Our Challenge

Contents

57.1 An invitation from the Chair

As chair of the board of the BfN, I would like to reflect on the last few months in the life of BfN in all its manifestations; volunteering, paid peer support, projects, training, NBH and so on. The AGM in Glasgow is an ideal place to begin. As well as launching our new brand with which we hope to improve and maintain our professional profile we acknowledged the hard work done on the new look website. This is easy to navigate and offers good links as well as being smartphone friendly.

What the BfN offers, from Misty's point of view.

Individual JustGiving pages raised a lot of money with staff and directors running, cycling and generally expending energy for Mums Milk Run. Drugs in Breastmilk was discussed and the fund raising we are planning towards its future survival, including the Big Tea Break.

The day's event began with the formal AGM, involving acceptance of the accounts, and a clear presentation by Debbie Lawrence about the financial situation we are currently facing in BfN. In brief, as you will becoming aware, these are austere times and economic security is not a luxury we have. We welcomed new skills to the board in the person of Kirsten Burnett who is to represent and consult on HR, at a strategic level. She has already got her feet under the table. Board members Phyll Buchanan, Vice Chair, and Zoe Chadderton, Clinical lead, were re-elected unopposed.

Staff members who have left us are Isabella Hunter, tutor/supervisor, supporter and friend, and Finlay Brawn, management accountant, who left us to join another charity. The new financial post is held by Julie Henderson. We welcomed Jenny Stone back from maternity leave in her crucial role as manager of the 17 projects across the country.

In the Chair's report I began by looking at our aims and objectives as an organisation. The original remit has not changed. We may have changed the language we use to describe it but it is the same as it was when we began as a small volunteer only organisation. Now we have grown up and we have many more responsibilities.

The AGM is an annual event for members and is well attended by volunteers. You volunteers are the focus this coming year for directors. To this end we have been in discussion about how to engage better with all of you who give so many hours for free. A short life working group known as TSTG has been collating responses from all members. An online survey was sent, to which 34% of you responded, the findings led us to understand how members feel about their roles and the organisation as a whole. Unsurprisingly many ideas were understood already but you did reply with things we could do better.

The board of BfN at the AGM

Part of the presentation was the first showing of the visualisation on this page. It is a suggested version of what we as a board feel the organisation looks like. Members commented at the AGM but we are asking you to send your comments in as well. Please email me directly with your responses.

You may well be able to identify yourself on the illustration. If not, where are you? Can you suggest an inclusion? The purpose of this exercise is to 'map' how we work as a whole, to start a dialogue towards better cohesion, and to illustrate how different parts of our growing charity work and relate to one another. From the drawing we see that many work in isolation and remotely, needing more support perhaps or reaching out. Others choose to remain outside the main group. The organisation is very much been driven to that future where more mums and babies are enjoying successful breastfeeding. Under the operational leadership of our CEO, supported by the board, there is an infrastructure of dedicated, skilled staff members to implement and innovate. Over the rickety bridge is a future some way ahead but first we have obstacles and hold-ups. We rely heavily on a small

group of staff members, represented in the top left hand corner in the Paisley HQ and spread out across the UK. We have good relationships with other organisations and need to be mindful of valuing those relationships.

We are all trying to capture some funds from a fragmented health budget and are in competition with other areas of health. The projects are having to make decisions each day based on their relationships with commissioners (centre right). Volunteers, perhaps represented by the group at the bottom, may feel a sense of disengagement; not feeling they are listened to, or not feeling involved, or maybe feel overworked. Some people remember the beginning when the founder members, represented by Mary Broadfoot on a horse, had the great idea of creating BfN. Some people are not hearing the messages from the board (bottom right) or choosing not to join the main drive forward, content to stay put. Some, as represented by the car, travel long distances to promote or train or supervise, often unacknowledged. And others still sit at home communicating by email and phone.

How could we pull together more? United we will be more effective. I know we all believe in this charity and volunteer many hours sometimes at the expense of our own families. How can we do it better?

So the challenge is; think about what you can do to make our shared vision of the future a reality? What innovative idea have you sat on because someone has said, no; no money, no time, no energy? Maybe you would like to join the board? Is there a unique role you could fulfil? Maybe you have innovative ideas around supervision or training? Possibly you can tell us how to engage with you as volunteers?

The AGM is in London next year and we hope that this picture will have changed. We also hope to see many more of you at the event. It is a time to chat to make connections to join others from around the network to engage and energise. In addition it is a great study day with ideas firing people up and challenging us all.

The speakers this year were so inspiring. Amongst them Margaret McCartney spoke about how we can influence change around things like Emma's Diary and I know most of us rushed to the desk and bought a copy of her excellent book, 'The Patient Paradox', a real page turner. Mary Whitmore also spoke about a new way of approaching ante-natal delivery and we heard from blood bikes and a moving story from a mum. Do you have any suggestions for next year?

Dr Margaret McCartney addresses the BfN

So in conclusion I am personally asking all of you to come up with some ideas. If not, then allow us to do the job of leading this organisation and trust us to do it with our collective skills, experience, and belief in BfN. Finally, I will sign off wishing you well for the festive period and thanking you for your commitment and dedication to the Breastfeeding Network.

Sukie Woodhouse

57.2 Editorial and General Information

Since I took over the editing* of the newsletter two years ago something amazing has happened. Instead of having to seek contributions my inbox fills up with new contributions before the copy date. And not just any old contributions; varied, lively contributions which illustrate all that you do and reflect the variety of your interests and activities.

In this issue we look at both ourselves and the wider world.

