

NUTRITION + LOVE

Our 14th online breastfeeding conference

iLactation



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Postgraduate Institute
for Medicine

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iLactation

Presentations



Christina Smillie, MD, FAAP, IBCLC, FABM

Dr Christina Smillie is an American physician, board certified both as a pediatrician since 1983 and as a lactation consultant since 1995. In 1996 she founded Breastfeeding Resources in Stratford, Connecticut, the first private medical practice in the USA limited to the specialty of breastfeeding medicine.

Her clinical experience with mothers and babies over the past two decades has taught her much about a variety of clinical issues. Fascinated by how babies, mothers, and health care professionals learn, she is perhaps best known for her DVD, *Baby-led Breastfeeding: The Mother-Baby Dance*, which she wrote and produced with Makelin Media and Geddes Productions.

Dr Smillie has been a member of the Academy of Breastfeeding Medicine since its inception, and was awarded Fellowship in 2002. She served two terms on the Academy's Board of Directors. She speaks nationally and internationally about the physiology, pathophysiology and clinical management of a wide variety of breastfeeding issues, always stressing the role of the motherbaby as a single psychoneurobiological system, and emphasizing the importance of the innate instincts underlying both maternal and infant competence.

From the perils of block feeding to the magic of a milkshake: addressing the challenges of hyperlactation

The management of hyperlactation has been fraught with all sorts of rules: one sided feeding, block feeding, pumping before or after, all with the intention of 'getting to the cream' and/or leaving one breast full for negative feedback. We'll look at the pathophysiology of hyperlactation, discuss some common scenarios that can lead to hyperlactation, and the mother and baby symptoms that can result. Importantly, we'll look at the clinical and pathophysiological reasons why rule based solutions like block feeding can be counterproductive and even dangerous. And finally, will get to some right-brained, but physiologically based solutions—how mothers can use their hands to 'homogenize' the milk as part of an easier solution. Empirically based on our clinical experience, this talk is, nevertheless, evidence-based.

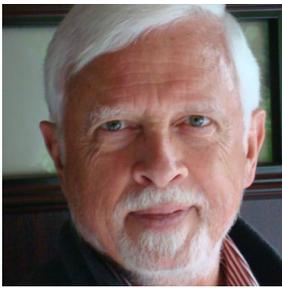
The art of differential diagnosis for lactation consultants: what, why, and how (and why it's within the LC's scope of practice!)

IBCLE and ILCA tell us that IBCLCs are not supposed to "diagnose"—that that's something for the doctors to do. So the LC's workaround is typically to rename her decision about what's going on an "assessment" rather than a "diagnosis." And then some doctor actually forbids her to say, for example, that "tongue tie" as the cause of the mother's sore nipples or the baby's lousy latch or poor weight gain. But there's something lost in translation here. It's not the WORD "diagnosis" that is forbidden to LCs, it's the act of making a final decision about what's going on, no matter what you call it, diagnosis, assessment, or the cause. And that forbidden decision making is not necessarily as grandly arrogant and territorial of the doctors as it might seem. Because for doctors, diagnosis is a tricky process, we are taught to be very careful about it, a patient can get in big trouble if we jump to the wrong conclusion, and miss what's really going on because we went with our best guess before considering alternatives. In the USA, insurance companies force us doctors to make a diagnosis at each visit, but our training is to hedge, to think about all the other things we might be missing, what else might be causing this picture that we aren't thinking about?

So a differential diagnosis is an essential step doctors are taught must come first, before making a diagnosis. It's a carefully constructed and thorough *list* of multiple plausible diagnoses and a practical plan for how to sort them out, to *differentiate* the more likely from the less likely, while at the same time proceeding with helping and supporting the client with what we do know.

In this talk we'll look at why and how to construct a thorough and useful differential. Many LCs, most without even knowing about it, are already doing this at least in the most confusing of cases, often in an informal and unconscious way. We'll take that informal process, and give it structure and form, to give the LC a reproducible strategy for problem solving, helpful with both complex and confusing issues, as well as those simple issues where the answer appears patently obvious. Then, using cases, we'll look at a few common clinical problems, both simple and complex, constructing a differential diagnosis and an action plan for each.

