maintained with further progression long-term
- respecting the Baby Friendly standards at every level by creating a culture that values kindness and staff development.

It is essential that the leadership team works closely together with well defined roles and responsibilities for the Head of Service, Project Guardian and Project Lead, and reporting/monitoring pathways are robust. The Gold Award has helped us to tighten up these aspects and move us to a stronger place to secure our Baby Friendly standards for the future.

E-Cigarettes and breastfeeding: A template analysis of online forum data

Name: Emily Johnston, Sue Cooper, Tim Coleman, Kasia Campbell, Sarah Lewis

Organisation: Nottingham University

Poster number: 24

Background: Smoking postpartum and UK breastfeeding rates are both public health concerns. They are linked through the concern about smoking constituents in breastmilk, and the risk of second-hand smoke exposure. E-cigarettes may provide an option for reducing the harm of smoking to mother and child, but also improve breastfeeding rates. They are shown to have significantly lower levels of carcinogens and toxicants, around 1000th of those found in cigarettes. This may mean that they are a suitable and safer alternative to smoking whilst breastfeeding, and may offer a solution to those who consider stopping breastfeeding due to smoking behaviour.

Aims: To understand attitudes towards e-cigarette use whilst breastfeeding and what motivates or is a barrier to their use.

Methods: A qualitative analysis of online forum data was conducted to explore attitudes, motivators and barriers towards e-cigarette use for breastfeeding mothers. A template analysis was used to generate themes.

Results: Six themes were identified in total: evidence, breastfeeding, health, risk, social support and use. Evidence often referred to the mistranslation of academic work, but also a misunderstanding regarding the recommendation to breastfeed as a smoking mother. Findings within the breastfeeding theme suggested that women may cease breastfeeding due to fears that their milk is contaminated by smoke. However, there is evidence that breastfeeding mothers are choosing to use an e-cigarette during breastfeeding to prevent relapse to smoking, as a means of harm reduction.

Conclusions: Women are increasingly using e-cigarettes over cigarettes whilst breastfeeding, which means the potential for ingestion of cigarette specific chemicals to the infant via breastfeeding is reduced. It also suggests that e-cigarettes are socially acceptable to breastfeeding mothers; this suggests future interventions considering the use of e-cigarettes postpartum could improve breastfeeding rates amongst mothers at risk of smoking relapse.

Perinatal mental health in a breastfeeding woman: Why can she not breastfeed as normal if she needs medication?

Name: Wendy Jones

Organisation: The Breastfeeding Network (BfN)

Poster number: 1

Approximately 15% of contacts to the BfN Drugs in Breastmilk Service relate to perinatal mental health. Mothers are searching for confirmation on the safety of their drugs or breastfeeding friendly options. Information in the British National Formulary (BNF), on which GPs base their prescribing decision, relies on drug manufacturer recommendations rather than qualitative studies. As a result, many GPs are reticent to prescribe.

A survey was distributed via social media over a three week period to look at issues around mental health, breastfeeding and medication.

Of 801 responses received, 84.4% reported a mental health issue whilst they were breastfeeding. A further 32% said they had issues but never sought help. 21% of respondents said that the support received for mental health issues did not value breastfeeding and its importance for them. Although 77% said that they didn't stop breastfeeding because of medication, analysis of free text responses showed that this was often because they refused medication or sought information other than that from the GP (BfN was named as a trusted source).

The lack of readily available information on the safety of medication while breastfeeding produces a barrier for mothers and healthcare professionals in treating perinatal mental health issues optimally. Additional training and evidence based information needs to be accessible.

UK Drugs in Lactation Advisory Service (UKDILAS)

Name: Laura Kearney and Sarah Fenner

Organisation: UK Drugs in Lactation Advisory Service (UKDILAS)

Poster number: 3

The UK Drugs in Lactation Advisory Service (UKDILAS) is committed to providing evidence based information on the use of medicines during breastfeeding. It is commissioned by NHS England and provided via highly skilled pharmacists from the UK Medicines Information Network. It is free to access and available to all UK healthcare professionals.

