



THE BABY
FRIENDLY
INITIATIVE

unicef 
UNITED KINGDOM

UNICEF UK BABY FRIENDLY INITIATIVE ANNUAL CONFERENCE

15 – 16 November 2018
ACC Liverpool



CONFERENCE TIMETABLE

DAY 1: THURSDAY 15 NOVEMBER

Chair: *Morning:* Professor Mary Renfrew, University of Dundee
Afternoon: Professor Helen Ball, Durham University

9:30 Welcome - Mike Penrose, Executive Director, Unicef UK

9:45 Update and celebration - Sue Ashmore, Programme Director, Unicef UK Baby Friendly Initiative

10:30 The effects of synthetic oxytocin and other birth practices on infant feeding - Karin Cadwell, Faculty, Healthy Children Project, Inc.

11:30 Break

12:15 The neonatal environment and the long-term impact of neonatal care - Professor Renée Flacking, Dalarna University, Sweden

1:00 Lunch

2:15 Don't push it: Why the formula milk industry must clean up its act - Frances Mason, Senior Hunger Policy and Research Advisor, Save the Children

3:00 #notsorrymums: Developing and evaluating an advertising campaign in Northern Ireland - Janet Calvert, RM, MSc, Health and Social Wellbeing Improvement Manager (Regional Breastfeeding Lead), Public Health Agency

3:30 Break

4:15 The Scottish Maternal and Infant Nutrition Survey: Building on success - Linda Wolfson, Maternal and Infant Nutrition Coordinator / Breastfeeding Programme for Government Lead, Scottish Government

5:00 Findings from the APPG Infant Feeding and Inequalities 'An enquiry into the costs associated with feeding babies in the first year of life' - Dr Helen Crawley, Director, First Steps Nutrition Trust

5:30 End of day one and drinks reception

Posters - view now in exhibition area

During break times you can view a selection of posters in the exhibition area, showcasing exciting and innovative examples of improving care for babies and mothers. You can vote for your favourite poster here: surveymonkey.co.uk/r/postervote18

DAY 2: FRIDAY 16 NOVEMBER

Chair: *Morning:* Professor Fiona Dykes, University of Central Lancashire
Afternoon: Professor Sally Kendall, University of Kent

9:30 The rationale and evidence for the new Ten Steps to Successful Breastfeeding - Dr Pura Rayco-Solon, MD MSc PhD, Epidemiologist, Evidence and Programme Guidance, Department of Nutrition for Health and Development, World Health Organization (WHO)

10:15 Bridging the gap: How Baby Friendly impacts on the local cultures of a maternity unit in the north west of England - Anna Coonan-Byrom, Senior Midwifery Lecturer and PhD Student, Maternal and Infant Nutrition and Nurture Unit, University of Central Lancashire

10:45 Break

11:30 Skin-to-skin contact: Moving the conversation on, what have we learned and where do we need to go? - Kajsa Brimdyr, PhD, CLC, Lead Ethnographic Researcher, Healthy Children Project, Inc.

12:30 What does the evidence tell us about peer support? - Dr Gill Thomson, BSc (Hons), MSc, PhD, FHEA, Reader (Associate Professor) in Perinatal Health, University of Central Lancashire

1:15 Lunch (Exhibition closes at 2:30)

2:30 The relationship between breastfeeding and perinatal mental health - Dr Wendy Jones, Pharmacist with special interest in the safety of drugs in breastmilk

3:15 Influencing change on a neonatal unit: The power of the parent's voice - Kelly Young, Matron, Neonatal Service, Bradford Royal Infirmary

3:45 Closing remarks

4:00 End of conference

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For further information on the Baby Friendly Initiative

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WELCOME



Sue Ashmore, Programme Director, Unicef UK Baby Friendly Initiative

A very warm welcome to the 2018 Baby Friendly Initiative Annual Conference. Huge thanks to you all for your support over the last year; whether you've written to your MP about breastfeeding in the UK, shared your experiences of implementing the Baby Friendly standards, or moved the standards forward in your service, you are all making a huge difference to families. We have a brilliant range of speakers, exhibitors and posters for you this year, showcasing the latest innovations and research in caring for babies, mothers and their families. And more importantly, there'll be plenty of time for networking, catching up and recharging your batteries. We hope you enjoy the conference and leave us feeling motivated and inspired.

CONFERENCE INFORMATION

Certificates

Certificates of attendance are available for collection at the end of the conference (or at the end of day one for those attending that day only).

NMC revalidation: Continuing Professional Development hours (CPD)

Attendance at the conference equates to approximately 14 hours of CPD participatory learning. To increase your CPD hours through independent learning, read the conference blogs, reflect on your learning and document your findings.

Continuing Education Recognition Points (CERPs)

Delegates will be contacted after the conference with details of claiming CERPs from the International Board of Lactation Consultant Examiners (IBLCE).

Cloakroom

The cloakroom is located in the atrium, near the main entrance – delegates can deposit items free of charge.

Delegate badges

Please ensure badges are worn at all times.

Evaluations

Delegates are invited to complete this online evaluation of their conference experience: surveymonkey.co.uk/r/bfi2018conf. This link will also be emailed to delegates at the end of the conference.

First Aid

Please notify a member of the ACC staff if assistance is required.

Mother and baby room

A room is available for delegates with babies to watch the conference presentations if they wish. It is located in Room 14, to the left of Hall 1 – Auditorium.

Photography and mobile phones

Please ensure mobile phones are off or on silent during all conference sessions and please refrain from using flash photography.

WiFi

WiFi is provided free of charge for all delegates. Connect to the "Free_Wifi SSID" network.

Follow us on Twitter: [@babyfriendly](https://twitter.com/babyfriendly)
 Use the hashtag: [#bficonf](https://twitter.com/bficonf)

CHAIR BIOGRAPHIES

As we move forward with a greater emphasis on education and research, we have chosen the following Chairs to celebrate the work of our leading academics who have worked tirelessly to improve knowledge and understanding of infant feeding and relationship building in the UK.

DAY 1

Morning: Professor Mary Renfrew, FRSE, University of Dundee

Mary Renfrew is Professor of Mother and Infant Health at the University of Dundee, and Lead Adviser to the Nursing and Midwifery Council (NMC) for the Future Midwife project. A health researcher, educator, and midwife, Mary has conducted research in maternity care, infant feeding and nutrition for over 30 years, and her work has informed and helped to shape public health policy and practice nationally and internationally. Mary's research and development work has been supported by the Medical Research Council (MRC), National Institute for Health Research (NIHR), Bill & Melinda Gates Foundation, government departments, NHS agencies, and charities. She has been co-editor of the Cochrane Pregnancy and Childbirth Group, and Chair of the WHO Strategic Group on Maternal and Newborn Health. She was awarded inaugural Senior Investigator status with the National Institute for Health Research in 2008, and she was Principal Investigator for the groundbreaking global Lancet Series on Midwifery (2011-2016). She was a Board member of Unicef UK (2011-2017).

Afternoon: Professor Helen Ball, BSc, MA, PhD, Durham University

Helen Ball is Director of the Parent-Infant Sleep Lab in the Department of Anthropology at Durham University, and Chair of the Scientific Committee for the Lullaby Trust. She has been researching infant sleep for nearly 25 years, concentrating on the sleep ecology and sleep behaviour of infants and their parents. She has conducted research in hospitals and the community, and contributes to national and international policy and practice guidelines on infant care. She pioneers the translation of academic research into evidence for use by parents and practitioners via the Infant Sleep Information Source website. She was awarded the biennial Queen's Anniversary Prize in 2018, the highest academic honour in the national honours system.

DAY 2

Morning: Professor Fiona Dykes, PhD, MA, RM, ADM, FHEA, University of Central Lancashire

Fiona Dykes is Professor of Maternal and Infant Health and Director of the Maternal and Infant Nutrition and Nurture Unit (MAINN), University of Central Lancashire, which she established in 2000. She is an Adjunct Professor at Western Sydney University and holds Visiting Professorships at Höögskolan, Dalarna, Sweden and Chinese University of Hong Kong. She has a particular interest in the global, socio-cultural and political influences upon infant and young child feeding practices; her methodological expertise is in ethnography and other qualitative research methods. Fiona is the Convenor and Chair of the Scientific Review Committee for the MAINN Conference, a three day, international, peer reviewed event, with abstracts published in the Maternal and Child Nutrition journal. She is a Fellow of the Higher Education Academy and has worked on projects funded by WHO, UNICEF, United Nations Population Fund (UNFPA), European Commission, UK Department of Health, NHS, National Institute for Health Research (NIHR), Wellcome Trust, British Council, British Academy and Australian Research Council (ARC). Fiona is author of the monograph *Breastfeeding in Hospital: Mothers, Midwives and the Production Line*. She is also joint editor of several books including *Infant and Young Child Feeding: Challenges to implementing a Global Strategy* and *Ethnographic Research in Maternal and Child Health*.

Afternoon: Professor Sally Kendall, MBE, PhD, BSc (Hons), RN, RHV, FQNI, University of Kent

Sally Kendall is Professor of Community Nursing and Public Health at the University of Kent. She became a health visitor and family planning nurse in 1982 and worked in South West London until taking up a research post at King's College London and completing her PhD on the health visitor-client interaction. She was Professor of Nursing and Director of the Centre for Research in Primary and Community Care, University of Hertfordshire from 2000-2016. Her main research interest is in community health, especially in relation to children and families, having developed the TOPSE tool for measuring parenting self-efficacy. This has led to her research with Aboriginal communities in Western Australia. She has a long-standing interest in breastfeeding having developed training for health visitors, Invest in Breast Together, and breastfeeding self-efficacy research and the development of a new breastfeeding chair with Dr Lyn Jones that has been widely adopted. Prof Kendall is currently the UK principle investigator for the Becoming Breastfeeding Friendly project in collaboration with Yale University, which aims to scale up the protection, promotion and support of breastfeeding across countries. She is the Chair of the European Forum for Primary Care, co-editor of Primary Health Care Research and Development and the co-chair of the International Collaboration of Community Health Nursing Research, a UK charity that supports global community nursing research (icchnr.org).

SPEAKER ABSTRACTS AND BIOGRAPHIES

DAY 1

Welcome

Mike Penrose

Unicef UK's Executive Director welcomes everyone to the conference and congratulates the hard work of all those caring for mothers, babies and their families.