We have trained so many new helpers in the past months that, for the first time ever, they needed a separate page for their congratulations.(We can see what the group from Fife looks like) Some of them may want to go on, in due course, to undertake our new Online training for taking NBH calls. Our other new course, about breastfeeding awareness, may in time yield more Helper trainees. This illustrates a process Mandy Barlow writes about in circle of support, focussing on the rewards of volunteering.

At the time of the AGM we traditionally look at our organisation and take stock. This year Sukie's analysis of where we are and where we need to go, comes in picture form, as well as words. Her daughter, Misty, is also artistically gifted but takes a somewhat simpler look at BFN.

Locally there is much activity and in this issue we hear about an important trial of proactive phone support in Wandsworth, and in Wolverhampton the volunteers have had another look at attitudes to breastfeeding in public. Updates from NBH and Drugline also feature, while Fliss has attended a conference where she found out about supporting deaf mums.

The interface between our internal BfN world and the wider world is often via social media. It is thanks to social media that we know that they were dancing in the aisles in Cheltenham, and it's thanks to social media that we can support women on Facebook and promote our ideas widely.

Also from the wider world we carry resumes of research about bed sharing, SIDS, tongue tie and skin to skin contact which can inform our practice. Evidence based support in practice, and that brings us back to the beginning, the mother and baby with a Helper or Supporter at her side

Veronika Tudhope

*Sadly this will be my last newsletter as my post is being made redundant, so this is good bye. Thank you all for writing, reading and responding!

My name is Julie Henderson, and I have recently been appointed as Finance Officer, based in the Paisley office. Prior to this role, I was Assistant Management Accountant for Clydeport Operations in Glasgow for almost 11 years. I am married with 2 children, aged 6 and 4, and live in Ayrshire.
I am very excited to be involved with such a worthwhile organisation, and I hope that the knowledge and experience I bring with me will go a long way towards bringing forward the reporting of financial information that is necessary to ensure the work of the BfN continues. I am always ready to help out with any queries or requests for information, so please feel free to get in touch with me at any time and I will do my best to help you.

Copy Date for future Newsletters

Issue Number	Name	Copy date	Published by
58	Winter 2014	30th January 2015	27th February 2015
59	Spring 2015	25th April 2015	May 2015
60	Summer 2015	Late July 2015	August 2015
61	Autumn 2015	Late October 2015	November 2015

Congratulations and Well Done

New Tutors & Supervisors

Shruti Arora, Ellen Davis, Eleanor Johnson, Joy Jones, Lisa Libby-Inman, Tara Lock, Karah Mew

Full supporters

Gillian Hall, Jo Hankinson (from Feb 2014), Marie Rivett, Sarah Sehgal

Thank you to their tutors

Lesley Backhouse, Jane Neesam, Mary Whitmore, Sukie Woodhouse

Supporters starting their probationary period

Tracy Butler, Carina Cervera, Deborah Lawrence, Laura O'Neil, Sarah Twite

Thank you to their tutors

Joy Hastings, Helen Palmer, Sukie Woodhouse, Nicola Worsnop

New Helpers – see separate page

Certificates of Attendance

Rebekah Barlow, Marie Ann Freeman, Vanessa Worthington
And their Tutor Sara Atherton

Thank you and goodbye to

Lorraine Barrett, Anna Croot, Erika Devine, Rachel Fleetwood,
Joanne Fradd, Charli Jarman, Isabella Hunter, Larissa Kempenaar, Josefa Lopez, Tammi Hefferman,
Naomi Harvey, Claire Needham, Alison O'Neil, Monique Rembowski, Vanessa Rickett,
Beverley Smyth, Eunmi Song, Nicola Staddon, Pauline Stuart, Sherridan Stymest, Lyndsay Wood.

57.4 Congratulations Part 2 - Helpers

Congratulations and Well Done to our New Helpers and their Tutors

Nicola Worsnop	Jane Neesam	Lesley Backhouse	Lorna Hartwell	Sara Atherton	Sarah Edwards	Sukie Woodhouse	Ursula Gallie	Wendy Jones
Danielle Hart	Ros Noble	Lauren Adam	Donna Biddulph-Smith	Caroline Whitfield	Hollie Gardner	Lydia Kirkwood	Katie O'Rourke	Ginny Dupont
Amanda Jameson	Dani Coates	Amanda Gray	Kayleigh Brueton	Jenny Bibby	Laura Battle	Kath Lacey	Karen Ashcroft	Niamh Duthie
Roz Middleton	Fran Austin	Sarah Jeffs	Sarah Cartwright	Louise Ashcroft	Nikki Love	Chipo Mupezeni	Yvette Baylis	Joanne Wright
Sarah Rands	Katryna Baptist	Ashley Lawrie	Sam Cole	Sarah Elliot	Lyssa McCartney	Delia Soare	Maria Eardley	Amie Callaghan
	Amy Smith	Victoria Martin	Hayley Ellis-Upton	Catherine Belshaw		Sadie Williams	Natalie Bulmer	Nancy Trevethan
	Amanda Hill	Nicky McNicoll	Karina Evans	Jane Smithies		Virginia Blakeley	Jacqueline Briggs	Asher Bradley
	Kerry Fairbairn	Leanne O'Donnell	Natalie Lewis	Rachel Richardson		Michelle Higham		Debbie Pickering
	Laura Donovan	Fay Sinclair	Pip Malpass	Lindsey Harrison		Lindsey Coffey		Karen Williams
	Alexa Pickersgill		Gina Mark	Kerry Purle		Angie Mellor		Victoria Jarvis-Horn
	Franki Bickerdyke		Steph Morey	Paula Stott		Yvonne Quaintrell		Steph McGarrity
	Rachel Roberts		Natalie Nicholls			Wendy Clarkson		Roxie Prior
	Andie Frogley		Charlie Rushton			Patricia Warham		Becky Bryant
	Arlene Dilloway		Louise Yates			Julie Arnfield		Laura Brandon
	Naomi How					Steph Shirran		Mel Dodd
	Terri Messent					Lynette Farmer		
	Hope Murray					Angela Mellor		
	Kayleigh Harris					Alison Gaynon		
	Holly Blunderfield							

57.5 AGM

Scotland has had a lot of visits this year; athletes, politicians, the Queen, and the BfN AGM. The AGM and National Study Day were held in central Glasgow, to a packed audience of over eighty.