The Service produces a database which risk assesses the safety during breastfeeding of every UK licensed drug. More detailed evidence based summaries on various therapeutic areas are available, such as the use of Selective Serotonin Reuptake Inhibitors (SSRIs) during breastfeeding: www.sps.nhs.uk/articles/ukdilas

An enquiry answering service is also provided. A risk assessment is given regarding an individual's particular situation, and can include complex patients, such as mothers on multiple medicines, or premature infants. Advice on whether breastfeeding can proceed, and specific monitoring requirements is given. In 2016, the service answered 579 enquiries.

Feedback from a recent survey shows that UKDILAS advice contributes to the management of the patient, and 100% of users would use the service again.

Unfortunately, many mothers are incorrectly told they cannot breastfeed because of medicines they are taking. UKDILAS can provide the information and advice required to help healthcare professionals, and mums, to make a clearer, more informed decision.

Lactation after perinatal loss: Supporting women's choice

Name: Judith Kennedy and Anna Matthews

Organisation: University of Hertfordshire and Hearts Milk Bank

Poster number: 20

Following perinatal loss, the lactation needs of bereaved mothers receive little attention, with suppression the most commonly used option. Milk banks represent an invisible resource which may prove beneficial to women. A literature review was conducted to identify current advice and evidence regarding lactation options following perinatal loss, including the benefits and drawbacks of milk donation. Anecdotal evidence was examined, and bereavement support bodies were contacted to establish current practices.

This study revealed that lactation following bereavement is an overlooked issue; women should be supported in making informed choices regarding lactation options. This should include the option of milk donation which may offer catharsis and aid the grieving process. Three key themes were identified: benefits and drawbacks, individuality and choice, and education and training. Milk donation following perinatal loss may offer benefits, but may also have potential drawbacks; individuality and choice are vital for woman-centred care; and further education and training is needed to enable healthcare professionals to confidently discuss all lactation options. Further research regarding lactation options is needed to increase visibility of milk banks, broaden the evidence base, and understand the wider implications of milk donation following perinatal loss.

GP Infant Feeding Network website: An evaluation of impact of a new infant feeding resource for GPs

Name: Dr Clare Macdonald and Dr Louise Santhanam

Organisation: GP Infant Feeding Network (UK)

Poster number: 9

The GP Infant Feeding Network (GPIFN) website launched in April 2017, seeking to provide a reliable resource for GPs supporting families with infant feeding issues. Developed by GPs with assistance from colleagues in related fields, the website collates respected material on maternal and infant health, infant feeding, drugs in lactation and the role of the GP.

The website launch was via social media and was referenced in a major medical journal opinion piece. By the end of its first month, the website had received 28,891 hits and 9,991 unique visitors from across six continents. On average, 518 visitors continue to use the site per week, with 2.3 views per visitor.

Impact was assessed through a survey accessed from the site. 46% of respondents were doctors (32% GPs and trainees). The most accessed section was information about breastfeeding (54% of respondents), followed by resources for practice (40%). 70% of respondents felt the site was likely or very likely to influence their practice and 90% were likely or very likely to recommend it to others. Data derived from the survey will be utilised for continual improvement of the website and other GPIFN activities.

Updating the evidence on supporting women to breastfeed

Name: Alison McFadden, Mary Renfrew, Anna Gavine and Steve MacGillivray

Organisation: University of Dundee

Poster number: 18

To update evidence on breastfeeding promotion and support, we conducted three systematic reviews: two updates of Cochrane reviews (“Interventions for promoting the initiation of breastfeeding” and “Support for healthy breastfeeding mothers with healthy term babies”), and a review of the effectiveness of breastfeeding education for healthcare staff. The reviews were conducted in 2016, using Cochrane methods. Meta-analysis was possible for the Cochrane reviews only.