Mike Penrose took over as Executive Director of Unicef UK in May 2016. Prior to this he was CEO of Action Contre La Faim in Paris, and Humanitarian Director at Save the Children International. He has 24 years' experience working in aid and development as well as risk, crisis and disaster management in more than 60 countries. Mike has extensive experience of crisis and emergency response, including deployments as Head of Operations for the UN WHO in Banda Aceh for the Tsunami response; Crisis Management Advisor for the Torino Winter Olympics; DFID Humanitarian Advisor in numerous emergencies, including Iraq 2003 and the Pakistan earthquake in 2005; and as the Evacuation Team Leader for the inter-governmental civilian evacuations of Lebanon 2006, Guinea 2007 and the Democratic Republic of the Congo in 2007. Mike has also advised many large commercial organisations on how to operate effectively and ethically in fragile environments.

Update and celebration

Sue Ashmore

This presentation will give an overview of some significant events related to infant feeding and parent-infant relationships, as well as an update on the Baby Friendly Initiative's work during 2018. Details of progress on learning outcomes for medical and dietetic students will be shared, as well as an update on Achieving Sustainability standards. We will be celebrating all your achievements this year in the annual awards roll video; many congratulations to all!

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 over 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 services to implement and maintain the standards.

The effects of synthetic oxytocin and other birth practices on infant feeding

Karin Cadwell

The increasingly common use of synthetic oxytocin in labour has happened largely without consideration of physiologic mechanisms that might have short and long-term effects on the mother and baby, including on breastfeeding. A cascade model elucidates three physiologic pathways: dysregulation of the maternal oxytocin (OT) system, crossing of the foetal blood brain barrier, and uterine hyper-stimulation with negative downstream effects. Downstream negative effects related to breastfeeding include decreased maternal endogenous oxytocin, increased risk of negative neonatal outcomes, decreased neonatal rest during the first hour with the potential of decreasing the consolidation of memory, decreased neonatal pre-feeding cues, decreased neonatal reflexes associated with breastfeeding, maternal depression, somatic symptoms and anxiety disorders.

Karin Cadwell is a member of the faculty and researcher at the Healthy Children Project, Inc and convened Baby-Friendly USA, the organization implementing the WHO Unicef Baby Friendly Hospital Initiative in the United States. She is a founder and now a delegate to the US National Breastfeeding Committee as well as an author and co-author of numerous books and articles. Her background as a childbirth educator, lactation care provider and professor of anatomy and physiology converged to prompt her to ask the question, "What are the physiologic explanations and downstream effects of the use of synthetic oxytocin in the peripartum?"

The neonatal environment and the long-term impact of neonatal care

Professor Renée Flacking

Within neonatal care, we can now save infants born half way through pregnancy. This presents us with a challenge, not only to save lives but to protect infants' and parents' physical and mental health, and to ensure that a positive parent-infant relationship is developed. Becoming a parent of a preterm baby who requires

neonatal care constitutes an extraordinary life situation in which parenting begins and evolves in a medical and unfamiliar setting. This presentation will highlight the need to acknowledge the importance and impact of physical and emotional closeness between parent and infant in neonatal units. Through consideration of the literature and examples from several qualitative and longitudinal studies, I will discuss the long-term impact of the neonatal environment and culture on infants and parents.

Renée Flacking Registered Nurse and Professor in Paediatric Nursing, is the Director for the research centre Reproductive, Infant and Child Health (RICH) at the School of Education, Health and Social Studies, Dalarna University, Sweden. Renée has a background as a Paediatric Nurse, having worked in a neonatal care unit for more than 10 years. Renée's main research interest is in the area of parenting and feeding in families with preterm infants focusing on emotional, relational and socio-cultural influences.

Don't push it: Why the formula milk industry must clean up its act

Frances Mason

The lives and the health of millions of vulnerable children are at risk from a threat that receives too little attention – the rapid growth of the market for baby milk formula. The unique life-saving and life-enhancing benefits of breastfeeding are proven. However, the global market in breastmilk substitutes is seeing a five-fold increase in two decades that far outstrips the world's population growth. By 2019 that market will be worth more than \$70 billion. Much of this growth stems from powerful marketing campaigns that have led mothers to limit or abandon breastfeeding. Six companies today are among the leaders of the aggressive global promotion of milk formula and other foods for very young children – Nestlé, Danone, Reckitt Benckiser (RB, which recently acquired Mead Johnson), Abbott, Friesland Campina and Kraft Heinz.

Frances Mason is the Senior Hunger Policy and Research Advisor at Save the Children, based in London. She is a nutritionist whose current work is predominantly focused on infant and young child feeding and adolescent nutrition. Before joining Save the Children, Frances was Head of Nutrition in the humanitarian department of Oxfam and led the nutrition and food security unit at Action Against Hunger UK. Frances started her humanitarian work with Médecins Sans Frontières in Rwanda and has since worked in twenty countries in Sub-Saharan Africa, South, Central and South East Asia with a number of organisations. She studied Biology at London University and has a MSc in Human Nutrition from the London School of Hygiene and Tropical Medicine. She has lectured on nutrition in humanitarian contexts at London, Glasgow and Cambridge universities. She currently sits on the board of trustees of Action Against Hunger UK.

#notsorrymums: Developing and evaluating an advertising campaign in Northern Ireland

Janet Calvert

This presentation will discuss the impact of the Not Sorry Mums advertising campaign, designed by Public Health Agency (PHA) and Genesis advertising agency in Northern Ireland to: encourage positive attitudes and challenge negative attitudes towards breastfeeding in public; increase support for breastfeeding in public; and increase awareness of the benefits of breastfeeding. The campaign was established in response to research showing that many women in Northern Ireland were uncomfortable with breastfeeding in public. The campaign encouraged and empowered new mums to breastfeed in public and to reframe public breastfeeding as a deeply protective act that deserves support from the entire community.

Evaluation of the campaign, which ran from 1 February to 31 March 2018 on TV, radio, outdoor, print and digital, showed an increase in positive attitudes towards breastfeeding and increased awareness of the importance of breastfeeding to health. 90% of those who were pregnant or planning to be pregnant agreed that the advertising would encourage them to think more positively about mums who breastfeed. There was a similar agreement among their partners (87%) and with business decision makers (85%). 83% of those who had seen the advertising agreed with the statement 'breastmilk is healthier than formula for babies', compared to 69% who had not seen the campaign. The results show that such campaigns are an effective mechanism for getting important messages about breastfeeding to the wider public.

Janet Calvert has previously worked as a midwife and Infant Feeding Lead and is currently employed by the Public Health Agency in Northern Ireland within the Health Improvement Division. Her job involves commissioning public health initiatives and leading on implementation of the Breastfeeding Strategy for

Northern Ireland. Janet also works with the Unicef UK Baby Friendly Initiative as Professional Lead for Baby Friendly in Northern Ireland and as a member of the Baby Friendly Initiative Designation Committee.

The Scottish Maternal and Infant Nutrition Survey: Building on success

Linda Wolfson

Results from Scotland's Maternal and Infant Nutrition Survey provide invaluable insights into infant feeding in Scotland, and highlight many positive aspects of families' experiences. We found, for example, that more babies in Scotland are now receiving breastmilk at six months – rising from 32% in 2010 to 43% in 2017, and more mothers were introducing solid food later. It is also a credit to all maternity services in Scotland that 86% of mothers and babies now have skin-to-skin contact at birth, supporting breastfeeding initiation and the development of a close and loving mother-infant relationship. The positive results demonstrate the value of implementing the Baby Friendly standards – with 100% of maternity and community services accredited in Scotland. However, there is still much to do and the survey is now guiding our plans for the future, including using mothers' feedback on why they stopped breastfeeding as the basis for future innovation and prioritisation. This presentation will discuss the survey results, exploring the impact of the Baby Friendly standards and the importance of national leadership on infant feeding to reach and maintain high standards of care.

Linda Wolfson worked for the Scottish Government to re-focus and coordinate the implementation of its Maternal and Infant Nutrition Framework until January 2018 and is now leading on the Scottish Government Breastfeeding Programme. Her main work streams are improving Scottish mothers' breastfeeding experiences and outcomes and making a cultural shift in attitudes towards breastfeeding. She led on the Scottish Maternal and Infant Nutrition survey. She is the Scottish Government observer on the Scientific Advisory Committee on Nutrition (SACN) / Sub-group on Maternal and Child Nutrition (SMCN) and sits on the Unicef UK Baby Friendly Initiative Designation Committee.

Linda was previously the NHS Greater Glasgow and Clyde Health Board Lead in Maternal and Infant Nutrition. She became involved with implementing Unicef UK's Baby Friendly maternity standards from 1997 and then, as Health Board Lead, supported six maternity units and 10 Community Health Partnerships to achieve and maintain Baby Friendly accreditation. Scotland has now achieved 100% Baby Friendly accreditation in maternity and community services, and Linda is supporting similar progress in Scotland's neonatal units. She has also influenced and supported the development of the Scotland-wide donor milk bank. She is still a practicing midwife and infant feeding advisor and supports women at breastfeeding and frenotomy clinics.

Findings from the APPG Infant Feeding and Inequalities 'An enquiry into the costs associated with feeding babies in the first year of life'

Dr Helen Crawley

A parliamentary enquiry held in June 2018 considered whether the cost of infant formula in the UK is affecting infant feeding choices and family finances. The enquiry asked for stories and experiences from health workers, families and organisations giving testimony to how the cost of infant formula might be impacting on them, or people they have worked with or know. The enquiry was not a research study, rather it aimed to provide a narrative of experiences that can be used to lobby for better evidence collection and to raise important ideas about how we protect vulnerable infants and families in a period of increasing austerity and food insecurity. Over a hundred people and organisations responded with evidence of unsafe feeding practices, questions around information and support from health workers, views on the impact of advertising of formula and evidence on the impact on family food budgets and finances. Particular issues facing the most vulnerable members of society were raised and the findings highlight a number of issues that we hope will be taken forward with policy makers.

Helen Crawley is a registered public health nutritionist and dietitian with over 35 years' experience in human nutrition, research, policy development and teaching. She is Director of the public health nutrition charity First Steps Nutrition Trust. First Steps Nutrition Trust is an independent charity that provides practical, evidence-based resources on nutrition from pre-conception to five years and information on infant milks marketed in the UK for those working in Unicef UK Baby Friendly accredited settings. Helen sat on a WHO group defining inappropriate marketing of foods for infants and children, has been on NICE panels on maternal and child nutrition and Healthy Start vitamins in the UK, and currently sits on the London Food Board.