The Annual Report was published on our website after the AGM and includes a detailed round up of the activities of the BfN from April 2013 to March 2014.The report begins with basics; the charitable objectives of the BfN

- Promote breastfeeding and a greater understanding to breastfeeding in the UK
- Collect and disseminate information on breastfeeding and baby and infant nutrition
- Provide information and support to parents on the feeding of babies and infants
- Set and to encourage the acceptance of, quality standards for breastfeeding support
- And to establish and publish codes of practice for support.

It explains the structure of staff and committees, and how changes to the management team in the past year and tasks undertaken by the board have gone towards the overall objectives. The strategic aims of the organisations have been distilled into

1. Be stable and sustainable
2. Be the best we can be
3. Grow our charity (reach and impact)

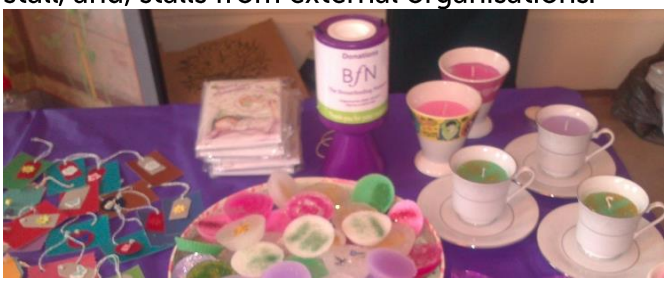
Each of these is discussed in detail.

Highlights of this period included an image update to ensure our credibility and reputation with members, volunteers and funders; and the Wandsworth proactive telephone support project which there is featured about elsewhere in this newsletter.

There is a great deal more, and it's all fascinating stuff, you can read the whole report on our website

A motion was passed to raise the waged membership subscription to £20, while keeping unwaged at £1. The motion 'that the board continues to support the DIBM helpline for the next 12 months while a more sustainable future is found' was also passed overwhelmingly.

All the speakers were extremely well received with many people particularly mentioning Alex Murphy's moving presentation on breastfeeding a baby with gastroschisis. Breakout sessions covered diabetes, vitamin D, safe sleeping for babies and peri-natal mental health. The Scottish emergency rider volunteer service was represented by Sarah-Jane Cameron speaking about motorcyclists rushing donor milk to babies across Scotland. Finally, Sarah and Fliss spoke about harnessing social media to help the aims of BfN. Lunchtime featured a BfN craft stall, and, stalls from external organisations.



Many thanks to Clare Farquhar for all her hard work in leading on the organisation of this year's successful event, including electronic voting. Some of the presentation are already available on our website and others will be made available shortly.

Veronika Tudhope

57.6 Circle of Support

The thing about really good, unbiased breastfeeding support is that you don't really know it's happening. You go home from your group and you feel good. Sometimes you're not really sure why, but you just do.

Before you went to the group, you were getting fed up with breastfeeding. You hadn't realised how often you sighed with irritation about yet another feed, or how often you had yearned to go out and be free of a baby. You didn't realise how often you had just wished you could go to sleep when you wanted, for as long as you wanted and then wake up when you wanted. Maybe you had wanted to get drunk. You had swallowed all these things (except the bottle of wine) and got on with it. Or maybe you grumbled about them whenever someone would listen. Maybe someone grumbled at you, for all those things.

Then, the day after the group, you just didn't think or feel those things. You remembered the girl talking about her night, and you thought "I'm not the only one" or "shine a light! My night was easy compared to hers". And you think, I'm gonna be nice to her next time, she deserves a medal. And somehow you get on with life, until the next sigh of irritation, and the next meet with the group.

And before you know it, people were asking you for information and support, and you feel like you could help. People think you are an expert. You are the only person in the playground who got past two weeks breastfeeding! And you've spoken to a breastfeeding Helper who seems like a real expert. You suggest people come to your group, call Supporterline, meet the volunteer helper (yep, she listen, cares, helps you and isn't paid!!) because you feel you don't know it all, but she does.

The Helper, well, she's done a course, a 12 week course, with a certificate and everything. She sits through the training sessions thinking, I thought I knew a lot about breastfeeding but look at all this new information, wow! She finds out what's normal for a breastfeeding baby (who knew?) and she hears that, how often; how long; how you sit; how you hold, and how baby feeds, can all impact how the breastfeeding goes. She finds out how it all helps to calm the baby. And she thinks, 'get me out there, I need to tell everyone about this'. So, she gives up her spare time, to learn how to listen and how to hold all that new information in her mind, until she thinks she can make a careful suggestion that's just right for each mum. She gives up her time to sit in a doctors' surgery, or at the hospital. She chats at the school gate, in breastfeeding groups, to her friends. The women she supports think she's an expert. What she tells them and shows them, works. Things make sense, they get easier. They tell their friends. They say, 'I know someone who's a real expert, a real boobie nerd.' At the regular supervision and reflection sessions she discovers how much more there is to understand about breastfeeding. She thinks, now, this Supervisor, she's the expert – she's the real deal.