There is low quality evidence (23 trials) that breastfeeding education provided by healthcare staff, or breastfeeding counselling and peer support delivered by non-healthcare staff, increases breastfeeding initiation. There is moderate quality evidence (73 trials) that breastfeeding support for mothers reduces the number of women stopping any and exclusive breastfeeding before 4-6 weeks, and before 6 months. The evidence for the effectiveness of education programmes for supporting breastfeeding women on knowledge and attitudes of healthcare staff (4 trials) is limited.

All women should be offered breastfeeding support. However, there is striking dissonance between the scale of the evidence on breastfeeding support and the evidence gap on how to educate healthcare staff to provide it. Therefore, further research is needed on health promotion activities to promote breastfeeding initiation, and on education for healthcare staff.

Infant feeding workshops supporting student midwives over three Health Boards in Scotland

Name: Margaret Moran

Organisation: Edinburgh Napier University

Poster number: 21

The Unicef Baby Friendly Initiative is an international approach for the promotion of breastfeeding (Unicef, 2017). As part of Edinburgh Napier's work towards achieving this award, a series of workshops were developed to support student midwives in the clinical areas. The workshops consist of an informal meeting with the local Infant Feed Lead if available. They run every month and rotate around the three partner health boards (five hospitals) linked to the Midwifery programme. In December 2016 Edinburgh Napier University was successful in achieving this award; one of the conditions of the award was the continuation of these workshops.

As part of our ongoing commitment to Baby Friendly status we have reviewed the workshops to explore the impact on student learning and experience. 80 students are asked to complete an online survey to share their feedback on the value of the workshops and the suitability of the structure. The survey had a 50% response rate and the results will be used to inform the content and structure of future workshops. This poster will demonstrate the process and the results of the workshop review.

Tied again: Recurrent ankyloglossia and impact on breastfeeding

Name: Dr Rachel Owusu-Ankomah and Dr Shailesh Patel, Holly Churcher, Julienne Espinneli, Miriam Feen, Katherine Fisher and Maria Yasnova

Organisation: Kings College Hospital, Tongue Tie Clinic

Poster number: 8

We conducted a single centre, single surgeon prospective study between May 2013 and October 2015 involving a cohort of 1,937 dyads presenting for assessment and treatment of tongue-tie at Kings College Hospital Tongue-tie Clinic (KCH TTC).

This study examined 83 mother and baby dyads that presented for assessment and treatment of recurrent tongue-tie: 45 dyads were initially treated in other institutes and 38 initially treated in our institute. Results of the study demonstrate that recurrence rate following frenulotomy at KCH TTC is 2% lower than currently reported.

KCH TTC's post surgical protocol includes teaching all parents active wound management (AWM) and recommends follow up with the referring team within 5-7 days and again at day 10-14, to review feeding and wound/scar progression.

Parents need to be fully informed of all the risks of frenulotomy. Earlier recognition of recurrence following frenulotomy would allow for prompt treatment by practitioners trained in surgical scar revision.

Further investigation into the impact of revisional surgery on breastfeeding outcomes is required. This poster will present the findings of the study, impact on breastfeeding outcomes and improvement following tongue-tie revisional surgery.

Grandparents in the know

Name: Colette Palin and Emma Evans

Organisation: Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) & Wirral Community NHS Foundation Trust (East Cheshire Division)

Poster number: 10

The Infant Feeding Team at MCHFT and Cherubs Infant Feeding Team collaboratively developed a community based education session for prospective or new grandparents. The rationale for the development of the session was based on research from a variety of sources demonstrating that economic and social drivers mean that grandparents are playing an ever-increasing role in supporting infant feeding and family life.

We know that:

- Grandparents are providing care for 25% of all children in the UK.
- New parents are more likely to turn to grandparents for information about parenting than they are to a health professional.
- Mothers themselves are asking that family members receive breastfeeding promotion and education as they had influenced their feeding decisions.
- Those children with high grandparental involvement had fewer emotional and behavioural problems.