Beyond better care for your clients, this structured process gives the LC a common professional language for speaking with doctors. It's a method familiar to doctors that makes it easy for the LC to introduce key diagnoses as possibilities, to describe the LC's observations and thought processes regarding which are more and less likely, and the facts known and still unknown about those diagnostic possibilities—all while also educating the doctor about the lactation issues, and eliciting the doctor's observations and thoughts. Then, from common ground, the LC can introduce a rational and structured plan for sorting out what's going on and what to do about it.



James Akre, BA, MPIA

James Akre is a freelance author, speaker, reviewer and commentator who focuses on the sociocultural dimension of the universal norm for nurturing and nourishing children; and on pathways for making breastfeeding and human-milk feeding ordinary once again everywhere. He summarized his vantage point in *The problem with breastfeeding. A personal reflection* (Hale Publishing, 2006), which is available as well in French (Editions du Hêtre, 2009).

With degrees in sociology and public and international affairs, and course work in public health at the master's level, his international public health and human development career spans more than five decades, including a combined total of 30 years with the International Labour Office and UNICEF (the United Nations Children's Fund), and the World Health Organization in the field of international public health nutrition; and seven years promoting rural development and public health in Turkey, Cameroon and Haiti.

He has also served as a member of the editorial board and a reviewer for the *International Breastfeeding Journal*; a reviewer for the journals *Pediatrics and Maternal & Child Nutrition*, and for the Danish Council for Independent Research; a member of the Scientific Advisory Committee of La Leche League France; and a member (2004-2010) of the Board of Directors of the International Board of Lactation Consultant Examiners (IBLCE).

Breastfeeding: one man's perspective

To provide insight, from a male's perspective, into breastfeeding's significance for mothers, children and society, I will draw on my memories of childhood, my formative family experiences, my life and work in a variety of cultures on five continents, my career in international public health nutrition, and my passionate commitment to breastfeeding and human-milk feeding for children everywhere.

James' credentials: a mammal since 1944, a dad since 1974, and a granddad since 2000. Being male in no way disqualifies someone from adopting a pro-breastfeeding perspective. We don't need to be scientists to conclude that we won't achieve our developmental potential if we fail to consume the unique first food that is tailor-made for us. Breastfeeding is neither a woman's issue nor a man's issue. It is a human issue of fundamental importance to us all.



Penny Van Esterik, MA, PhD

Penny Van Esterik is Professor Emerita of Anthropology, recently retired from York University, Toronto, where she taught nutritional anthropology, advocacy anthropology and feminist theory. Her fieldwork was primarily in Southeast Asia. She is a founding member of WABA (World Alliance for Breastfeeding Action) and has developed advocacy materials on breastfeeding and women's work, breastfeeding and feminism, and contemporary challenges to infant feeding such as environmental contaminants and HIV/AIDS. In 2007, she received the Weaver-Tremblay award from the Canadian Anthropology Society (CASCA) for contributions to applied anthropology in Canada, and in 2013, the lifetime achievement award for feminist anthropology from the Women's Network of CASCA. Her book publications include *From Virtue to Vice: Negotiating Anorexia*, *The Dance of Nurture: Negotiating Infant Feeding* (both with Richard O'Connor), *Beyond the Breast-Bottle Controversy; Food Culture in Southeast Asia*, and *Food and Culture, a reader* (edited with Carole Counihan), in addition to academic articles on breastfeeding and anthropology. She is the bottle-fed mother of a breastfed daughter.

Breastfeeding and the Dance of Nurture: why dance? why nurture

This presentation explores some of the themes developed in *The Dance of Nurture*, co-authored with Richard O'Connor (Berghahn 2017). In it, we show that breastfeeding is basic to the human condition and shapes how we evolved as a species and how we develop as individuals. It provides a unified biocultural theory of nurture and nurturing practices based on the profound interdependence and need for social relatedness that links us all. Using historical and cross cultural examples the talk illustrates the importance of the postpartum social womb, a time and space for birth mothers and newborns to learn the first lessons of sociability through breastfeeding.