DAY 2

The rationale and evidence for the new Ten Steps to Successful Breastfeeding**Dr Pura Rayco-Solon**

In 2017 WHO published the “Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services” to update the Ten Steps to Successful Breastfeeding as published in the WHO and UNICEF 1989 “Joint Statement on Protecting, promoting and supporting breastfeeding: The special role of maternity services.” In order to produce this guideline, the rigorous procedures described in the WHO handbook for guideline development were followed. This presentation presents the direct and indirect evidence, as well as the qualitative reviews that served to inform the recommendations therein.

Pura Rayco-Solon has been serving as an Epidemiologist at the WHO Department of Nutrition for Health and Development since 2015. Before this engagement, she was a Nutrition Specialist at the UNICEF Regional Office for Eastern and Southern Africa and the UNICEF Philippine Country Office, a Clinical Research Scientist at the Nutrition Center of the Philippines and a Paediatric Registrar at the UK Medical Research Council Laboratories based in The Gambia. She is a Doctor of Medicine with specialisation in Paediatrics and Child Health, and holds a PhD in epidemiology and population health and an MSc in Infection and Health in the Tropics (with Distinction) from the London School of Hygiene and Tropical Medicine.

Bridging the gap: How Baby Friendly impacts on the local cultures of a maternity unit in the north west of England**Anna Coonan-Byrom**

This presentation will share insights and findings from my doctoral work, examining how the Baby Friendly standards impact upon the local cultures of a maternity unit in the north west of England. My specific research objectives were to examine how the standards influenced the beliefs, practices, views and tacit assumptions of staff working in maternity units that engage or have engaged with Baby Friendly. In addition, the study explored the perceptions and experiences of parents using those maternity services and considered how the 2012 changes to the standards and policy are influencing care practices. I conducted a critical ethnography in a maternity unit that had sustained the standards for a prolonged period of time, conducting observations and interviews with staff and service-users before, during and beyond the introduction of the revised standards in 2012.

The study revealed how Baby Friendly enhances staff and service-user Sense of Coherence (SOC): helping them to become informed and informing, responsive and standardised, and to have the belief and motivation needed to optimise infant feeding care practices. I argue that Baby Friendly enables ‘emotional’, ‘practical’ and ‘informational’ support for both staff and service-users, when combined with effective leadership. It is crucial that ongoing policy, practice and research recognise embodied experiences, situated knowledge and internal/external resources to enable the development of infant feeding care that addresses individual and organisational SOC through comprehensibility, manageability and meaningfulness.

Anna Coonan-Byrom qualified as a midwife in 2003, and has worked in a variety of roles throughout maternity services and midwifery education around the UK. As a practising midwife she worked in caseload and continuity models of care, working across all areas of clinical practice. Before commencing her current role as a midwifery lecturer, she worked as an infant feeding lead in the community and hospital. This role prompted her interest in research and she has almost finished her PhD exploring the impact of the Baby Friendly Initiative, with Professor Fiona Dykes and the Maternal and Infant Nutrition and Nurture Unit (MAINN) at the University of Central Lancashire, Preston. She is also the Editor-in-Chief and new publisher of The Practising Midwife journal and the All4Maternity.com online platform that supports the learning, sharing and caring needs of all midwives and maternity workers.

Skin-to-skin contact: Moving the conversation on, what have we learned and where do we need to go?**Kajsa Brimdyr**

Holding a baby in skin-to-skin immediately after birth, and continuing, uninterrupted for at least one hour, is vital to the health of both the baby and the mother and is a key part of the Baby Friendly standards. Babies who are held

skin-to-skin, and go through those 9 magical stages, are more likely to leave the hospital exclusively breastfeeding. In addition, these babies are warmer, they have better blood glucose levels, better respirations – basically they are healthier. They cry less and so save valuable energy and they are primed (by their hormones) to fall in love. And mothers, with the hormones of labour, are also primed to fall in love. Together, they can form the most important bond of their lives, with their hormones acting like extra-special glue to ensure the connection.

Watching babies (and mothers) do this – and I have seen thousands of babies go through these 9 stages, in Egypt, in Sweden, all around the United States – is an incredible experience. I'm thrilled that now more mothers and babies will have the opportunity to hold their babies skin-to-skin during the first hour after birth. But I'm heartbroken for all of the babies who came before, who didn't get to experience their instinctive behaviour. I have been working with hospitals, mothers and babies since 2005 helping protect and enable this important time. The past is fascinating, the future – filled with potential! Or is it...

Kajsa Brimdyr is an experienced ethnographer, researcher and international expert in the implementation of continuous, uninterrupted skin-to-skin in the first hour after birth. She is the Lead Ethnographic Researcher for Healthy Children Project, Inc. She is a published author and the award-winning director of *The Magical Hour: Holding Your Baby for the First Hour After Birth*, produced with Ann-Marie Widström and Kristin Svensson, and together the three also created and produced the groundbreaking DVD *Skin-to-Skin in the First Hour after Birth: Practical Advice for Staff after Vaginal and Cesarean Birth*. Her current research involves using video ethnography to change practice in hospital settings to improve continuous skin-to-skin for the first hour after cesarean and vaginal births, and the implications of labor medications on this vulnerable time.

What does the evidence tell us about peer support?

Dr Gill Thomson

Breastfeeding peer support (BPS) is a widely used, supplementary form of support, designed to promote and enable mothers to start and continue breastfeeding. It represents a complex intervention through its capacity to operate at different levels (individual, community, sociocultural) and with different stakeholder groups. In this presentation I use my own and others' research to highlight the value and purpose of BPS. I draw on the work undertaken in collaboration with Heather Trickey to consider key challenges facing BPS in a UK context. These include the mixed evidence of effectiveness from randomised controlled trials and research into women's experiences. The lack of standardisation in BPS service delivery and limited theoretical underpinnings have created difficulties in making comparisons, and for replication and commissioning purposes. However, more recent theoretically-informed interventions and frameworks to investigate the evidence to help identify how BPS may 'work' show promise. Through this work, I highlight how enabling environments for BPS need to operate at multiple levels, and discuss areas where further research is needed.

Gill Thomson is a Reader (Associate Professor) in Perinatal Health working in the Maternal and Infant Nutrition and Nurture Unit at the University of Central Lancashire. Gill has a psychology academic background and has worked within the public, private and voluntary sector. Over the last 20 years she has been involved in a number of research/evaluation based projects funded by various Primary Care Trusts, the Department of Health and the National Institute of Health Research to explore psychosocial influences and experiences towards maternity services, infant feeding issues and support services. Gill's research interests relate to psychosocial influences and implications of perinatal care, with a particular focus on factors that impact upon maternal mental health and peer support models of care.

The relationship between breastfeeding and perinatal mental health

Dr Wendy Jones

The relationship between breastfeeding and perinatal mental health is complex to say the least. We have the dichotomy of "breastfeeding problems caused my mental health issue" and "breastfeeding was the only positive thing in my life". Add in the controversy of the safety of drugs in breastmilk and the adrenaline rises further. In this presentation I hope to present the evidence base but also the reality of working with mothers who have perinatal mental health issues. There are so many difficulties around mothers not being able, or not choosing, to access support either for their breastfeeding problems or their mental health. There are also controversies about the use of medication. Despite cash injections there remains limited access to psychological therapies let alone mother and baby units. There is much advice but often little support and listening.

Wendy Jones was a community pharmacist and also worked in doctor surgeries supporting cost effective, evidence-based prescribing. She qualified as a pharmacist prescriber specialising in the prevention of coronary heart disease – of which breastfeeding is an extension. Wendy left work in 2011 to turn to writing her books, developing her website and focusing on the safety of drugs in breastmilk. She runs a helpline service on the use of medication in breastfeeding mothers, responding to 10,000 contacts from healthcare professionals and mothers each year. She has been a breastfeeding supporter for 32 years, and is passionate that breastfeeding should be valued by all and that medication should not be a barrier.

Influencing change on a neonatal unit: The power of the parent's voice

Kelly Young

In 2017 our neonatal unit in Bradford became the first Level 3 unit (caring for babies with the most complex health needs) to achieve full Baby Friendly accreditation. The standards have helped us look at the more personal touches beyond enabling parents to have 24 hour access to their babies – making the neonatal unit homely and welcoming. It's not just "allowing" people to be there all the time, but making it a place where they want to be. Parents are really valued as partners in their babies' care – they're taught how to carry out cares right from the start. Parents used to fit in with staff schedules, but now staff time the cares for when parents are available to be involved. We have a nurse-led ward round on each week, where parents feedback on their own baby's progress, rather than the other way round – after all, they know their baby best. This presentation will explore the impact of the Baby Friendly neonatal standards on families' experiences, highlighting the importance of valuing parents' voices.

Kelly Young's neonatal nursing career began in 1996 at Leeds Teaching Hospitals. She moved into a clinical research nursing role in 2010 at Bradford, supporting the development of a varied children's and neonatal research portfolio. With a passion to increase the research opportunities for neonates, Kelly and her team have worked hard to embed a research culture within the neonatal service. Kelly was appointed as Matron for the Level 3 Neonatal Service at Bradford Teaching Hospitals NHS Foundation Trust in April 2016. Bradford Neonatal Service were one of the six neonatal units to be awarded Burdett Trust funding in 2016 to support them in their journey towards Baby Friendly accreditation. Following their accreditation, the team are now working hard on an action plan to embed the standards to further improve the family experience and outcomes for babies requiring neonatal care. Kelly has a Diploma in Intensive and Special Care of the Newborn, a PG Cert in Healthcare Leadership and is a graduate from the NHS Leadership Academy's Mary Seacole Programme.



TRAINING

COMING SOON: Workshop for trainers: Bringing new concepts into Baby Friendly learning

This interactive one-day workshop gives participants an update on new concepts included in the refreshed Breastfeeding and relationship building course. The workshop will support participants with incorporating these concepts into their in-house training, with a focus on providing infant feeding care in the UK's ever changing healthcare environment. A new package of training materials, including slides, videos and activities for a two day course, will be provided.

E-learning for health professionals

Our paediatrician e-learning package has been updated and moved onto a new, user friendly platform. The modular approach enables users to go at their own pace while gaining a strong foundation of knowledge around supporting infant feeding and parent-infant relationship building. Look out for more online education coming soon.