The grandparent sessions are well evaluated and gained interest from a representative from NHS Improvements. The sessions are very much led by the grandparents but include infant feeding, infant brain development, family dynamics, importance of love, safe sleep, baby massage and infant safety.

The aim of the session is that infant feeding and supporting baby development through breastfeeding, love and attachment is valued by a population that may not have seen this as the norm. The remit has subsequently been widened out to include childminders and foster parents.

Family feedback informs a comprehensive breastfeeding programme in Kent

Name: Philippa Parrett and Lyn Scazafabo

Organisation: PSBreastfeedingcic

Poster number: 13

PSBreastfeedingcic is delivering a three year community breastfeeding programme for Kent Public Health with health partners. Engaging the public has been a key activity. Activmob used a range of approaches to provide impartial insight during the contract across Kent's diverse socioeconomic population. April 2016 to March 2017 saw over 8,000 visits to the peer support groups and specialist clinics.

As services were set up, insight helped sort local misunderstandings and highlighted disparity of services across the district. Following the intervention, the district reported a 5% increase in breastfeeding rates at 6-8 weeks from April to Dec 2016. This poster will share insights from this work.

Are the complex physiological processes involved in establishing lactation vulnerable to the effects of intrapartum medical intervention?

Name: Marie Rivett

Organisation: University of Worcester

Poster number: 22

Background and objective: The importance of breastfeeding is significant and well documented. Nevertheless, breastfeeding initiation rates in the UK remain suboptimal. It is commonly assumed that susceptibility to the use of breastmilk substitutes is determined by socio-cultural factors. The purpose of this systematic review is to assess the effects of intrapartum care practices on neonatal breastfeeding ability at birth.

Methods: A search of CINAHL, Cochrane and Medline databases was carried out for data collection.

Results: Labour interventions (including exogenous oxytocin, intravenous administration of clear fluids and regional anaesthesia) were associated with disorganised breastfeeding behaviour. Specifically, neonatal nerve damage, central nervous system depression, poor muscle tone and inability to sustain suckling were all associated with medical intervention.

Conclusions: Labour intervention should be viewed as a marker for suboptimal breastfeeding initiation and providers of maternity care must facilitate additional postnatal support for mothers who are vulnerable to breastfeeding difficulties. Developed countries have experienced a significant increase in intrapartum intervention rates and, therefore, encouraging all mothers to express breastmilk from 37 weeks gestation appears to be a logical progression to ensure that a supply of colostrum is available after birth.

Breastfeed Happily Here: the impact of a breastfeeding welcome scheme on families and communities

Name: Elizabeth Smith, Ruth Campbell, Sarah Edwards and Julie Peterkin

Organisation: NHS Ayrshire and Arran and The Breastfeeding Network

Poster number: 4

The evidence around the importance of breastfeeding for women, babies, families and communities is overwhelming, but we still see huge differences in breastfeeding initiation and continuation rates across the UK. One of the influencing factors is anxiety about feeding in public and fear of a negative reaction from others. This can lead to social isolation and early cessation of breastfeeding. Fewer women breastfeeding in public also means that it is not seen as a normal activity in our communities.

'Breastfeed Happily Here' was set up to address these issues in NHS Ayrshire & Arran. Since 2015 a positive partnership between NHS Ayrshire & Arran and the Breastfeeding Network has seen the scheme grow and increase impact. All public transport in the area is signed up, along with over 200 other premises including dentists, GP surgeries, cafés, beauty salons and the local football clubs. Our aim is culture change and improving support for mothers who breastfeed and their families. Feedback includes: 82% of people questioned had noticed stickers up in premises, 82% of mothers who saw the stickers felt more confident to breastfeed in premises displaying them, 96% of respondents agreed that the

scheme is a good way to show that local businesses welcome and support breastfeeding families.