Anne Merewood, PhD, MPH, IBCLC

Dr Anne Merewood directs the CHAMPS initiative and the Center for Health Equity, Education, and Research. She is an Associate Professor of Pediatrics at the Boston University School of Medicine, Associate Professor of Community Health Sciences at the BU School of Public Health, and frequently serves as Consultant to the Indian Health Service and several American Indian tribes. Her current work is focused in Mississippi, Montana, and Greece. Anne gained her undergraduate and PhD degrees at Cambridge University, England, and her Masters in Public Health at the Boston University School of Public Health. She has published over 50 papers in the medical peer reviewed literature.

Successful scale up of the BFHI: the CHAMPS approach

CHAMPS (Communities and Hospitals Advancing Maternity Practices) is a program of the Center for Health Equity, Education, and Research (CHEER) at Boston University, which works to advance optimal maternal child health practices in low resource regions. This presentation will describe how a CHAMPS worked to

bring compliance with the Ten Steps to Successful Breastfeeding, and increase Baby-Friendly designation among American Indian communities, and in the states of Mississippi and Louisiana.



Zainab Yate, BSc, MSc

Zainab Yate is a Biomedical Ethicist, Vice Chair and named qualitative lead on a pediatric flagged Research Ethics Committee Panel for the Health Research Authority (HRA) in the UK, for over a decade. Her working background is in Public Health and Commissioning with a Primary Care Trust for the National Health Service (NHS) in the UK. She is also a member of Kings College London Ethics Governance, Policy & Operations Committee (KCL). She has been a volunteer breastfeeding peer supporter with the NHS for a number of years and is the owner-author of the resource site for mothers and healthcare practitioners on Breastfeeding / Nursing Aversion and Agitation (BAA), www.breastfeedingaversion.com, where she researches and writes for the viewers of this site, to try to understand what aversion is and why it arises. She also volunteers to support the work of the World Breastfeeding Trends initiative in the UK (WBTi), a key tool to inform policy and change for all infant feeding partners and government bodies.

Normative ethics & lactation: what came before autonomy and consent?

Ethics provides a framework for making the best possible decision in situations where a dilemma has arisen, many of us make an ethical decision on a daily basis but do we know about the major moral theories that underpin ethical practice?

This lecture will give an overview of the main normative theories, including consequentialism, deontology, & virtue ethics and introduces the 4 principles approach that has been adopted in healthcare settings. I invite participants to look at which theory they are more drawn to, and what underlies their assumptions, positions and decisions. The use of case studies will help illustrate the complexity of a breastfeeding mother's position and of our roles in assisting them. We will explore some common moral-based assumptions and positions with regard to formula, for both lactating mothers and health care professionals, and ask if using these ethical theories as healthcare professionals can frame the assessments of harm and risk in using breastmilk substitutes to 'change' the conversation about formula. We will also consider the case of a mother who struggles with severe breastfeeding aversion and agitation, in the lack of any evidenced-based treatment or practice, we look at why something like using ethical frameworks matter.

Research ethics and infant feeding

Research ethics institutions protect the rights, safety, dignity, and well-being of research participants, and also have a duty to ensure 'good' research. This means research that can be completed, research that can stand up to scientific scrutiny, research that adds to the body of literature and can be used to benefit people and society. Conducting poor research is unethical, and there are many studies in the field of breastfeeding and lactation that have been challenged when published, simply because their findings and results are, at best, incorrect. Proper definitions, project design and industry conflict of interest are important factors, and these can be critiqued and challenged right at the beginning – at the ethical review stage. By scrutinising the research questions, the definitions of words used and even the research methodology we can, often quite quickly, decide if a study will have both scientific and ethical merit in the field of breastfeeding and lactation. If you are a donor, an applicant, a manager or a researcher you need to be aware of the process of ethical review of research protocols, the possibility of specialist review, and also of how to sift through published studies that have questionable study designs, and findings.