The Helper hears about the Supporter course, and signs up. More training sessions: reflecting, learning, writing assignments, as hard as being back at school! Time is getting scarcer, but her passion for supporting women keeps growing. She's finally on the Helpline. She hears women telling heart-stopping stories, with deep emotions. She hears health professionals seeking more knowledge. She listens to mothers of newborns, toddlers, older children. She speaks to fathers, grandmothers and GP's. They all pass on what they hear. She keeps in touch with her tutor, who always seems to know how to help her. Now, this tutor – the supporter thinks, well she's the expert!

The tutor can't really spare much time, in all honesty. A growing family, women to support, assignments to mark, tutorials to plan. But somehow, she just can't stop. She thinks, maybe I'll deliver just one more course. Then in another session she learns things from the trainees that she's never thought about before. She feels her understanding can't possibly go deeper, but it does. She hears of experiences she hasn't heard in all her years of supporting – and it all adds layer upon layer of understanding. She feels her empathy growing and growing. She thinks each conference she attends; each supervision session; each connection she makes with another breastfeeding woman – they all feel that passion to get back out there, and support more women to breastfeed their baby just how they want to.

The tutor listens to another woman, and she thinks, this woman here with her baby at her breast, she's the expert.

Mandy Barlow

57.7 Drugline

I would like to thank everyone from the bottom of my heart for the support we have had since the 'Save Drugs in Breastmilk Helpline' was launched at the end of August.

Most of you know how passionately I feel about giving women evidence based information about the safety of drugs in breastmilk. I understand the difficult financial position within BfN with respect to funding from central funds and thank our CEO and Directors for their support.

That so many people have made financial donations, joined the Facebook page, filled in the survey monkey questionnaires for mothers and those supporting them, and arranged cake bakes as part of the #teabreakchallenge is amazing.(To take part in the #teabreakchallenge post a photo of your cuppa, challenge 3 others to do so and donate £3.) The wonderful Kirsten ran the Chester marathon to support us. It has made me feel very emotional many times.

I also want to thank Sarah Edwards for the inspirational ideas and hard work she put in to the campaign and Fliss for putting together a video, amongst many other things. It actually made me cry!

I can't write about drugline without thanking Ruth Rhodes, my colleague, who has worked with me for about eight years, quietly and without fuss, alongside her paid work and caring for her young daughter. Ruth, you are a wonderful asset to BfN and an invaluable support for me, particularly last year when I was in the USA.

Hopefully your support will help us to find some external funding to keep the service going. Demand certainly isn't dropping and we now get queries not only via the call centre and email but also through facebook and twitter. A truly digital age.

Ruth and Wendy at the BfN AGM

Finally, I want to quote my favourite group the Moody Blues who close their concerts with the words "thank you to those of you who have been with us on our journey, keep the faith"

Wendy Jones

More information about, and printable resources, for, the Big BfN Tea break on our website.

All the drug information sheets on the website have been recently updated and can be found under 'downloads' in the Menu.

57.8 National Breastfeeding Helpline

It's been a busy few months for the Helpline. Between August and October we spent an amazing 738 hours on the phone supporting mums, answering 3124 calls received. Thank you!

However as always, there's so much more we could be doing. During the same period, we missed 6681 calls from mums looking for support. This means there is a huge number of mums have not been able to get the support they needed first time. The statistics show that some mums call as many as 14 times before they get through, or give up. As ever, we need Supporters to help us answer as many calls as possible – regular weekly or fortnightly shifts are most valuable to us, so if there is a one or two hour slot you can commit to every week or two we would be very grateful. We understand that isn't possible for everyone and even taking one or two calls every week would be fantastic. In terms of number of calls coming in, weekday mornings are our busiest slot.

If you're worried you just don't have the time, don't be! The statistics show that the vast majority of calls last less than 10 minutes, almost all calls last less than half an hour and only 0.4% of calls last over 60 minutes. Every call makes a huge difference to the mum

"Just spoke with a wonderful woman via your helpline which has given me so much more confidence. Thanks!"

Thanks to feedback on the Yahoo group, we have now introduced an 'emergency back-up' list of volunteers across the country who are willing to receive a text message if/when all the Helplines are closed to see if they are able to log on. If you'd like to join this list, please email felicity.lambert@nationalbreastfeedinghelpline.org.uk – I promise you won't be bombarded with text messages, we are keeping it for emergency situations only!

national breastfeeding helpline

0300 100 0212

57.9 New Helpline Supporter training

A new faster track training course to enable experienced Helpers to gain the knowledge and expertise to be able to answer calls on the Helpline is being developed. Thanks to a grant from the Scottish Section 16 programme we will be piloting this course over the next few months. All the training will be online and volunteers will be able to participate from anywhere in the UK. The training will take place over about 16 weeks. It will be intensive and require a great deal of commitment. The result will be a team of highly-trained and confident volunteers who are able to commit to answering calls on the Helpline on a regular basis. So far it seems to be particularly appealing to those who work during the day, so aren't able to volunteer at the usual drop in groups, but still want to support mums. Thanks to all applicants, and tutors. We are very excited to see how it goes and will report back in future newsletters.

Felicity Lambert, NBH Manager

57.10 Breastfeeding Support for Deaf Mums

In early June I was lucky enough to be invited along to speak at the first ever Deafnest conference. Deafnest is an award winning project set up by student midwife, Paulina Ewa Sporek. Her aim is to improve maternity services for deaf women and their families. The conference was really interesting and inspiring (and amazingly well organised – I was shocked to find out Paulina had herself given birth only 10 days or so before the conference took place!).