A holistic approach to increasing breastfeeding rates by focusing on establishment of secure attachments

Name: Elizabeth Smith and Frances Gunn

Organisation: NHS Ayrshire and Arran

Poster number: 14

Breastfeeding rates in East Ayrshire are critically low with 18.1% of babies exclusively breastfeeding at 6-8 weeks compared to the national figure of 31.4%.

A project was developed to increase breastfeeding rates and encourage secure attachments between babies and parents. Parents were recruited in the antenatal period and used a mix of communication methods to encourage breastfeeding. Findings suggest that aspects of attachment style parenting methods underpin maternal intention and commitment to breastfeed.

As a result we developed a 'triangular model' to increase breastfeeding rates and demonstrate that breastfeeding is supported by babywearing and baby massage as these promote the establishment of a secure bond between the mother and her baby and encourage responsive parenting, which leads to increased awareness of feeding cues resulting in effective breastfeeding.

Implementation of the project follows a healthcare improvement model and utilises the 'Plan-Do-See-Act' approach to encourage ongoing modification and to ensure success. If the results are positive, we hope the project will be rolled out to further localities within Ayrshire and Arran.

What are health visitors' perceptions of barriers to and facilitators of maintaining the Unicef UK Baby Friendly Initiative Standards in the community?

Name: Nicola Steadman

Organisation: Children and Family Health Surrey

Poster number: 2

Background: This study is the first aimed at gathering and examining the perceptions of health visitors of the barriers to and facilitators of implementing the Baby Friendly Initiative standards in the community.

Methodology: Twelve health visitors from three areas of Surrey received a semi-structured interview. All health visitors interviewed had received Unicef UK breastfeeding training.

Findings: Three main themes were identified as barriers and facilitators: organisational factors, engaging with mothers and health visitor traits.

Discussion and conclusion: Many health visitors wish to spend more time with mothers but are unable to do so. Health visitors identified that a lack of resources and reduced contacts mean that they are required to fit more information into fewer visits, and that this

could be a barrier to implementing the Baby Friendly standards. As a result mothers can feel pressure, are overwhelmed with information and have possibly forgotten the information delivered when interviewed. This study identified the need for a passionate leader of the Baby Friendly project within the health visiting team and up-to-date, ongoing training for all staff. Health visitors interviewed appeared passionate, empathetic and confident in their ability to support mothers.

Working together to support breastfeeding

Name: Amanda Taka and Clare McGuire

Organisation: University of the West of Scotland

Poster number: 25

Breastfeeding is acknowledged as the best nutrition due to its unique ability to adapt to a baby's needs (World Health Organisation, 2003; Scottish Government, 2011). Breastfeeding benefits the infant, mother and the population (Unicef, 2015). The global economic cost of not breastfeeding is estimated at \$302million per annum (Rollins et al. 2016). Determining the most effective interventions to support breastfeeding initiation and continuation remains unclear (Renfrew et al. 2012). However, Sinha et al (2016) suggests that those receiving support from health professionals or peers who have completed Unicef UK Baby Friendly Initiative training are more likely to breastfeed for longer. Health visitors are in a unique position to promote, support and protect breastfeeding.

This poster will provide a brief overview of current literature with a focus on health professionals' attitudes around breastfeeding, the cultural context of breastfeeding and how best to promote and support breastfeeding. Recommendations for health visiting practice will be included and the current opportunities for engagement with expectant and new mothers highlighted (Scottish Government, 2015).

Going for Gold in Northumberland

Name: Deborah Wade,Carolynn Reavley and Gill Patterson

Organisation: Northumbria Health Care NHS Trust

Poster number: 17

Northumbria Healthcare NHS Trust, Community, has been successful in achieving the newly developed Unicef UK Baby Friendly Initiative Achieving Sustainability (Gold) Award, being highly commended for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to the standards had been planned and implemented.

The leadership team is made up of three part time Infant Feeding Coordinators (IFCs), and a Clinical and Professional Lead for Health Visiting and engaged Baby Friendly Guardian from the Public Health Department. Strategic meetings include partners from the acute sector, paediatrics, general practice and childrens centres.

