

NCT values and approaches to infant feeding support

A message framework



Foreword

This message framework is for NCT volunteers, practitioners and staff. It answers common questions about NCT's role in providing information, services, mutual support and undertaking lobbying work relating to infant feeding. It also provides a guide to NCT language and tone on feeding. The purpose is to ensure consistency in communication of NCT values and to improve the charity's ability to directly respond to feeding dilemmas that parents face. The development of this message framework relates to NCT's wider strategic objective to ensure confident, supported and informed parents.

NCT has always been aware that parents need ongoing support with feeding their babies. However, discussion around infant feeding in the media tends to be polarised around ideas of 'promoting breastfeeding' or 'promoting choice'. The focus is often on whether or not a mother initiates breastfeeding rather than how her decisions can be supported over time. 'Promotion' is often understood only in the narrow sense of 'communicating in order to influence' rather than as 'enabling people to increase control over, and to improve, their health through social and environmental intervention'.¹ Insufficient attention is paid to the ways that 'choice' can be restricted; after all, around three quarters of all UK mothers who stop breastfeeding in the first six months would prefer to continue.² The focus on 'choice' means that the unique ongoing experiences and changing circumstances of mothers and babies may be forgotten and that mothers sometimes feel divided according to how they feed their babies, so that the support and friendship they might find from each other is undermined.

NCT calls for approaches to infant feeding support that:

- (i) provide mother-centred support for decision-making,
- (ii) protect decisions to breastfeed, and
- (iii) facilitate parent-to-parent support.

I am pleased to support this message framework, which describes our charity's aims and role. It draws on independent research, on feedback from parents who use our services, and on the experience of NCT practitioners and volunteers.



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<http://babble.nct.org.uk/info-resources/tools-your-role/practitioners>

What are NCT's key concerns relating to infant feeding?

NCT promotes **positive experiences** of feeding.

NCT believes that parents are motivated to give their babies the best start to life, sometimes in difficult circumstances, and that positive feeding experiences are one aspect of a good start. NCT recognises that the majority of UK mothers plan to breastfeed and that a significant minority use formula milk from the start.³ NCT recognises two main ongoing challenges to positive feeding experiences that affect UK parents:

1. **Mothers experience unacceptable levels of pressure however they feed their babies; from family and friends as well as from people they hardly know.** Mothers who breastfeed their babies often experience pressure and feel constrained about whether, where, how often and how long they breastfeed.^{4,5,6,7} Mothers who introduce formula milk often feel judged or guilty, particularly – but not only – if they planned to breastfeed.^{8,9}
2. **A high proportion of mothers find that they have to stop breastfeeding before they want to, often in the early days.** Every year, around a quarter of UK mothers who give birth, start and then stop, breastfeeding *before they want to* in the first six weeks (around 200,000 mothers). Many more mothers move to mixed feeding or stop before they want to in the period up to six months.² These mothers often feel exhorted but not enabled or supported to breastfeed. This level of unwanted drop-off has persisted in the UK for decades, but is not inevitable; in many developed countries, including Australia,¹⁰ New Zealand,¹¹ Norway,¹² Sweden¹³ and Canada,¹⁴ it is much more common for mothers to be able to breastfeed for longer.

NCT believes that simultaneously addressing these two challenges requires a clear mother-centred approach. NCT provides evidence-based information and person-centred support to mothers and fathers of babies and young children however they are feeding their babies, recognising that needs change as babies grow older.

Does NCT promote breastfeeding?

NCT seeks to promote and protect the **conditions** that make mothers' decisions to breastfeed more straightforward.

This includes working towards a wider culture that is more informed, accepting and supportive of breastfeeding, better postnatal care and help with feeding for *all* parents, and good information to inform decisions. NCT prioritises the emotional well-being and autonomy of individual mothers.

1. **NCT helps to protect mothers' decisions to breastfeed by working in partnership with others to provide the conditions that make a decision to breastfeed more straightforward.** Lack of individualised skilled help at the right time is often an acute problem and the charity trains breastfeeding counsellors to provide this support. NCT lobbies for better postnatal care and help with feeding for all mothers, whether breastfeeding or using formula milk, and for implementation of the World Health Organisation (WHO) and Unicef 'Baby Friendly Initiative' in hospital and community settings.
2. **NCT seeks to promote a culture in which breastfeeding is a realistic option for more mothers.** NCT promotes legislation and schemes that help mothers to feel able to breastfeed their babies in public places, and lobbies for legislation to make it easier for

people have often never witnessed breastfeeding first hand. NCT believes that these future parents can benefit from learning about how breastfeeding works and from seeing breastfeeding in practice.