Breastfeeding and relationship building

This course provides health professionals and others who care for families with detailed guidance on supporting breastfeeding and relationship building. Topics covered include non-judgmental support, responsive parenting, maximising breastmilk and emerging evidence around the human microbiome and epigenetics.

Achieving Sustainability

This one-day course is suitable for services at any stage in the Baby Friendly process, exploring our Achieving Sustainability standards and considering how to engage senior managers in the process. We will provide training materials to use with managers, explaining the value of the Baby Friendly standards for improving the health and wellbeing of babies, their mothers and families.

Embedding Baby Friendly standards in neonatal care

This course is designed to provide neonatal staff with the knowledge and practical skills they need to support mothers to initiate and maintain lactation within the neonatal setting. There is a strong focus on the importance of enabling babies to receive breastmilk and to breastfeed where possible, supporting parents to develop close and loving relationships with their baby, and valuing parents as partners in care.

Visit unicef.uk/babyfriendlycourses to book individual places on our courses, or to arrange an in-house course for a group of your staff email bfi@unicef.org.uk



RESOURCES



NEW LANGUAGES: Foreign language infosheets

Our foreign language infosheets are now available in five more languages: Hindi, Lithuanian, Mandarin, Slovak and Turkish. Using practical, straightforward language and illustrations to aid understanding, these resources can be used to support parents with the basics of feeding and responding to their baby. Free to download from unicef.uk/babyfriendly-translations

NEW: Achieving sustainability in universities

This document is a guide to new Achieving Sustainability standards for universities, currently being piloted, which are designed to support longer-term implementation and embedding of the Baby Friendly standards. The standards will not only support sustainability within midwifery and health visiting programmes, but will also provide a broader approach to support good practice in infant feeding throughout the university. The standards have the long term aim of improving health outcomes for families, whether they are cared for by the students, are the students themselves or are staff working within the university environment. Universities that meet the standards will be 'Reaccredited as Baby Friendly with Sustainability' and receive a Gold Award. Copies of the pilot document are available at the Baby Friendly exhibition stand and at unicef.uk/babyfriendly-university-sustainability.

We welcome breastfeeding

A key part of our Call to Action campaign is recognising the role that we can all play in creating a culture where breastfeeding is protected and normalised. These fun and colourful badges, posters and window stickers are a great way of showing public support for breastfeeding and helping to develop a welcoming environment for women to breastfeed. Available exclusively to buy at conference – purchase from our exhibition stand. Find out more about the Call to Action campaign at unicef.uk/bficaltoaction



Online resources

Following your feedback to our website survey, we've redesigned the resources section of our website to make it easier to find what you need. Resources are now organised into themes: breastfeeding, bottle feeding, relationship building, implementing the Baby Friendly standards, neonatal care, antenatal care, sleep & night time and The International Code of Marketing of Breastmilk Substitutes. Take a look at unicef.uk/baby-friendly-resources and let us know what you think by emailing bfi@unicef.org.uk.



EXHIBITOR PROFILES

**All4Maternity & The Practising Midwife****Stand 19**

All4Maternity.com offers a dynamic eLearn platform to help develop and nurture every midwife and maternity worker: from peer supporters, doulas and students through to senior clinicians, academics, leaders and change agents working throughout maternity services. A subscription to All4Maternity includes access to a range of multi-media modules, regularly updated blogs and our famous The Practising Midwife journal, which is available as an interactive eBook or paper based publication (11 issues per year). Our vision is to meet all your learning, sharing and caring needs as you support women and their families throughout maternity services.

all4maternity.com
anna@all4maternity.com
 07717 753536

**Ameda Breastpumps****Stand 7**

Ameda® offers a range of breastpumps suitable for both hospital and personal use, and the official Ameda® pumpsets contain a silicone diaphragm that creates a solid barrier protecting the pump and collected breastmilk from potential viruses and bacteria while pumping. We will also be showcasing AXifeed EBM storage bottles. The AXifeed bottle and cap range is a tamper-evident system, providing clear verification that feeds are safeguarded from accidental or deliberate contamination. AXifeed bottles support risk management procedures for both milk banks and neonatal units.

ameda.com

**Ardo****Stand 18**

Ardo is a Swiss family company which develops products in the medical technology sector. We are an approved NHS supplier, passionate about breastfeeding and feeding breastmilk, and supporting healthcare professionals to help expressing mums. Our product range has been designed and developed with the purpose of meeting both the personal requirements and individual needs of mums and their babies. Ardo breastfeeding products are manufactured in Switzerland, adhering to the highest production, design and environmental standards. Ardo is proud to adhere to the International Code of Marketing of Breastmilk Substitutes.

ardomedical.co.uk
info@ardomedical.co.uk
 01823 336362

**Association of Breastfeeding Mothers (ABM)****Stand 25**

The Association of Breastfeeding Mothers is a national charity, founded in 1979, that exists to support breastfeeding mothers and nurture families. We provide breastfeeding support, information and training for mums, families and health professionals. We are partners on the National Breastfeeding Helpline. We offer an information library of online and offline resources and ABM membership with regular breastfeeding magazines and discounts.

abm.me.uk
admin@abm.me.uk
 Helpline: 0300 330 5453



Association of Tongue Tie Practitioners

Stand 4

The Association of Tongue Tie Practitioners was formed to:

- Increase awareness about the effects of tongue-tie on babies
- Support parents to access safe and effective care
- Assist tongue-tie practitioners to provide safe and effective care through training and sharing knowledge and experience
- Provide resources and education for healthcare providers who refer babies for tongue-tie division.

tongue-tie.org.uk
enquiries@tongue-tie.org.uk



Baby Milk Action / International Baby Food Action Network (IBFAN) UK

Stand 27

Baby Milk Action is the UK member of the International Baby Food Action Network (IBFAN), a network of 270 groups in over 160 countries that work to bring in regulations that stop misleading marketing by the baby feeding industry. We protect breastfeeding and babies fed on formula to prevent unnecessary illness, death and suffering. To preserve our independence, we take no corporate funding. We have a special focus on conflicts of interest.

babymilkaction.org
info@babymilkaction.org
 01223 464420

Basis

Baby sleep info source

Baby Sleep Information Source (BASIS)

Stand 5

Following six years as the Infant Sleep Information Source (ISIS), we have rebranded and refreshed our name and our 'look' in 2018. The initial Infant Sleep Information Source (ISIS) website was funded by an Economic and Social Research Council grant, and created by the Durham University Parent-Infant Sleep Lab team in collaboration with Unicef UK, La Leche League and National Childbirth Trust (NCT). The rebranding was funded by Durham University. BASIS provides free access to up-to-date research-based evidence about how, why and where babies sleep, and sleep safety, in accessible and relevant formats for UK parents and health professionals. We also provide research summaries and responses, a cited references list, downloadable and printable materials, a free app for Apple and Android phones and tablets, a co-sleeping image archive, and offer safe sleep workshops to healthcare professionals and volunteers working with parents. We were awarded the Queen's Anniversary Prize for this work in February 2018.

basisonline.org.uk



Babywearing UK

Stand 23

We promote babywearing – the use of slings and baby carriers. We share the benefits for parents and babies and help all parents access support via sling meets, libraries and trained Babywearing Peer Supporters and Babywearing Consultants. We believe that babywearing helps to promote nurturing relationships between parents and babies and has positive effects for babies, parents, other caregivers and for society as a whole. Chat to us about anything from kangaroo care to toddler carrying.

babywearing.co.uk / schoolofbabywearing.com
enquiries@babywearing.co.uk
 0300 800 1471



Best Beginnings

Stand 2

Best Beginnings is the national charity dedicated to tackling inequalities so that every child, regardless of their parents' background or income, has the best start in life. In collaboration with parents, health professionals, early years practitioners, academics, health bodies, charities and the Royal Colleges, Best Beginnings produces and disseminates quality-assured resources to empower families to look after their own and their child's physical and mental health and long-term wellbeing.

Baby Buddy, our multi-award-winning parenting app, is free-to-use and advert-free! This cost-effective, virtual, interactive friend provides relevant, personalised, trustworthy information and support to thousands of families so that: Well informed + confident parents = children reaching their full potential.

bestbeginnings.org.uk



Bliss

Stand 16

Bliss was founded in 1979 by a group of concerned parents who discovered that no hospital had all the equipment nor the trained staff it needed to safely care for premature and sick babies. Determined to do something, these volunteers formed a charity to give vulnerable babies the care they deserve. Almost 40 years later Bliss has grown into the UK's leading charity for babies born premature or sick.

Bliss champions the right for every baby born premature or sick to receive the best care. We achieve this by empowering families, influencing policy and practice, and enabling life-changing research.

bliss.org.uk



The Breastfeeding Network (BfN)

Stand 22

The Breastfeeding Network offers independent, evidence-based breastfeeding information and support to anyone who needs it. We do this through our network of over 1000 trained volunteers; through peer support projects across the UK offering support before birth, in hospital, at home and in communities; and through our Drugs in Breastmilk information service. We also work in partnership with the Association of Breastfeeding Mothers to deliver the National Breastfeeding Helpline which is open 9.30am - 9.30pm, 365 days a year on 0300 100 0212. The Breastfeeding Network (BfN) is a Scottish Registered Charity.

breastfeedingnetwork.org.uk
admin@breastfeedingnetwork.org.uk
 0300 100 0212



Class Learning

Stand 17

Class Learning has been representing Jones & Bartlett Learning in Europe since 1991. We understand how important it is for practitioners and those in the academic field to keep up-to-date with the changing face of midwifery education. Our core subject area is breastfeeding and human lactation and we now publish a wide range of titles suitable for both the midwifery student and the practitioner.

classlearning.co.uk
emma.phillips@class.co.uk
 01278 427800



www.essentialparent.com

Essential Parent

Stand 10

Essential Parent is a digital library of written and video content which is e-Deliverable by health practitioners to parents of children aged 0-19. It is used by the NHS/ Public Health England as part of the eRedBook and via hospitals and local authorities. All content is evidence-based, following NICE guidelines, and supported by the Royal College of Paediatrics and Child Health (RCPCH), and developed with reference to guidance from the Unicef UK Baby Friendly Initiative, the St John Ambulance, the Meningitis Research Trust, the Child Accident Prevention Trust, the National Literacy Trust, and many other organisations.