The IFCs are part of the health visiting service, leading a team which includes Band 3 breastfeeding supporters specifically for areas of low breastfeeding prevalence, alongside midwifery and health visiting teams, providing additional, early, proactive face-to-face support.

The work of the team is also enhanced by 100 mum-to-mum volunteers, provision of breastfeeding support groups, local breastfeeding website, closed facebook groups and specialist clinics. Decision-making is driven by robust data collection and analysis, as well as user and staff feedback.

Baby Clinics: Why and How? Lay and professional perceptions of the purpose and value of health visitor-led child health clinics

Name: Jo Webb

Organisation: Sirona Care & Health

Poster number: 5

Despite the widespread presence of health visitor-led baby clinics across the UK, there is little published research about the service model, its purpose or effectiveness and no national or professional guidance currently exists on their model of delivery.

This research begins to address this theoretical gap, exploring both lay and professional perceptions of the purpose and value of baby clinics, and offering a theoretical process through which community based family support at baby clinics could potentially promote the health and wellbeing of infants and pre-school children.

Child Health Clinics have traditionally been delivered from a bio-medical approach with an emphasis on surveillance and weighing (Webb 2016). This research explores the experiences of practitioners and parents at baby clinics and the associated challenges of balancing the drive to achieve positive public health outcomes with the psycho-social needs of mothers and babies. A theoretical process on which models of delivery may be focussed and tested in the future is offered.

Building family relationships on the neonatal unit

Name: Baljit Wilkhu

Organisation: Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT)

Poster number: 12

The neonatal unit can be a highly stressful environment for babies born preterm or sick. These babies are separated from their parents, admitted into a clinical environment which is overloaded with technology and bright lights, are often over stimulated, undergo painful procedures and are subjected to loud, unpredictable noises which have a detrimental effect on their growth and neurological development.

All of this causes parents distress; expectations are not met, they do not feel in control and are unable to hold their baby when they wish; this impacts appropriate hormonal responses.

Neonatal care is changing as a result of the Unicef UK Baby Friendly Initiative neonatal standards. The standards support the philosophy that parents, families and their babies need to be at the centre of care, and promote high quality individualised and flexible care. Families need to be partners in decision making about their baby's care, taking responsibility and carrying out as much of the cares as possible with the support of staff as educators.

We at BHRUT neonatal unit are supporting the development of close, loving parent-infant relationships by enabling parents to be present on ward rounds and have unrestricted

visiting so that they can interact with and care for their babies as much as possible, thus improving outcomes for babies and their families.

Pragmatically presenting the evidence in support of breast(milk) feeding in neonatal units

Name: Kate Woodman and Linda Wolfson

Organisation: NHS Health Scotland and Scottish Government

Poster number: 6

Background: In Scotland there has been a clear “shifting of the curve” towards breastmilk usage in neonatal units (NNUs). To inform the 2017 Scottish Government-led Maternity and Neonatal Services Review and ongoing revision of Improving Maternal and Infant Nutrition: A Framework for Action (Scottish Government, 2011), we collated the evidence about interventions to support breast(milk) feeding in neonatal units. and described the infant feeding experiences of parents and staff.

Methods: Standard databases were searched for effective interventions to support breastmilk feeding in NNUs and searches about the experiences of parents and staff were conducted.

Results: We published a full evidence review, including a summary of Scottish and international policies and published key messages to encourage practitioner engagement. As evidence gaps remained about issues related to supporting breast(milk) feeding, we considered ethical principles to help guide decision-making about NNU support.

Conclusions: NNU staff have a unique opportunity to “change the conversation” by promoting and protecting the use of breastmilk. Adopting a pragmatic approach to presenting the evidence to support breast(milk) feeding in NNUs has enabled meaningful engagement of staff, policy makers and voluntary sector agencies as they contribute to “shifting the curve” towards NNU breastmilk usage.