Does NCT promote feeding choice?

NCT tends to talk about feeding '**decisions**' rather than feeding '**choices**', because having a '**choice**' implies a range of equal and equally accessible options and this is not the experience of many UK mothers. The idea that mothers have a free '**choice**' contributes to many feeling pressured or judged.

In particular, it is difficult for many UK mothers to sustain a decision to breastfeed, due to cultural norms and insufficient support. Many mothers who use infant formula having planned to breastfeed do so feeling that they have 'run out of choices'. Mothers often find themselves in a double bind with constrained options on the one hand and external pressure on the other. For example:

- A mother who lives in a community where nobody breastfeeds, and who has never witnessed breastfeeding first hand, may feel that the 'choice' to breastfeed is not realistic for her.
- A mother who experiences problems whilst establishing breastfeeding, that are not addressed quickly enough or in the most appropriate way, may feel she has no option but to introduce formula milk.
- A mother who *is* breastfeeding may feel under strong social and cultural pressure to conform to other people's beliefs, values and solutions by introducing formula milk or by stopping breastfeeding.
- A mother who has decided to formula feed, because this works for her in the context of her own personal and family circumstances, may feel under social or moral pressure from others to breastfeed, making her decision more difficult.

Does NCT promote the public health benefits of breastfeeding?

Yes, NCT provides evidence based information on health differences, *but:*

- Information about health benefits without good postnatal support can lead to mothers feeling exhorted but not sufficiently enabled or supported to breastfeed.
- Information without understanding that mothers are best placed to make feeding decisions can lead to those who decide not to breastfeed feeling judged.

NCT believes parents have a right to up-to-date, evidence-based public health information, whilst recognising that this is only one factor in feeding decisions. Mothers often choose to breastfeed or to formula feed for reasons that have little to do with health considerations. Parents do not wish to be 'protected' from information about health differences, but they do want information presented in a way that recognises this is only part of the picture, that it's not always a question of 'choice', and that ultimately mothers themselves are best placed to make a decision. Parents are likely to benefit from a clear presentation of the scale of any risks, so that they can relate these risks to their own babies.

NCT shares the strong scientific consensus about differences in average health outcomes between babies who are breastfed and babies who are formula fed¹⁵ and provides up-to-date information on these differences. NCT also recognises that there are specific modifiable risks related to making up bottles of formula milk and provides parent-centred information to help minimise these.

Does NCT want the breastfeeding rate to go up?

Yes, because we believe this would reflect more mothers feeding the way that they want to.

Whilst many UK mothers do have positive breastfeeding experiences, an unacceptably high proportion do not get the help they need to overcome problems in the early days and weeks. NCT promotes the conditions that make a mother's decision to breastfeed more straightforward. Mothers who plan to breastfeed need access to skilled, knowledgeable, non-judgemental, one-to-one support; and many would find breastfeeding easier and more enjoyable if breastfeeding was perceived as culturally normal. Higher continuation rates can be achieved by providing better formal and informal breastfeeding support to mothers who plan to breastfeed. This in turn is likely to lead to more expectant mothers viewing breastfeeding as a realistic possibility for themselves, leading to higher initiation rates.

What do NCT breastfeeding counsellors do?

NCT breastfeeding counsellors provide antenatal education about breastfeeding and postnatal skilled non-directive help with feeding (and particularly with breastfeeding); helping mothers to overcome challenges and to make decisions that are right for themselves and their families.

NCT's focus on developing and providing skilled support for breastfeeding is a response to acute need; there is not enough of this kind of help to go around. NCT breastfeeding counsellors are highly qualified: they undertake several years of training, leading to a university diploma, receive regular supervision, and commit to keeping their knowledge and skills up to date.¹⁶ Their skilled, mother-centred approach is valued by mothers.^{17,18,19} In addition to providing face-to-face and group-based support locally, breastfeeding counsellors also support parents via NCT's helpline.

What do NCT peer supporters do?

Peer supporters provide mother-to-mother friendship and first-line help with feeding.

Many new mothers will have no little or no experience of breastfeeding among their friends and family. Peer supporters are mothers, who have themselves breastfed. Training is provided by NCT breastfeeding counsellors, via a 20 hour course accredited by the Open College Network.

What is a Baby Café?

The Baby Café is a national network of drop-ins providing breastfeeding information, education and support for antenatal and postnatal mothers and their families.