essentialparent.com
diana.hill@essentialparent.com
 Diana Hill - 07803 896078



First Steps Nutrition Trust

Stand 13

First Steps Nutrition Trust is a small national charity providing expert and independent information on the importance of good nutrition from pre-conception to five years. All the information we produce is free and open for all to access, and we support Unicef UK's Baby Friendly Initiative through the provision of information on infant milks, introduction to solids and on working within the WHO Code of Marketing of Breastmilk Substitutes.

firststepsnutrition.org
helen@firststepsnutrition.org
 @1stepsnutrition



The Human Milk Foundation (HMF)

Stand 26

Our vision is for a world where every baby is fed with human milk – preferably from their own mother, but with safe donated breastmilk when this is not possible. Humans have evolved to feed babies with milk. Human milk contains thousands of unique, specifically tailored components that not only enable the baby to grow, but also lay the foundations for normal epigenetic, metabolic, immune and neurological development that are so important for short- and long-term health. The UK has the worst breastfeeding rates in the world, with major public health consequences – spiralling rates of obesity, diabetes, cancer and autoimmune diseases. Our mission is to provide parents with access to safe donor milk from a human milk bank where breastfeeding is impossible or taking time to establish. The HMF will also generate and disseminate the latest knowledge, tools, support and resources, and use science to change policy in this sector.

humanmilkfoundation.org

IBLCE (International Board of Lactation Consultant Examiners)

Stand 14

The International Board of Lactation Consultant Examiners (IBLCE) is valued worldwide as the most trusted source for certifying practitioners in lactation and breastfeeding care. IBLCE establishes the highest standards in lactation and breastfeeding care worldwide and certifies individuals who meet these standards. There are currently over 30,000 International Board Certified Lactation Consultants (IBCLCs) worldwide, in 108 countries.

iblce.org
office@iblce-europe.org



ONLINE BREASTFEEDING CONFERENCES

iLactation

Stand 12

Convenient and affordable online continuing education for lactation consultants, midwives, nurses and physicians. iLactation's online breastfeeding conferences start in March and September each year, and feature talks from top international speakers, all available online for a full two months. No travel, no jetlag and no hotels. View all presentations on your own computer or mobile device. English, Dutch and Spanish available. The next online conference is March 6 – May 6, 2019. Early bird registration opens February 14, 2019. Discounts for groups of six or more participants. Drop into our booth for your iLactation Oxytocin temporary tattoo!

iLactation.com
info@iLactation.com


La Leche League GB

mother-to-mother support for breastfeeding

La Leche League GB (LLLGB)

Stand 6

LLLGB is a UK and international charity providing free mother-to-mother support for all breastfeeding mums at every stage of their breastfeeding journey. In the past year our 230 internationally accredited volunteer LLLGB Leaders led face-to-face meetings in around 70 groups, supported 12,000 mums one-to-one, facilitated 40 Facebook groups providing information and support, took 10,000 helpline calls and answered 650 helpforms.

We supply information and resources for families, breastfeeding counsellors and health professionals via our comprehensive website and online shop, including books, reference and study materials, DVDs and LLLGB published leaflets and posters. We work with Unicef UK Baby Friendly Initiative, the Baby Sleep Information Source (formerly the Infant Sleep Information Source), Best Beginnings and the World Breastfeeding Trends initiative, and are a member of the Baby Feeding Law Group.

laleche.org.uk


**Lactation
 Consultants of
 Great
 Britain**
*The professional voice of
 breastfeeding since 1994*

Lactation Consultants of Great Britain (LCGB)

Stand 3

We are the professional association for International Certified Lactation Consultants (IBCLCs). We have national and international representation, advocate for skilled appropriate support for breastfeeding families, and the role of breastfeeding in reducing health inequalities. We provide educational opportunities, raise the profile of IBCLCs and encourage aspiring IBCLCs from a diversity of backgrounds, e.g. through conference scholarships. We welcome membership applications from all with a shared commitment and interest. Visit our stall to find out more.

LCGB.org
info@LCGB.org



Medicare by Babybay / NSAuk

Stand 24

Babybay and Babybay Medicare are bedside cots, designed to sit as close as possible to mum's bed, allowing a new mum to sleep inches away from her baby. The domestic model clamps onto mum's bed creating a level sleep zone. Babybay Medicare was developed specifically for ward use. This bedside cot locks into position alongside the hospital bed, providing access for night time feeds and soothing. With baby being a few inches away, it is especially recommended for mums recovering from C-Sections or interventions that can impair mobility. Extensively used throughout Germany, it is now being used in many NHS hospitals and Birthing Centres around the UK. It has been rigorously tested to withstand chlorine based cleaning agents and is robust enough to survive regular use in a busy ward environment. Visit NSAuk's stand to see the Babybays and arrange a free trial for your hospital.

nsauk.com



NCT

Stand 15

NCT provides a range of services for commissioners, which are delivered direct to parents, helping commissioners to reach local outcome targets. These services include accredited breastfeeding peer support training, Baby Cafés, a platform for local Breastfeeding Welcome Schemes and training for breastfeeding champions. These can be delivered as standalone projects, or together as part of a comprehensive breastfeeding service, along with project management and evaluation services if required.

nct.org.uk



Pinter & Martin Publishers

Stand 8

Pinter & Martin is an independent publishing company based in London. We specialise in pregnancy, birth & parenting and breastfeeding. New books for 2018 include *The Positive Breastfeeding Book* by Amy Brown, who will be signing copies at our stand, new titles in our *Why It Matters* series covering induction, home birth, caesarean and mothering, and the novel *New Walk* by Ellie Durant.

pinterandmartin.com



Real Baby Milk (Pollenn CIC)

Stand 11

We are a community interest company proud to hold the Social Enterprise Mark. Our vision is to empower families with fantastic evidence-based information and support and to protect, promote and support breastfeeding.

We have been delivering accredited peer support training since 2009 and support over 100 volunteers across 23 peer support groups in Cornwall, working in partnership with Cornwall Council. We also offer opportunities for areas in the UK to buy licenses to deliver training (National Unit) and to buy online update training for breastfeeding peer support. This year brings a new easy-read edition of our ever popular *Essential Guide to Feeding and Caring for your Baby*, alongside our Generic Essential Guide, Neonatal resource pack, and bespoke Breastfeeding Posters.

realbabymilk.org



Royal College of Midwives (RCM)

Stand 1

The RCM is the only professional organisation and trade union dedicated to serving midwifery and the whole midwifery team. We provide workplace advice and support, professional and clinical guidance and information, and learning opportunities with our broad range of events, conferences and online resources.

rcm.org.uk
emelia.kenlock@rcm.org.uk
 0300 303 0444



Sterifeed

Stand 21

With over 300 pasteuriser installations in donor human milk banks around the world we lead the way in providing equipment for the safe pasteurisation of donor milk. In addition to this we provide a foil seal cap solution for security and milk treatment requirements along with a wide range of breastmilk collection and storage bottles, infant feeding cups and obstetric products. Our newest products, the Colostrum Collection Container and the 1ml Colostrum Collector, are now used by many hospitals in the UK and abroad.

As part of our range we offer a complete barcode tracking system for neonatal units and milk banks as well as the Miris Human Milk Analyser. If you would like further information on any of our products we would like to invite you to visit our stand.

sterifeed.com
info@sterifeed.com
 01884 266666



United Kingdom Association for Milk Banking (UKAMB)

Stand 20

UKAMB is working to ensure equity of access to assured and sustainable supplies of safe, screened donor human milk of optimal quality in the absence of mother's own milk, by supporting milk banks throughout the UK with training, advice and information sharing. The strategic aim of the charity is the formation of a standardised national donor breastmilk service that would supply infants throughout the UK according to need, regardless of geographical location.

ukamb.org
info@ukamb.org
 01244 511440

ABOUT UNICEF



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Unicef works around the world, including right here in the UK, to keep all children healthy, happy and safe. We help more children than any other humanitarian organisation. We keep them safe when war or disaster strike. We provide life-saving food, clean water and vaccinations. We protect them from violence and exploitation. We give them a safe place to laugh and play. We help get them into school and give them the chance of a better future. All over the world, we're working with our partners and supporters to make the world a safer place for every child.

Here in the UK we're putting our years of experience working for children around the world into practice in the places that reach them day in, day out. We're working with the hospitals where they are born, the schools where they learn and grow, the communities and the services that shape their lives to make sure every child has the same chance to shine.

Find out more: unicef.org.uk

POSTERS

During break times you can view a selection of posters in the exhibition area, showcasing exciting and innovative examples of improving care for mothers and babies. Descriptions of the posters can be found below.

Vote for your favourite poster at surveymonkey.co.uk/r/postervote18

1. Achieving Unicef UK Baby Friendly neonatal accreditation

Kathryn Ashton, Wrightington, Wigan & Leigh NHS Trust

Our maternity service was accredited as Baby Friendly in 2010 and re-accredited in 2015. We decided to start the neonatal accreditation journey to align the two services. Following a baseline audit of staff skills and knowledge, we identified strengths and weakness of the staff and developed an e-learning package for staff to complete annually. We also complete annual skills reviews to include breastfeeding, skin-to-skin and responsive bottle feeding. We achieved Stage 2 in 2015 and then had 12 months to achieve full accreditation. Stage 3 requires us to audit parents' experiences of care, which was the most challenging element. We felt we gave excellent care and while this was acknowledged by parents we found we needed to push this further.

We were assessed in 2016 but didn't meet the required standard. Parents told us that while they were kept informed of their baby's progress and care they felt they weren't involved in the care, and decisions about their baby were taken by staff. Parents also told us there was no room for them to go to take some time out. We renovated a former doctor's bedroom to make a safe space for parents to go and take some time out from the stress of having a baby on the unit. We constantly audited parental views in order to monitor our progress. We have now been successful in achieving accreditation and are continuing to work to maintain this level of care.

2. The lactational amenorrhea method: A real alternative for breastfeeding women

María Avilés Martínez & M. Carmen Sellán Soto, Universidad Autonoma de Madrid (Spain)

Birth spacing plays an essential role in making pregnancy safer, as negative perinatal outcomes and increased maternal health risks have been noted when the inter-pregnancy interval is less than six months. Therefore, there is a clear need for contraception. However, although breastfeeding benefits for mother and baby are known worldwide, the lactational amenorrhea method (LAM) is still not routinely explained to women. This situation is affecting women's capability to make an informed choice in terms of breastfeeding and contraception.