Dinka Barić, MSN, IBCLC

For the past twenty-two years Dinka Barić has been working as a visiting nurse (health visitor) at the Visiting Nurse Service of the Health Centre East of Zagreb. Her field of work is in Primary Health Care (PHC) with family groups, which largely covers working with pregnant women, new mothers, newborns and mothers with infants and small children. In 2012 she became an International Board Certified Lactation Consultant (IBCLC). And in 2014 she graduated in Nursing at the University of Zagreb School of Medicine. Dinka has been the President of the Croatian Association of breastfeeding support groups from 2014. She is also a member of the council of the BFHI in Croatia and breastfeeding committees at the Ministry of Health of the Republic of Croatia.

Breastfeeding support groups – the Croatian experience

In Croatia the idea of establishing breastfeeding groups emerged in 1993, parallel with the introduction of the Baby Friendly Hospital Initiative. However, the road from an idea to the realization was not always easy. Finally in May 1998, 16 breastfeeding groups were founded in Međimurje. The groups were organized according to a new model in which the visiting nurse and the mother-group leader have equally important roles. The visiting nurse is the initiator of group establishment, and the latter is the professional coordinator of the group work. The mother-group leader is a person who, by explicit care for the mother and the child, readiness to help, warm words of support and advice based on her own breastfeeding experience, helps other mothers.



Fiona M Jardine, MA (Cantab), LLM, MLS, ALC

Fiona Jardine is an Advanced Lactation Consultant, a postpartum doula, and a PhD candidate at the University of Maryland's iSchool, where she is conducting pioneering research into breastfeeding without nursing: the exclusive pumping (EPing) of breast milk. Her research asks why EPers exclusive pump, what their information behaviors and support needs are, and how their lived experience of EPing could be improved. However, given the breadth of data collected, she is able to provide insights into many additional aspects of EPing. You can follow along with her findings here: bit.ly/EPresearch. Through her lactation consulting and doula work, Fiona provides the postpartum support that is so desperately needed, especially in the fourth trimester. She recently redesigned the breastfeeding symbol to be inclusive of both nursing at the breast and pumping (see universalbreastfeedingsymbol.com). Find out more about Fiona on her website: fionamjardine.com.

Breastfeeding without nursing: myth-busting exclusive milk expression to improve practical, informational, and emotional support given to exclusive pumpers

The number of breastfeeders who exclusively pump (EP) is increasing, yet practical, informational, and emotional support for them is often severely lacking, leading to poorer breastfeeding outcomes. Utilizing findings from a study of over 2,000 EPers as well as personal and professional experience, this presentation will bust some of the most common myths about EPing and provide evidence-based suggestions for how health and lactation care providers can best support those who breastfeed without nursing.



Lindsey Hurd Reeves, MS, RD, LDN, IBCLC

Lindsey Reeves is a Registered Dietitian, International Board Certified Lactation Consultant, and owner of [Angel Food Lactation & Nutrition, LLC](#) in Wilmington, NC. After graduating with an undergraduate degree in Exercise Science, she completed a Master of Science in Nutrition and the Dietetic Internship Program to become a Registered Dietitian. She began her career in perinatal and pediatric

nutrition counseling while establishing her private practice and expanding her knowledge in lactation support through the Mary Rose Tully Training Initiative at the Gillings School of Global Public Health at UNC-Chapel Hill. Currently, her business offers nutrition and lactation counseling from preconception through preschool. She holds a certificate of training in food allergy management and is specialized in counseling moms with food intolerant/food allergic children via breast milk and solid food intake. Lindsey offers professional presentations, seminars, and family based education. She has spoken nationally for many different professional audiences and internationally through webinar presentations on topics related to food allergies/sensitivities, maternal nutrition in pregnancy/lactation outcomes, complimentary feeding, infant nutrition and pediatric obesity, and more. She recently published an article in the Journal of Infant, Child, & Adolescent Nutrition (ICAN) titled; *Optimizing the Microbiome and Immune System with Maternal Diet in Pregnancy and Lactation May Food Allergies in Infants*. Lindsey is passionate about her work in perinatal nutrition and lactation, aiming to always empower families with the tools necessary to find their perfect balance of health and happiness.