Initially a charity in its own right, the organisation is now part of NCT.²⁰ A Baby Café, or Baby Café Local, combines social contact with other mothers with support from skilled practitioners in a non-clinical, café style environment.

What is NCT's helpline?

NCT's helpline provides practical and emotional support for parents with questions or concerns relating to feeding their baby, as well as providing support for other aspects of pregnancy, birth and early parenthood.

Calls about feeding are answered by a breastfeeding counsellor, who (using the person-centred approach she would use if working face-to-face) provides skilled, evidence-based support and appropriately signposts callers to other sources of help if required.

Why does NCT provide a ‘breastfeeding session’ rather than a ‘feeding session’ in antenatal courses?

NCT antenatal breastfeeding sessions do focus on breastfeeding, because this is a service that is desperately needed.

Whilst around four fifths of UK mothers plan to breastfeed,³ there is real gap in help and information to enable those decisions to be sustained. The breastfeeding class is about making the decision to breastfeed a realistic possibility for families – socially, culturally, and physiologically. Many parents have not experienced breastfeeding as a normal part of everyday life, so may have absorbed myths and misconceptions. In line with NICE evidence,²¹ NCT breastfeeding classes aim to increase parents’ confidence, understanding and skills so that mothers are better prepared to start and maintain breastfeeding. Counsellors also acknowledge the need for support from partners, family and the wider community and help mothers to consider sources of support and strategies to manage specific circumstances (for example, breastfeeding away from home or returning to work).

NCT classes do not cover details of the different formula milks and making up formula, although this information is available in hard copy and on the website for parents who need it. There is a risk that presenting this information to a group, as if every baby will need formula, may undermine the decisions of parents who plan to breastfeed; this is in line with the WHO code.²² However breastfeeding counsellors and antenatal teachers do provide information on a one-to-one basis for mothers who are planning to use formula milk from the outset.

Do NCT breastfeeding counsellors tell mothers to breastfeed?

No. NCT is a parent-centred organisation, and is mother-focused when it comes to feeding decisions.

NCT’s breastfeeding counselling ethos is non-judgemental and non-directive, and all NCT workers are asked to explicitly sign up to this. All NCT breastfeeding counsellors undertake extensive training through which they develop the skills and knowledge to listen to and support individual mothers to breastfeed effectively if that is what the mother wants, and more broadly to help parents to identify approaches to feeding that are right for themselves and their babies. Breastfeeding counsellors frequently discuss issues such as introducing formula milk, stopping breastfeeding, starting on solid foods, or mixed feeding.

What support does NCT provide to mothers who use formula milk?

NCT believes that mothers using formula milk (exclusively or in combination with breastfeeding) should have support to do so safely, and access to factual, helpful information that is free from commercial influence.

NCT responds to the unique circumstances of individual mothers. NCT breastfeeding counsellors, antenatal teachers and postnatal leaders can help parents to develop approaches to managing normal newborn feeding and sleeping ‘patterns’ and other issues that impact on feeding experiences regardless of how a baby is being fed (including, colic, teething, feelings about feeding, and achieving comfort and closeness during feeding). NCT also provides more specific information about formula milks and preparing formula milk feeds. Some mothers find that they would like help with using formula milk as part of a strategy to sustain breastfeeding, with re-lactation, or with gradually weaning from breast milk to solid foods and formula milk; NCT breastfeeding counsellors frequently provide evidence-based, person-centred support for these kinds of issues. NCT’s helpline welcomes calls from mothers asking about *any* aspect of feeding, so that mothers are empathetically

supported and appropriately signposted, without needing to self-categorise as 'breastfeeding' or 'not', or to rely on help from commercial organisations.

Why does NCT emphasise early support for feeding?

For mothers planning to breastfeed, the early days are critical in terms of establishing a good milk supply and preventing problems. Mothers using formula milk also need access to individualised help with the practicalities of feeding and with recognising and overcoming problems.

Parents' experiences of postnatal care are still often poor²³ so that many mothers do not get the rest, recuperation and support that they need at the start of their baby's life. Midwives and health visitors provide practical guidance with breastfeeding and formula feeding but there are often staff shortages. NCT believes that better routine postnatal care and support, at hospital and in the community, would enable more parents to have a positive start to life with their new baby, regardless of how they plan to feed.