We heard from a range of women, several of whom told first-hand about the difficulties they had experienced as deaf mothers. The whole process of ante-natal care, through labour and on into the postnatal period is not, in most areas, adjusted to suit the needs of deaf families. They spoke of being ignored, not being told what was going on when there were difficulties, not having interpreters available at all, having to try and lip read while in labour...It was quite shocking to hear of some of the things these mums had been through.

There was very little discussion about breastfeeding support for deaf mums, so I was pleased to be able to talk about the Helpline and our new web chat support service.

There has been a great deal of interest amongst the deaf community on social media about our web chat support, several deaf mothers have trialled it for us, and given very positive feedback.

However, I discovered at the conference that written English is not always the best mode of communication for a deaf person, particularly if their first language is British Sign Language (BSL). Despite this, the mums I spoke to at the conference were really pleased that we had at least thought about supporting deaf families in this way, and they agreed that a web chat option was definitely better than just a phone helpline option.

There are companies which provide confidential BSL interpreting via webcam for telephone helplines, so this is something for us to consider in future if there is enough interest and if funds allow.

I am always looking for ways to make the NBH as inclusive as possible, so if there are any deaf BfN Supporters or Helpers out there who would like to advise on this, please do get in touch.

Felicity Lambert
NBH Manager

Fife Helpers at the AGM (left to right) Sarah, Mandy, Leane, Lauren, Niki, Vicky and their tutor, Lesley.

57.11 If you put up one of these ....

...you might get one of these.....

Diners at the Brasserie Blanc in Cheltenham were treated to some unexpected entertainment thanks to a group of mothers and babies. Customers at the Montpellier restaurant were shocked at first as one or two ladies began to dance in the bar area. They were soon joined by more mothers, most carrying babies and children in slings, who treated their audience to five minutes of synchronised dancing across the premises to hits such as Hey Mama by The Black Eyed Peas and Shakira's Whenever, Wherever.

The dancing flashmob was organised by local charity Gloucestershire Breastfeeding Supporters' Network (GBSN) as a thank you to the local branch of Brasserie Blanc and its manager, Emma O'Connor, for their support of breastfeeding mothers.

So if you run a bar and you want it full of mums and babies dancing you know what to do. More information about being a breastfeeding friendly business is available on our website.

If you have a baby and want to sit down for a quiet cup of tea instead, you might not have to go to Cheltenham. This page also lists information on breastfeeding welcome schemes (all mums and babies welcome, breastfeeding not compulsory) across the country.

57.12 On Facebook when breastfeeding hurts

Having worked with Wendy and Lorna to describe the different types of pain I've found this has also helped me to help others on Facebook.

The most memorable example was one mother's request for help with her pain in one breast. It happened whether the older child or the baby was feeding, was pinpoint and associated with a slightly lumpier area on her nipple. No obvious white spot was visible but the mother seemed to think this was a possibility.

After this exchange on Facebook the mother had a bath and gently rubbed her nipple with a facecloth and although she couldn't see a white spot she noticed a four inch stringy thing in her baby's nappy the next day – white and just slightly thicker than a cotton thread.

After this her nipple stopped being painful to touch. It has returned once since then and resolved through bathing in it in hot water and gently rubbing with a flannel.

I am a slow convert to Facebook support, ideally backed up with drop-ins for more personal support, but it seems to meet a need both for passing on the emotional support that gets women through the many stresses of life with a new baby and quite specific skilled support.

Phyll Buchanan

57.13 Bed-sharing and SIDS, two studies with differing results

Two groups of SIDS researchers have published studies pooling data on SIDS infants to explore the association between bedsharing and SIDS (Blair, 2014, Carpenter, 2013). They also rank the known risks and their interaction with bedsharing.

The Carpenter study pooled data from 19 international case-control studies within 5 datasets, the Blair study pooled two population-based case-control studies from English regions.

Both agree that drinking more than 2 units of alcohol, or smoking increase the risk of SIDS when bedsharing. In the Blair study alcohol increases the risk by eighteen-fold, and smoking by four-fold. In the Carpenter study the figure for a baby under 3 months old is an increase by 151 times if both parent smoke and drink alcohol. Blair also found sofa-sharing increased the risk of SIDS eighteen-fold.

The studies differ on whether bedsharing is a risk in itself.

The Carpenter study estimated the adjusted odds ratio for bed sharing versus room sharing to be 5.1 (2.3 to 11.4). This was when neither parent smoked, and the baby was less than 3 months old, breastfed and had no other risk factors.
In these circumstances the difference in absolute risk for bedsharing compared to room sharing was 0.15 per 1,000 livebirths. The risk was no longer significant after 3 months.
[The estimated absolute risk for bed sharing 0.23 (0.11 to 0.43)/1000 minus the risk for room sharing infants (0.08 (0.05 to 0.14)/1000 livebirths)].
The absolute risk in the most vulnerable circumstances was 125/1,000 live births.

Blair found that bed-sharing in the absence of sofa-sharing, alcohol consumption and smoking was not a significant, multivariable risk: OR = 1.1 [95% CI: 0.6–2.0]),
- for infants less than 3 months old OR = 1.6 [95% CI: 0.96–2.7],
- for older infants it was in the direction of protection OR = 0.1 [95% CI: 0.01–0.5] but the numbers were small.

The difference in findings is likely to be due to the quality of the available data and the potential for sub-group analysis to show up false positive results. The Carpenter study included variations in definitions used within the five datasets which would give a high degree of heterogeneity (differences).

The selection of controls in the Carpenter study may also be a source of bias, as control infants from disadvantaged families have been under-represented in SIDS studies despite being more representative of families affected (Blair, 2009).