The aim of this work is to explore LAM's suitability during the postpartum period, its efficacy, women's knowledge and health professionals' perceptions in order to understand the current situation. A systematic literature review of the last 10 years has been carried out using the following terms: "lactational amenorrhea method", "contraception", "postpartum", "breastfeeding", "knowledge", "women" and "health professional." Thirty articles have been selected. LAM's efficacy and suitability during the first six months postpartum have been clearly demonstrated. Nevertheless, health professionals still do not trust the method and women have limited or no knowledge about it. Lactational amenorrhea is another breastfeeding benefit that women could take advantage of and maybe another reason to exclusively breastfeed. Therefore, it is essential to facilitate up-to-date information.

3. Sleep, Baby & You: A new intervention for UK parents who are seeking support with infant sleep

Professor Helen Ball, Parent-Infant Sleep Lab, Durham University; Dr Pamela Douglas & Dr Catherine Taylor, Possums Education, Brisbane, Australia; Dr Victoria Thomas, Great North Children's Hospital, Newcastle-upon-Tyne

Following their infant's birth, parents in contemporary post-industrial societies can experience acute sleep disruption for which they are unprepared, and which for some results in profound negative outcomes such as depression and anxiety. The notion that night-waking constitutes 'an infant sleep problem' is now widespread, with recent studies assessing the prevalence of parentally-perceived infant sleep problems at 25-33% in Anglophone countries. Currently practitioners have few options to offer parents other than infant behaviour modification.

The Sleep, Baby and You intervention is based on the Possums Sleep Approach developed in Australia that uses a combination of education about infant sleep biology and parental acceptance strategies. Using a colourful and humorous discussion tool, Sleep, Baby & You offers a new research-based approach for training health professionals to support parents in how normal infant sleep develops, how infant related sleep disruption affects parents, and how parents can make changes to accept normal infant sleep without medicating or sleep training

their baby. Having developed and field-tested the intervention materials, we are now training a cohort of health professionals and parenting support workers in the north-east to deliver and evaluate the intervention with service users. Practitioner and parent responses to the intervention will be shared.

4. NCT's breastfeeding support services

Vanita Bhavnani, Rebekah Fox, Agnes Hann & Sarah McMullen, NCT

NCT's mission is to help parents have the best possible experience of pregnancy, birth and early parenthood. NCT's more than 300 breastfeeding counsellors and more than 200 peer supporters provide practical and emotional support with feeding on our helpline, in people's homes, in community drop-ins and baby cafés, on postnatal wards and via text or social media. In 2017 more than 30,000 hours of support were delivered through almost 60,000 individual contacts.

Evaluation shows that this breastfeeding support is highly valued by women – increasing their confidence to breastfeed, helping them overcome the early challenges and to breastfeed for longer, and reducing feelings of anxiety and worry. Women particularly valued the personalised nature of the support, feeling listened to and having time to discuss their concerns. Women emphasised the need for better availability and accessibility of breastfeeding support.

We have also conducted new research with wider groups of parents across the UK. Many parents told us how unprepared they felt for the reality of feeding, how they experienced a lack of breastfeeding support postnatally, and how they needed information and support for introducing formula milk too. This insight will help shape and strengthen our future services, so they are as accessible and impactful as possible.

5. Learning about Infant Feeding Together (LIFT): Resources to optimise infant feeding amongst UK families of Pakistani and Bangladeshi origin

Dr Kubra Choudhry, Dr Maxine Sharps, Dr Naomi Bartle, Noreen Bukhari, Professor Katherine Brown & Professor Jacqueline Blissett, Coventry University

Aim: The LIFT project aimed to understand feeding practices of UK South Asian communities to help inform the optimisation of infant feeding.

Methods: Following the REPLACE methodology, South Asian women were recruited through engagement events held in collaboration with a third sector organisation for black and minority ethnic (BME) women. Seven participatory workshops were conducted with 40 women. Workshops included (1) storytelling about individual infant feeding experiences, (2) identifying factors that could be changed to improve infant feeding, and (3) identifying how changes could be made in the community.

Results: Advice from mothers-in-law about feeding was critical in extended family living arrangements, yet women reported poor support for breastfeeding within the family. Women reported discarding colostrum and administering prelacteal feeds and additional foods/liquids to the newborn baby, but these were seen as normal cultural/religious practices and not viewed as harmful. Women wanted materials in their own language to garner support for breastfeeding from fathers and mothers-in-law.

Conclusion: Intervention development needs to recognise the whole family's role, and support communication regardless of language. A gentle approach needs to be taken to maximise safety of prelacteal feeds and minimise discarding of colostrum, in order to reduce health inequalities in some UK South Asian communities.

6. Setting up a student-led breastfeeding clinic

Rowena Doughty & Rachel Wells, De Montfort University

A student-led breastfeeding clinic was in development in 2017 to enhance pre-registration midwifery students' clinical skills in the support of breastfeeding and the management of breastfeeding complications. The breastfeeding clinic was set up as part of #DMULocal to augment the student midwives' practical experience of caring for breastfeeding mothers, enhancing their experiences on community/ward placements and supporting students to meet the Baby Friendly standards.

The clinic occurs one afternoon a week. It was originally offered as a drop-in service only, but with collaboration with the local Trust's Infant Feeding Specialist Midwife and their Trust-led breastfeeding clinic, mothers are now also offered appointments to attend our clinic. Generally, women self-refer, but are often encouraged to attend by community midwives, health visitors and voluntary agencies.

The clinic is always supervised by a midwifery lecturer from DMU's midwifery teaching team via a rota system and is open to two-three second or third year student midwives each week. Uptake by mothers has been

variable and requires constant marketing and advertising, but it has been well-evaluated by the mothers who have used the service and the students/staff involved.

7. Baby Friendly Student Ambassadors

Sophie-Louise Finnerty & Pauline Lim, University of Wolverhampton

Baby Friendly Student Ambassadors are a new role we have created to enhance the working relationships between our local trusts and the university. We have representation from student midwives in years one, two and three and from each of the five local trusts. The Baby Friendly Student Ambassadors spread awareness and knowledge of Baby Friendly through social media platforms, working with their local infant feeding coordinators and spreading knowledge amongst their peers. Meetings are arranged on a regular basis to share good practice around Baby Friendly from local trusts and identify areas where the Ambassadors can help escalate any issues which have arisen. The information shared by the meetings is then communicated to the Baby Friendly link group which is made up of local infant feeding coordinators from the trusts and the link university lecturers. This is a new project which we hope will gain strength and stability to ensure Baby Friendly standards are embedded within the midwifery programme and followed through within our local trusts. We aim to give student midwives the empowerment to spread awareness of Baby Friendly and ensure good practice across our local trusts and the university curriculum.

8. An exploration of mothers' experiences breastfeeding a child aged 12 months and beyond

Jessica Jackson, University of Derby Health and Social Care Research Centre

Background: This study aims to identify and explore the unique needs of mothers who are breastfeeding toddlers. It also examines the types of health interventions they believe are important to support continued feeding to the optimum age. It is hoped that the findings will help develop a better infant feeding strategy at different stages of a mother's breastfeeding journey.

Method: The study employed a thematic analysis from a phenomenological framework using qualitative data obtained from 25 exploratory interviews with local Derbyshire breastfeeding mothers. An additional online survey which aimed to obtain data from the wider breastfeeding community was shared on social media.

Results: Analysis is currently underway [at time of writing]. Preliminary emerging themes suggest the need for support for mothers returning to work and to understand how developmental behaviours of toddlers can impact breastfeeding routines. All mothers expressed a need to normalise breastfeeding an older child. The survey has data from UK (n=7,884), United States (n=7,101) and other international (n=9,058) participants (total n=24,043). It is evident from recruitment that there is a large supportive community of continuing breastfeeding mothers online who want their needs heard.

9. "Highland Antenatal Breastfeeding Chat" – A study into the effectiveness of delivering a breastfeeding preparation course using Facebook

Katy Kitchingham & Sara Huc, NHS Highland

Since October 2013, volunteer NHS Highland Breastfeeding peer supporters have delivered a three week breastfeeding preparation course, using a closed Facebook group for mums over 25 weeks gestation. In October 2017, a longitudinal evaluation study was designed to track the postnatal feeding decisions of two cohorts of mums (100 in each); one cohort who had accessed the course, and a control cohort who hadn't. Information was gathered on whether a mum was exclusively breastfeeding (B), mixed feeding (M) or formula feeding (F), and mums were contacted to ask about their feeding decisions at around six months.

95% of mums who took part in the course were breastfeeding at first feed, 63% of the control cohort. 83% (64B; 19M) of Facebook mums were giving any breastmilk at hospital discharge, 60% (54B, 6M) of control mums. 52% (42B, 10M) of Facebook mums were giving any breastmilk at around six months, 41% (35B, 6M) of control mums.

The analysis indicates that the proportion of mothers exclusively breastfeeding at first feed, mixed feeding at hospital discharge, or giving any breastmilk at first feed or hospital discharge is statistically significantly higher ($p < 0.01$) in the Facebook course cohort. However, there is no statistically significant difference between the two evaluation cohorts at any other timepoint. These findings suggest that mums taking part in the course are more likely to initiate breastfeeding.

10. National Breastfeeding Helpline – Who calls us and why

Felicity Lambert, National Breastfeeding Helpline

The National Breastfeeding Helpline is open 9.30am-9.30pm 365 days a year and receives tens of thousands of calls annually. All calls are answered by volunteers trained and supported by the Association of Breastfeeding Mothers and The Breastfeeding Network.

This poster looks at who calls the Helpline, what the most common issues are that come up (and some of the more unusual ones) and how urgent these issues are. We'll use statistics from our virtual call centre to explore trends in calls and data from our call record forms to illustrate this in more detail. In addition, we will include information from our 2017 external evaluation study which focused on the impact the National Breastfeeding Helpline is having, specifically in Scotland.

11. MILK (The Milk of Human Kindness): Giving parents a voice through participatory arts

Anna Ledgard, Sofie Layton, Elaine Wood & Rebecca Chilvers, Evelina London Children's Hospital Neonatal Unit & Artsadmin, London

Background: A priority for the neonatal unit (NNU) is encouraging parents to be as involved as possible in the care of their babies.

Methods: In consultation with senior NNU staff, an arts residency led by Sofie Layton offered creative activities to parents: embossing, embroidery and sound recordings. Parents were encouraged to share their thoughts and experiences which the artist translated into artworks which present a composite narrative for the difficult experience of caring for a baby in an NNU: 'It's easier to talk about your baby using medical language. It creates a distance, a way of protecting yourself.' The artworks are now permanently displayed at the unit and arts activities are offered by staff to new parents.