Many parents are unprepared for the extent to which the early days and weeks of a new baby's life are centred on feeding, and the impact that caring for and nurturing a new baby can have on emotional wellbeing. In contrast to other cultures, our society places great emphasis on being 'out and about' and 'back to normal' in the early weeks. In fact, during this time new parents need extra support. Mothers will often be recovering from the birth and parents will be adjusting to their new family structure and to round-the-clock responsibility for a dependent baby.

What does NCT say about exclusive breastfeeding for six months?

WHO advice²⁴ and UK Department of Health guidance²⁵ is that babies should be exclusively breastfed for around six months and there are no plans to change that recommendation. However, such guidance is just one factor influencing feeding decisions and currently an overwhelming majority of UK parents introduce solid foods or formula milk some time before six months.² NCT is concerned that many may be unsure about how to relate recommendations to their own circumstances.

There is a need for research to help parents who are using formula milk prior to six months to develop a clearer picture of the evidence about introducing solids. Similarly, mothers who have been exclusively breastfeeding, but who decide to introduce something else between four and six months, need information to help them to understand the pros and cons of introducing solid food or formula milk.

What does NCT say about how long babies should be breastfed?

NCT believes the decision to continue breastfeeding or to stop is a personal one. NCT is concerned that social pressure to stop breastfeeding is often very strong, and mothers find this becomes stronger as their babies get older. NCT continues to provide information and support for parents throughout early parenthood.

In the UK, women may not feel able to be open about continuing to breastfeed. In fact, breastfeeding an older baby in the UK is not as unusual as people may think, and was much more common only a few generations ago. The WHO and UNICEF recommend that children are breastfed for 'up to two years and beyond' as babies continue to benefit for as long as they are breastfed.²⁶ Around the world it is common for mothers to breastfeed for longer than two years.

How important is it to involve fathers or partners in feeding?

NCT recognises the important and influential role that partners and wider family have in supporting mothers' feeding decisions, and sometimes in directly feeding their babies.

Feeding is one of the fundamental aspects of looking after a baby. It is something on which mothers, partners and grandparents will have views and feelings. Babies are comforted as well as nourished when feeding is going well, and a good feeding relationship can have a positive impact on the wellbeing of the whole family. Similarly when there are difficulties, the anxiety and distress is felt by the mother, her partner and by others close to her. NCT provides information for partners on ways to support breastfeeding.

Why is NCT against formula milk advertising?

NCT supports access to formula milk but is against formula milk advertising as this is in contradiction to the WHO International Code of Marketing of Breastmilk Substitutes.²²

Children, prospective parents, and mothers who plan to breastfeed have a right to be protected from pressure to use formula milk. A key factor in the disappointing breastfeeding experiences of many UK mothers is the early and unnecessary introduction of formula milk, often as a 'quick fix' when mothers themselves would have preferred to be helped to continue to breastfeed. Countries where advertising has been banned have seen a decrease in the number of mothers switching to formula milk in the early weeks.²⁷

The International Code is a set of rules, which aim to ensure that all parents, whether breastfeeding or using breastmilk substitutes, are protected from commercial exploitation and receive unbiased and appropriate information. The International Code was adopted by World Health Assembly as 'a minimum requirement' to be 'implemented in its entirety' by 'all countries'. However, it is currently not fully implemented in the UK. Nevertheless, under existing UK legislation the UK Advertising Standards Agency and Trading Standards Officers have frequently found formula advertising to be misleading and contrary to the UK law.

The International Code forbids the promotion of all breastmilk substitutes, including follow-on formulas. This product has been designed to circumvent UK legislation preventing formula milk advertising and is widely promoted to consumer audiences by the mass media.²⁸ Advertising suggests that formula milk is an inevitable part of a baby's diet, and that all mothers who are breastfeeding will eventually switch. This undermines the idea that it is possible, or usual, to raise a baby without using formula milk, despite breastfeeding being the physiological norm. Formula milk is presented as ubiquitous to baby care rather than a requirement for some babies and a conscious decision for some parents.

Mothers using formula milk have a right to be protected from inaccurate claims. Advertising can encourage parents to over-diagnose their babies' everyday experiences, such as possetting or colic, as 'medical' problems, and can increase anxiety. Many parents end up buying specialised products that they do not need, which have no proven effectiveness, or that are unreasonably expensive. NCT believes independent research into formula milks should be funded, to help parents make informed decisions.

Notes on language

NCT talks about feeding *decisions* not choices.