There is also some potential for diagnostic variations in the way unexplained deaths were recorded. Carpenter did not test for heterogeneity as might be expected in a Cochrane standard of systematic review.

Carpenter used statistical techniques to fill in missing data, particularly for alcohol and drug use, this appears to overestimate the risk yet the effect is significant, large and consistent with other studies.

Case-control studies are likely to be the most reliable way of understanding how to rank hazards involved in bed-sharing. Using the approach suggested by Glasziou (2007), large effects can rule out bias as an explanation. They suggest a rate ratio beyond 10 is highly likely to be a real effect. This would include bedsharing as a smoker or drinking alcohol. The rate ratio for bed-sharing with no known hazards is 2.7 [95% CI: 1.4 to 5.3].

<u>Implications for our practice Supporting Breastfeeding</u>

NICE is currently considering the evidence on bedsharing and I hope they delay a final decision until the Blair study has been considered. Until this happens we can continue to use the recommendation in the Caring for your baby at night leaflet

- The safest place for your baby to sleep is in a cot by the side of your bed
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal)
- Do not sleep with your baby if you or anyone else is a smoker
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair

Bedsharing and SIDS- table comparing the studies

	Carpenter 2013	Blair 2014
Aim	To resolve uncertainty as to the risk of Sudden Infant Death Syndrome (SIDS) associated with sleeping in bed with your baby if neither parent smokes and the baby is breastfed.	To quantify whether there is a risk of SIDS associated with co-sleeping in the absence of known hazards and explore the interactions with other known significant predictors of SIDS to better understand the potential risks to the infant and implications for future research.
Design	Combination of five datasets of case-control studies. Individual level analysis	Combination of two population based case-control studies. Individual level analysis
Missing data	Missing data imputed. Random effects logistic regression used to control for confounding factors. Questions on the mother's alcohol use in the last 24 h and illegal drug use were not asked in three of these studies meaning approx. 60% of the data on alcohol and smoking was missing. This was generated by statistical techniques.	None of the variables significant in the multivariable model had more than 5% missing data and over 95% of the data was used in the final model presented.
Setting	Home sleeping arrangements of infants in 19 studies across the UK, Europe and Australasia - European case control studies 1992–1996, [The European Concerted Action on SIDS, ECAS, the Scottish 1996–2000, the New Zealand 1987–1990, the Irish 1994–2003 and the German GeSID 1998–2001 datasets]	Five English health regions between 1993–6 covering a population of 17.7 million [South West, Trent, Yorkshire, Wessex and Northern regions] plus SW region between 2003–6, with a population of 4.9 million.
Cases (Participants)	1472 SIDS infants	400 SIDS infants
Controls	4679 controls: randomly selected normal infants of similar age, time and place.	1386 controls: comparable for age and time of last sleep.
Exposure & comparison	Cases were found sleeping in the parents' room or elsewhere and whether or not they were bed sharing, together with comparable control data. Cases and controls co-sleeping on a sofa or elsewhere were included but grouped with those not bed sharing and not sleeping in the parents' room. Not clear which parent was co-sleeping with the infant. These five datasets included all cases that some might now classify as 'unascertained' or 'asphyxia' because they were found to be bed sharing or sleeping face down. Cases and controls co-sleeping on a sofa or elsewhere were included but grouped with those not bed sharing and not sleeping in the parents' room.	All SIDS in a defined area over a defined period, as defined by multi-disciplinary panels. This also reduced the possibility of misclassifying asphyxiation as SIDS. Many of the questions and responses were worded exactly the same with similar study protocols and the same techniques for identifying and defining the deaths.
Outcomes (Results)	22.2% of cases and 9.6% of controls were bed sharing, adjusted OR (AOR) for all ages 2.7; 95% CI (1.4 to 5.3). Bed sharing risk decreased with increasing infant age. When neither parent smoked, and the baby was less than 3 months, breastfed and had no other risk factors, the AOR for bed sharing versus room sharing was 5.1 (2.3 to 11.4) and estimated absolute risk for these room sharing infants was very low (0.08 (0.05 to 0.14)/1000 livebirths). This increased to 0.23 (0.11 to 0.43)/1000 when bed sharing. Smoking and alcohol use greatly increased bed sharing risk. No estimation of the risk of sofa sharing was possible in this study.	Over a third of SIDS infants (36%) were found co-sleeping with an adult at the time of death compared to 15% of control infants after the reference sleep (multivariate OR = 3.9 [95% CI: 2.7–5.6]). The highest risks were found in sofa sharing and if the parent had drunk more than 2 units of alcohol. Sofa: the multivariable risk associated with cosleeping on a sofa (OR = 18.3 [95% CI: 7.1–47.4]) Alcohol: next to a parent who drank more than two units of alcohol (OR = 18.3 [95% CI: 7.7–43.5]) The risk associated with co-sleeping next to someone who smoked was significant for infants under 3 months old (OR = 8.9 [95% CI: 5.3–15.1]) but not for older infants (OR = 1.4 [95% CI: 0.7–2.8]). Bed-sharing in the absence of these hazards was not significant overall, multivariable risk: OR = 1.1 [95% CI: 0.6–2.0]), - for infants less than 3 months old (OR = 1.6 [95% CI: 0.96–2.7]), - for older infants it was in the direction of protection (OR = 0.1 [95% CI: 0.01–0.5]). The Blair study is transparent in stating the low numbers in the sub-groups.