Conclusions: In the highly medicalised environment of the NNU, parents experience significant challenges in feeling connected to their baby. The arts process has provided parents with another means of connection, enabling them to make meaning of their emotional experience, 'voicing' it, and revealing this to others. The stories the parents share are often full of difficulty, fear and struggle. But there are also narratives of strength, resilience and celebration of a new identity as a parent that have been bolstered through the MILK project.

12. What breastmilk expression volume targets are required for mothers of preterm babies?

Ivana Levene, Gillian Denton & Frances O'Brien, Newborn Care Unit, John Radcliffe Hospital, Oxford

Rationale: The Unicef UK Baby Friendly Initiative recommends that mothers of premature infants express 750-900ml of breastmilk in 24 hours by day 10 of their baby's life, to establish a full milk supply. Is this necessary?

Methods: Retrospective two-centre audit in the South of England. Interview on the neonatal unit and by telephone after discharge.

Results: 32 mothers interviewed, mean gestation at birth 29+1 weeks. Yield at point of interview was combined into composite timepoint of "≥3 weeks" (median age 38 days). 15 mothers were consented for telephone follow up, 89% completed follow up. Yield ≥750ml at ≥3 weeks was significantly associated with exclusive breastmilk feeding at discharge and 1 month corrected age. However yield ≥750ml at day 14 showed no significant correlation.

Conclusion: The target of ≥750ml is supported by this small study, however it suggests that the timepoint could be three weeks of life rather than day 10.

13. Supporting the breastfeeding relationship when the child is in a 'looked after child placement'

Sinéad Lynch, Geraldine Doherty, Gillian Anderson & Lynn Marshall, Northern Health & Social Care Trust

As a result of planned or emergency safeguarding arrangements, mothers and their babies may experience a period of long/ short term separation.

Initiating and maintaining breastfeeding (or breastmilk feeding) in this situation is challenging and poses operational difficulties. Breastmilk is recognised as the natural and ideal first food for optimum infant growth and development. Maintaining lactation also has proven health benefits for mothers. Therefore, breastfeeding/

breastmilk feeding support must be considered by all professionals planning care where safeguarding arrangements are required.

Following service user feedback a gap in service provision was identified in relation to how Health and Social Care professionals support breastfeeding mothers and the Looked After Child. A multi-disciplinary group convened to develop a policy to ensure that breastfeeding/ breastmilk feeding for the Looked After Child is considered in the safeguarding assessment and plan. A robust policy was developed to support decision making and provide guidance for midwifery, health visiting, social work, neonatal and medical staff supporting this challenging breastfeeding journey. Immediately following publication of the policy, a senior social worker reported that the guidance had been clear and helpful when implementing safeguarding arrangements for a newborn breastfed baby. An audit of the policy is planned for 2018.

14. Reducing neonatal readmissions: An effective integrated care plan to improve quality of care and reduce neonatal morbidity after discharge

Luisa Lyons, Amaranta Eles Velasco, Charlotte Aldous, Torie Popay, Hannah Perrins, Sophie Morris, Theresa Tayler & Lauren Blake, Norfolk and Norwich University Hospital

Background: Neonatal readmissions are associated with neonatal morbidity, parental stress and significant NHS costs. Most of these readmissions are due to preventable reasons. Our Infant Feeding Team (IFT) has developed an integrated care plan to reduce the total number of neonatal readmissions to hospital in one year.

Methods: The IFT analysed the data from 116 sets of notes of term babies readmitted to hospital within 28 days after discharge in 2016, and designed an effective care plan based on education and training of all midwives. The threshold for readmission was also raised from 10% to 12% of birthweight for the change to be made safely.

Results: Of 5,857 term babies born in 2016 in our Trust, 364 were seen on the Children's Assessment Unit (CAU) and 116 were admitted to hospital. Most admissions were due to weight loss and jaundice. After the implementation of the care plan, 264 babies were seen on CAU and just 71 required a hospital stay.

Conclusions: The care plan and the increased readmission threshold have decreased the readmission rate in a year. It has saved £120,000. But most importantly, it has improved quality of care, parental and midwifery confidence and communication between midwives and parents.

15. Breastfeeding in the context of the Human Immunodeficiency Virus (HIV) - Supporting women living with HIV to make an informed choice

Stefania Manfra-Kara, Lewisham and Greenwich NHS Trust, & Angeliki Bolou, University of Greenwich

Background: In the UK infant feeding recommendations in the presence of HIV are to avoid breastfeeding due to the risk of vertical transmission from mother to baby through breastmilk, regardless of maternal viral load or antiretroviral treatment (British HIV Association (BHIVA) and Children's HIV Association (CHIVA) 2010). However, they also acknowledge that HIV positive women who are receiving Highly Active Anti Retroviral Therapy and have undetectable viral load at delivery may choose to breastfeed. The aim of this review is to examine how HIV positive mothers can be supported in making an informed choice on their infant feeding options.

Methods: A critical analysis of 10 primary research articles was comprised to review.

Findings: The themes that emerged were the risk of mother-to-child-transmission (MTCT) of HIV through breastfeeding, knowledge of women with HIV about MTCT and infant feeding options, and socio-cultural factors affecting their infant feeding choice.

Recommendations: Women do not have enough knowledge about the risk of MTCT through breastfeeding. Midwives need to provide evidence-based health education to women in order to facilitate informed choice, being culturally sensitive to the needs of the women who come from countries where breastfeeding is the cultural norm.

16. Creating a community of practice for supporting breastfeeding

Lisa Marshall, NHS Lothian

Background: Exclusive breastfeeding rates have remained low throughout recent decades despite the increased knowledge of the benefits to both mother and child. By offering women the choice to seek professional and peer support through a midwife-moderated closed Facebook group, we allow women the opportunity to get evidenced based information in real time.

Results: There were 39 fully completed and 41 partially completed questionnaires. The demographic profile showed age range, employment (professional, manual) and parity. There were 5 predominant themes: confidentiality, trust, support, non-judgement and respect. Benefits of the group included the accessibility of an online forum, the availability of both professional and peer support and the opportunity to gain personalised advice. Suggestions for group 'netiquette' heavily featured maintaining privacy, courteous behaviour and that participants were encouraging and positive.

Discussion: The questionnaire demonstrated that an active community of women are interested in accessing breastfeeding support online and that a professionally led and moderated closed site would be welcomed.

Conclusion: The data generated will aid development of a midwife moderated support group informed by the target client group of breastfeeding women and as such should optimise the acceptability and relevance of the group structure and content.

17. Increased compliance with the Ten Steps is associated with decreased breastfeeding disparities in the Southern USA

Anne Merewood, Laura Burnham, Kirsten Krane, Kimarie Bugg & Lori Feldman-Winter, Boston University, USA

Background: Breastfeeding rates in the US are lowest among African Americans in the South.

Objective: To determine whether a hospital and community-based initiative in the southern US, focused on increasing compliance with the Ten Steps to Successful Breastfeeding, would decrease racial disparities in breastfeeding rates, and to determine whether specific Steps were associated with changes in breastfeeding rates by race/ethnicity.

Design: Hospitals enrolled into the CHAMPS initiative between 2014 and 2017, and received an intensive quality improvement and technical assistance intervention to help them meet some or all of the Ten Steps. Community partners and statewide organizations provided parallel education and support in synchronization with CHAMPS.

Results: 31 hospitals submitted data. The disparity in breastfeeding initiation between black and white infants decreased by 9.6 percentage points [95% CI 1.6, 19.5] over three years. Breastfeeding initiation and exclusivity among black infants increased from 46% to 63% ($p < 0.05$) and from 19% to 31% ($p < 0.05$) respectively. Skin-to-skin care post-cesarean was associated with increased breastfeeding initiation and exclusivity in all races; rooming-in was associated with increased exclusive breastfeeding in black infants only.

Conclusion: Practice changes based on the Ten Steps was associated with a decrease in racial disparities in breastfeeding in the US South.

18. Adolescent attitudes towards breastfeeding: Working towards culture change

Andrea Muirhead, Stoke on Trent City Council, and Sarah Page & Joni Wilson, Staffordshire University

This poster outlines the rationale and research methods used in a study aiming to understand attitudes of young people towards breastfeeding, and to help to identify what might support the re-establishment of a breastfeeding culture. It also sets out to consult young people about breastfeeding education in schools and the best ways to implement breastfeeding education in the future. Results are currently being analysed.

Our research rationale gave consideration to: Fewer young mothers breastfeed in comparison to older mothers (Hamlyn et al, 2002), but ways to enhance breastfeeding rates in younger mothers is an under researched topic (Hall-Morgan, 2006); UK young mothers face barriers to breastfeeding including the lack of a cultural norm of breastfeeding, a desire for sleep and perceptions of the sexualisation of the breast (Lavender et al, 2005); breastfeeding education in schools could positively influence future uptake of breastfeeding (Stockley, 2002); and pupils, young mothers and professionals need to be consulted about what would make for effective breastfeeding education.

Research methods and design: Participatory approach utilising undergraduate sociology researchers in project design and data collection to reduce power dynamics with pupils and young mothers; six mixed methods data collection events (focus groups, world café, questionnaires); and opportunity sampling: 13-19 year olds & professionals.

19. Does early support make a difference?

Sarah Pickford, Jacky Syme, Karen Fell & Lisa Crawley, Baby Friendly Team Bedfordshire Community services

The public health outcome of increasing breastfeeding rates in the UK is also reflected in the outcomes set within Bedfordshire. While 80% of babies received breastmilk in the first feed, only 50% of those babies went on to have some breastmilk at eight weeks of age. The Baby Friendly Team started to investigate how to reduce the 30% deficit and increase the number of babies who have breastmilk at eight weeks. A pilot study was planned to follow 50 babies in a specific area of Bedfordshire to see if early support would increase the number of babies who would receive some breastmilk at eight weeks.

The poster will display the details of the demographic of the families, what early support looked like, the data gathered and the results of the pilot. It will also show the feedback gathered from families who were part of the pilot and from health visiting staff. The largest part of this poster will be about: how early support can be rolled out to all families; the timeframe in which it could happen; the financial cost to the service; and implications for other services across the country.