- The term 'choice' implies a range of equal and equally accessible options when, in reality, not all feeding options are equally accessible. In particular, it is difficult for many UK mothers to sustain a decision to breastfeed, due to cultural norms around feeding and insufficient support.
- 'Decisions' allows that some decisions can be 'tough' or constrained, and that mothers may experience many decision points, rather than making a one-off choice.

NCT avoids categorising women into 'breastfeeding mothers' and 'formula feeding mothers'.

- Categorising emphasises differences between mothers' experiences rather than the common underlying issues that NCT seeks to address, including pressure and poor support.
- Most mothers both breastfeed and use formula milk at some time. The most common route into formula feeding is from breastfeeding. Many mothers mixed feed.

NCT does not give 'advice' and avoids the word 'should' when talking to parents about infant feeding decisions.

- NCT values are rooted in the real lived experiences of parents. Parents have often experienced many sources of 'advice' about feeding and do not need more.
- Breastfeeding counsellors undertake lengthy training with a significant element focused on developing a non-judgemental, person-centred approach to interactions with parents. This quality is highly valued by parents, and needs to be protected and reflected by NCT as a whole.

NCT uses the term 'formula milk' when talking to parents using NCT services.

- Formula milk is the term that most parents recognise. 'Artificial milk' can sound judgemental, even if it is more accurate.
- The more accurate terms 'artificial milk' and 'breast milk substitutes' may be used when lobbying commercial companies and governments, or referring to WHO code, or as part of education for NCT workers.

The term 'baby feeding' is interchangeable in meaning with the term 'infant feeding'.

- 'Infant feeding' is often appropriate, but in some circumstances 'baby feeding' can seem more 'friendly', more parent-centred, and less technical.
- 'Baby feeding' should not be used in place of 'breastfeeding' or 'formula feeding' where these terms more accurately convey meaning.

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Helpful and unhelpful approaches to supporting parents' decisions about feeding their babies

Helpful	
Focusing on:	
Facilitating mutual empathy	Asserting the universality of the experience of new motherhood and infant feeding. Encouraging mutual support and understanding of the challenges different mothers face regardless of how they are feeding their babies. Recognising that currently most mothers both breastfeed and formula feed, and that most mothers who exclusively formula feed began by breastfeeding.
What mothers want	Taking what individual mothers <i>want</i> as a starting point and challenging a society that makes this difficult to achieve. E.g. promoting access to feeding support, campaigning to normalise breastfeeding in public places, providing information on how best to sustain mixed feeding, and lobbying for better postnatal care.
Empowered decision-making	Taking the mother's perspective and current circumstances as a starting point; accepting that perspectives and circumstances change over time; providing informed support (not advice); validating feelings and courses of action.
Promoting maternal satisfaction and pleasure (and, where appropriate, validating productive anger)	Promoting self-acceptance and ability to negotiate own circumstances, challenges and competing demands. Promoting mother's sense of pleasure and success. This may involve raising awareness that UK society is simultaneously comparatively unsupportive of breastfeeding and judgmental of mothers' feeding behaviours (regardless of feeding method).
Improving conditions for breastfeeding at a societal level, whilst prioritising maternal autonomy and well-being at an individual level	Promoting understanding that in the UK breastfeeding is socially and culturally fragile, needing special support and protection, whilst promoting non-judgemental person-centred support for all forms of infant feeding. E.g. By promoting acceptance of breastfeeding in public places; positively influencing the quality of discussion about infant feeding support – and representation of feeding experiences – in the mass media; promoting hospital practices that facilitate one-to-one support; improving understanding of how breastfeeding works among school-age children; working in partnership to improve hospital policies and professional training.

Unhelpful	
Thinking in terms of:	
Two distinct groups	Suggesting that mothers can be neatly categorised by their current feeding behaviour as either 'formula feeding mothers' or 'breastfeeding mothers'. <i>Avoiding this implies ensuring that services and information are individualised around the mother, with specialised support (e.g. skilled breastfeeding support, or, help with making up bottles) available as and when required.</i>
What mothers 'should' do	Suggestion of an external moral judgement associated with feeding behaviour.
Making a simple choice	Presenting feeding decisions as unconstrained, and one-off.
Failure vs. success	Re-enforcing feelings of guilt or failure by presenting some decisions as bad or lazy as opposed to good and wholesome. E.g. By suggesting that trying hard and following advice are all that is needed for any mother to breastfeed.
Getting parents to change their feeding decisions for the greater good of society	Focusing on public health objectives at the expense of the experience of the individual mother. E.g. By suggesting that health considerations are, or should be, the only driver for feeding decisions.

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