Bedsharing and Sids references

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Phyll Buchanan

57.14 New Breastfeeding Awareness training now available

The BfN has developed a new training session that we will be promoting during the next few months. It is a short, interactive 3 hour training session to increase breastfeeding awareness and knowledge. It can be easily adapted to be used with parents and other family members or professionals e.g. nursery staff, family support workers, shop and café staff, depending on what is needed. There is a training pack available including a lesson plan, PowerPoint slides and resources for evaluation. The module is being tested with different groups at the moment and we hope to launch it to a wider group of people at the UNICEF BFI conference. If you have any questions or would like to find out more about the training and how you could get involved please get in touch via training@breastfeedingnetwork.org.uk

57.15 Tongue-tie – a systematic review

The aim of this systematic review (Ito, 2014) was to discover whether feeding improved for infants with tongue-tie treated with frenulotomy (tongue-tie release) compared to those whose mothers received breastfeeding support alone.

> Patient: infant under 6 months old with ankyloglossia and poor breast-feeding
> Intervention: frenulotomy
> Comparison: breastfeeding support alone
> Outcome: improve feeding

Two groups of studies were included, randomised trials (RCTs) and observational studies and assessed using GRADE criteria. Four RCT and 12 observational studies met the inclusion criteria.

A meta-analysis was possible for two RCT studies which asked the mothers to assess overall improvement: Risk ratio 2.88 [1.82, 4.57 in favour of frenulotomy
Both control groups were able to have a frenulotomy so this difference is measured over a short time.

Observational studies were also included, two noted improvements in attachment, based on LATCH scores: 2.07 [1.64, 2.49].

Three observational studies assessed nipple pain noting a decrease in pain scores of -5.10 [-5.60, -4.59]. Observational studies have more opportunity for bias so the results should be viewed with caution. All have a high degree of heterogeneity (differences).

Six months after the search was completed another RCT was published (Emond, 2013). This has not been incorporated into the review. In this study only babies with mild or moderate tongue-tie were eligible for inclusion. The control group were given the option of frenulotomy after 5 days. By 8 weeks only 8 (15%) of the control group had not had a frenulotomy.

> Patient: term infants under 2 weeks with mild or moderate tongue-tie and whose mothers were having difficulty breastfeeding
> Intervention: frenulotomy
> Comparison: standard care
> Outcome: breastfeeding at 5 days

At 5 days, there was a non-significant increase in bottle feeding in the comparison group compared the intervention group [8 (15.5%) vs 5 (9.4%)]. No other feeding outcomes reached significance, suggesting the study may not have had sufficient power to detect a difference over the 5 day time period. Self-efficacy scores did improve.

A Cochrane protocol (O'Shea, 2014) has been submitted so we will need to wait to see how the evidence is assessed and the review published.

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Phyll Buchanan

57.16 Focus on Wolverhampton: Breastfeeding in public revisited

The last edition of the newsletter reported responses to a survey last year on attitudes towards breastfeeding in public in Wolverhampton, revealing some surprising responses!

You might remember that a surprisingly high proportion of responses were around the theme that breastfeeding in public was only OK if a woman is "covered up" or "veiled", and that we speculated that this may be due to the majority of people surveyed (58%) being 'older'.

Perhaps, if we repeated the survey, with a younger age group or including pregnant women, the results might be different.

Well that's just what we did In June this year! As part of our "Afternoon Tea Party" event, we asked 22 people the same questions as last time and found the responses much more positive:

Sarah and Hayley on the "Breastfeeding in Wolverhampton Awareness Raising Stall

Question 1: Where is it NOT appropriate for women to breastfeed their babies?

Responses:

- Toilets (11)
- Nowhere (6)
- Nowhere if discreet (2)
- Anywhere unsafe
- Busy places and night venues
- In public

Question 2: Where IS it appropriate for women to breastfeed their babies?

Responses:

- Anywhere (15)
- Anywhere and everywhere
- Almost anywhere
- Anywhere other than the toilet or men-only establishment
- Anywhere if discreet
- Anywhere safe and discreet
- In a designated bf room
- Family areas

So why was there such a marked attitudinal shift from last year? Well, a much smaller proportion of 'mature' people were surveyed on this occasion (10%), with the majority this time being parents-to-be (58%) and parents (25%) perhaps accounting for the contrasting views. Perhaps not a shift in attitude, then, but the result of a younger section of public surveyed? Either way, we still feel it's a positive thing.....

Diana West
Supporter, Supervisor and Tutor,
West Midlands

57.17 Focus on Wandsworth: Opt–in Telephone Support for New Mums

One of the BfN's latest projects is a proactive telephone breastfeeding support service which aims to increase breastfeeding continuation rates across the London Borough of Wandsworth. The pilot was commissioned by the borough's public health department. Although over 90% of Wandsworth mums initially breastfeed, in some parts of the borough breastfeeding rates dropped to just over 60% by 6-8 weeks. When asked why they stopped breastfeeding, mums indicated they would have preferred to breastfeed for longer, but struggled to find the support.

The scheme, which launched earlier this summer, proactively supports mums opting into the service by offering breastfeeding support over the phone. The team of five, including Robyn, Nicolette, Maxine, Lisa and Carla have worked hard to get things off the ground. Referrals were slow to start with but are steadily increasing through word of mouth, a borough-wide publicity campaign, on-line and magazine media coverage and networking with health professionals, children's centres and local organisations.

Lisa, the project co-ordinator, became involved with the BfN four years ago, training first as a Helper and then as a Supporter and has volunteered at her Wandsworth children's centre breastfeeding café for over three years. Lisa likes working with a fantastic team who are really keen to share their experience and knowledge, are passionate about what they do, and creative in finding ways to support the mums, including breastfeeding support by Skype. The feedback from mums about the team has been brilliant!