20. 'Even better if...' The road to successful family activity sessions in the neonatal unit

Louise Rattenbury & Clare Cornish, Royal Devon & Exeter NHS Foundation Trust

Parents of babies born sick or prematurely often report feeling anxious and under confident at discharge. In 2014, we recognised we were missing an opportunity to engage families in an education programme that may alleviate some of these anxieties. We learnt from the hugely successful Family and Baby (FaB) programme and 'brought in' the professionals with health visitors and family support workers to deliver tailored sessions within the NNU.

We thought it would be hugely popular, but it wasn't. We simply couldn't get parents to attend. We bravely persisted for six months but finally gave in. In 2017, with a new drive for a more structured model of family care that integrates families as partners in the NNU team, we were perturbed to find that there was a strong emphasis on the 'parent education program'. We found ourselves in a downward spiral of 'we've tried that and it didn't work.' Feeling daunted we pushed through our negativity and began to reflect on what it was that hadn't worked before.

Fast forward nine months and we now have a highly successful daily family activity programme with a range of very well attended sessions. This poster explores how we reflected on our processes and turned failure to success.

21. Personal infant feeding experience and attitudes within midwifery and health visiting teams in Scotland: Implications for practice

Elizabeth Smith, NHS Ayrshire & Arran and University of West of Scotland

Breastfeeding is a global public health issue, conferring key health benefits to mother and baby. Breastfeeding rates in Scotland are low and health professionals are tasked with protection, promotion and support of breastfeeding within an embedded formula feeding culture.

This research set out to investigate the role of professionals' personal experience of breastfeeding and how that may be related to their ability to impart a positive message regarding breastfeeding. The first stage of the project was a national online survey (n=820) obtaining quantitative and qualitative data. Findings confirmed that personal positive experience of breastfeeding resulted in more positive attitudes to breastfeeding. Positive personal experience resulted in a less regulating and more facilitating breastfeeding management style. Many health professionals are sharing positive personal breastfeeding experience, although the context of this sharing was not collected in the study. Qualitative results found feelings of mastery and pride when breastfeeding was a positive experience, and of failure and regret when it was a negative experience. Health professionals who were not parents were less positive about breastfeeding, more regulating and less facilitating.

In summary, personal experience of breastfeeding influences attitude and breastfeeding management style. Further research is needed on the psychological impact of having to impart a positive message following a negative personal experience.

22. Changing the conversation around breastfeeding

Liz Stacey & Caroline Baddiley, Dorset HealthCare University NHS Foundation Trust

Feedback from local breastfeeding mums has demonstrated a feeling of pressure to breastfeed, leading to increased anxiety and feelings of failure if breastfeeding is not successful, which can exacerbate the already stressful adjustment to parenthood. Consequently we decided to develop posters with a new message which offers a 'softer,' more realistic approach, which mums found easier to relate to and felt they were less directive, thereby changing the conversation.

Local women were very keen to support the campaign and feature in the posters. The first set of posters is representative of our local population, but we would like to extend the range in the future.

The posters can act as a catalyst and offer 'permission' for both the mum and the health professional to have a meaningful conversation, in which fears and concerns around breastfeeding can be addressed.

National response has been overwhelming and free downloads made available allowing for individual logos to be added. They have been shared widely in the UK and with Public Health Australia and New Zealand as well as being added as a resource on KellyMom US.

23. BfN Theory of Change – A societal view for the role of breastfeeding peer supporters

Anthea Tennant-Eyles, The Breastfeeding Network

The Breastfeeding Network Theory of Change (TOC) presents a societal view of the change needed to reach an end-point where 'mothers are empowered to breastfeed for as long as they choose.'

The Theory of Change map is applied in the context of mother-to-mother support, where peer support is seen to create a supportive network that inspires a positive attitude towards breastfeeding, equips mothers with evidence-based information to make decisions and encourages mothers to be more confident in the choices they make.

BfN strives to train peer supporters from a wide range of backgrounds and infant feeding experiences, therefore representing the experiences and backgrounds of women being supported. This resource of mothers who have breastfed complements the support mothers receive from health professionals. The approach of using peer supporters is a key feature of BfN's work since the charity started over 20 years ago. Breastfeeding peer support is acknowledged within NICE guidance and has been an area of recent research focus. This poster describes how the BfN put their TOC into practice, supporting women's choices through their training and reflective practice and constantly working to achieve consistency of support across a UK wide charity.

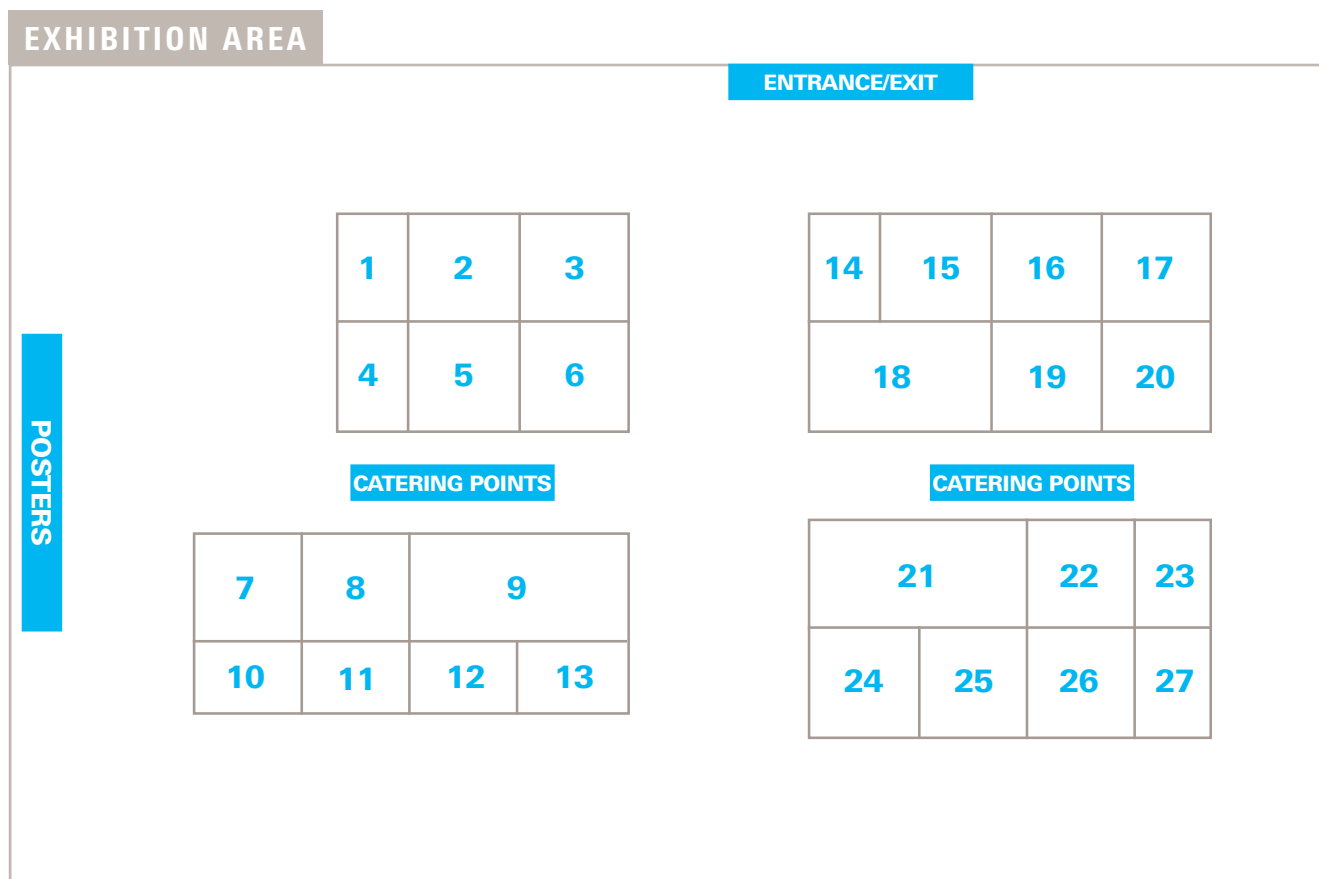
24. "It's not extended, it's normal!": A qualitative exploration of women's experiences breastfeeding beyond infancy

Amy Thompson & Dr Laura Jones, University of Birmingham

Breastfeeding for an optimal duration has the potential to reduce childhood morbidity and mortality and significantly reduce the burden on the NHS. This exploratory, interpretive, qualitative study used an inductive approach to explore women's experiences of breastfeeding beyond infancy. Nineteen semi-structured interviews with mothers currently breastfeeding a child over twelve months, or who had done so in the past five years, were undertaken and analysed thematically. The findings offer insights into challenges faced by mothers breastfeeding older children, including significant social and cultural barriers.

Three core themes were interpreted: Parenting philosophy; Breastfeeding beliefs; and Transition from babyhood to toddlerhood. Women had not intended to breastfeed beyond infancy during pregnancy, but were influenced by their 'child-led' parenting approach and strong belief in breastfeeding as a biological norm. Women experienced a contrast in perceived approval of their breastfeeding as their child transitioned from 'baby' to 'toddler', which compelled women to conceal the behaviour and fostered reluctance to seek advice from healthcare professionals. Women felt pressured to breastfeed when their babies were young, but pressured to wean as children grew. This study suggests that providing antenatal education regarding biological weaning ages and promotion of WHO guidelines for breastfeeding duration may encourage more women to breastfeed for longer.

FLOOR PLAN



EXHIBITOR LIST

Exhibitor display name	Stand no	Exhibitor display name	Stand no
All4Maternity & The Practising Midwife	19	The Human Milk Foundation	26
Ameda Breastpumps	7	IBLCE (International Board of Lactation Consultant Examiners)	14
Ardo	18	iLactation	12
Association of Breastfeeding Mothers (ABM)	25	La Leche League GB (LLLGB)	6
Association of Tongue Tie Practitioners	4	Lactation Consultants of Great Britain (LCGB)	3
Baby Milk Action / International Baby Food Action Network (IBFAN) UK	27	Medicare by Babybay / NSAuk	24
Baby Sleep Information Source (BASIS)	5	NCT	15
Babywearing UK	23	Pinter & Martin Publishers	8
Best Beginnings	2	Real Baby Milk (Pollenn CIC)	11
Bliss	16	Royal College of Midwives (RCM)	1
The Breastfeeding Network (BfN)	22	Sterifeed	21
Class Learning	17	United Kingdom Association for Milk Banking (UKAMB)	20
Essential Parent	10	Unicef UK and Baby Friendly Initiative	9
First Steps Nutrition Trust	13		

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