Maxine, who is also a Blackpool Star Buddy (working remotely), really enjoys the way the team bounce ideas off one another. She loves being able to work with mums at a time that suits them, as it can be hard for them to attend groups for a certain time, or even to leave the house.

Carla also volunteers at a breastfeeding group and feels that the team are not only helping the mums but also easing the workload of busy health professionals. Hopefully by giving mums just that little extra help, it can make their breastfeeding journey a much smoother one.

Nicolette has volunteered at her breastfeeding group for over three years and really enjoys hearing from mums about making a positive difference in their lives.

Robyn volunteers in the Lambeth borough and is enjoying encouraging mothers over the phone and building a supportive relationship with them through subsequent calls. She feels there is nothing like the reward of helping a mother to reach her personal goals and breastfeed successfully. As Supporters, we are able to follow a mother through her breastfeeding journey and see some excellent outcomes.

Wandsworth team member Robyn Nalty with Helen Gray, St. George's Hospital Maternity Services Liaison Committee chair, at the recent Physiological Birth: Promoting Normality conference, where she and colleague Carla Agulhas were promoting the Wandsworth pilot and fundraising for the DIBM helpline - They raised awareness about the appeal, as well as £18 towards it.

One of the hardest parts of working on a new initiative like this is getting it established, particularly with the establishment! While many key contacts among health professionals have been receptive and supportive of the scheme, there are still some who fear we might make their jobs harder. A few have been somewhat dismissive about the need for another breastfeeding support line, despite the statistics provided by Child Health Records.

Ultimately though, it's what the mums think and say about us that counts most. Their feedback has been wonderful; it is incredibly touching to know how much of a difference the service is making, as well as constructive comments on how to make things even better, which will be fed back to the commissioner.

To find out more about how the pilot is going and the latest that the team are up to, please visit facebook.com/breastfeedingnetworkwandsworth.

Nicolette Hartell

57.18 Avoiding an unexpected risk from skin-to-skin contact

A baby is born and is placed on its mother's chest in direct skin-to-skin contact, and she watches as it crawls to her breast. What could be more natural? Indeed, the UNICEF Baby Friendly Initiative promotes skin-to-skin contact as the best way to get breastfeeding started. So it was shocking to discover that this approach appears to increase the risk of sudden unexpected postnatal collapse (SUPC).

This very rare condition can occur during the first week of life, but usually happens in the first 2 hours after birth. Otherwise healthy term babies suddenly go limp, stop breathing, turn blue and sometimes die. In the UK, there are 3.5 cases of SUPC per 100,000 live births and 1 death per 100,000 live births (Not all babies with SUPC die.) A recent review found that in 74% of cases, babies were lying prone in skin-to-skin contact (SSC) and initiating breastfeeding.

It seems almost inconceivable that this most natural of situations could be dangerous. Writing in the journal *Clinical Lactation*, Suzanne Colson puts forward a hypothesis for what might be happening, along with some recommendations to how to remove the risks and make skin-to-skin safe.

She points out that most of the pictures and videos of babies doing breast crawl and skin to skin contact show mothers lying flat on their backs, which means that babies are necessarily lying prone. Lying prone is already a known risk factor SIDS, and in this position a baby who has got into trouble with its breathing might find it hard to lift its head.

Colson contrasts this with biological nurturing – the approach she is best known for. In biological nurturing, the mother does not lie completely flat, but instead is semi-reclined. In this position, says Colson, the baby is tilted upwards which increases oxygenation, and the baby can lift its head much more easily.

In biological nurturing positions, the mother and baby naturally make eye contact, which triggers the release of oxytocin and in turn the mother's natural nurturing instinct. Mother's spontaneously help their babies to the breast and the average time to latch-on is just 5 minutes, compared to an average of 55 minutes in studies of breast crawl, where mothers lay flat and were instructed not to help their babies to the breast. "The birth SSC breast crawl, now suggested for inclusion in lactation management curricula, may place undue stress on the baby," writes Colson.

When mothers are lying flat they cannot easily make eye contact with their babies, and Colson suggests that this might slow the release of oxytocin, especially if the mother is exhausted after a tiring birth or under the influence of pain medication. In this detached state the mother might miss signs of a baby's distress. She recommends that fathers or doulas are taught to monitor newborns during SSC, particularly if mothers have to lie flat (e.g. if they are getting stitches).

"Although linked to SUPC, in fact, SSC may not be a safety factor. The mother's breastfeeding posture may play an important role," writes Colson. By introducing biological nurturing into the SSC equation, she continues, "mothers and babies may have everything to gain and certainly nothing to lose".

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Ayala Ochert

57.19 Reflections on Breastfeeding Support and Social Media

Twitter and Facebook bring new opportunities to become more thoughtful in our practice.

Follow @jennytheM and her blog (Clarke, 2014:a) to see how, through sheer guts and positivity, she spreads enthusiasm for skin-to-skin for all women, especially after caesareans and complex births.

> Skin to skin is not about @JennyTheM it is about women wanting to hold their newborns that they have nurtured and grown inside their bodies it is about feminism , valuing a woman's role as a mother and it's about love – it's also about quality care , safety , compassion and making a difference as well as the immense health benefits that close contact can bring to both members of the dyad.

This powerful quote comes from Jenny's blog (Clarke, 2014:b).

Her article in the Nursing Standard (Clarke, 2014:c) explains how skin-to-skin maximises heat transfer and stimulates "mammalian reflexes such as licking the lips, pressing hands against the mother's chest and moving the tongue".

She is a wonderful example of how positive energy overcomes resistance to change, and the power of twitter to spread this courage to others.

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