The physiological impact of maternal wellness on lactation: nutrition in the postpartum period

Participants will explore the role of maternal diet throughout the perinatal period and in lactation, review the impact of maternal conditions such as insulin resistance and obesity on the physiology of lactation, and understand how nutrition can influence mom and baby alike throughout the childbearing years.



Johanna Sargeant, BA(English), BA(Education), IBCLC

Johanna Sargeant works as an IBCLC, teacher, writer and editor in Zurich, Switzerland. She is passionate about utilising her background in education, biological science, arts and language to empower new parents with empathetic support and reliable, evidence-based information. She has spoken as a panelist for the WHO's Baby Friendly Hospital Initiative congress in Geneva, has been

both a presenter and an onsite breastfeeding advisor at Google in Zurich, and presented at the International Breastfeeding and Feminism Conference in North Carolina.

Originally from Australia, Johanna provides much-needed English-speaking support to thousands of parents throughout Switzerland through her online and in-person support groups, her prenatal breastfeeding classes and through one-on-one counselling. Her personal experiences have led her to the re-establishment of the sole peer-to-peer milk-sharing network in Switzerland, and fuels her passion for exploring the complex concepts of maternal identity in connection with breastfeeding. She writes extensively as a regular columnist and freelancer for a variety of parenting magazines and websites.

It's not about the milk: unexpected insights from donor milk recipients

There often exists a celebratory atmosphere when a parent-in-need obtains donor milk and is able to feed their baby a diet of exclusively human milk; The baby is growing healthily, and the perception is often that

the mother has achieved her goal of ensuring her baby has the best nutrition possible. For many of these women, however, wanting to breastfeed is not about the milk, but about the relationship and the act itself. Many of these women are dealing with a difficult shift in their maternal and feminine identity. We need to begin telling the stories of donor milk recipients, increasing the awareness of the psychological implications of the loss of this perceived identity. We must seek to include these emotive experiences in our discussions, and explore ways to protect the mental health of all new mothers while continuing the vital work of promoting and supporting breastfeeding. This session explores many of these stories, exposes the ways in which donor milk recipients can shape our understanding of breastfeeding as a whole, and examines the potential implications on breastfeeding promotion.



Melissa Theurich, BSc, MPH, CLEC

Melissa Theurich works as an independent Public Health Nutrition consultant and as a Researcher at the Ludwig-Maximilians-University of Munich (LMU). Her research focus is on infant and young child feeding, nutrition policy and women's reproductive health. Her work has been published in *Advances in Nutrition*, *Current Opinion in Clinical Nutrition and Metabolic Care*, *Nutrition Reviews*, the *European Journal of Clinical Nutrition* and the *Journal of Human Lactation*, among others. Her doctoral research focus is on commercial complementary foods and the commercial determinants of childhood obesity.

Melissa became interested in the field of public health nutrition after working as a nutritionist for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the United States, which provides healthcare and nutrition services for low-income pregnant and breastfeeding women, and children under the age of five. Since then she has worked for international development programs supporting healthy nutrition of women, infants and children in East Africa, Central Asia and globally through work with the United Nations Children's Fund (UNICEF), the *Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)* and other health and international development organizations.

Melissa graduated from LMU with a Master of Public Health and received her Bachelor of Science in Human Nutrition from Virginia Tech in Virginia, USA. She holds a certificate for lactation education counseling (CLEC) from the UC San Diego Extension. In addition to her consulting and research work, Melissa conducts home visits and attends regular breastfeeding meet-ups in Munich to support breastfeeding families.

Melissa graduated from LMU with a Master of Public Health and received her Bachelor of Science in Human Nutrition from Virginia Tech in Virginia, USA. She holds a certificate for lactation education counseling (CLEC) from the UC San Diego Extension. In addition to her consulting and research work, Melissa conducts home visits and attends regular breastfeeding meet-ups in Munich to support breastfeeding families.

Complementary feeding gadgets and packaging

In this presentation, modern complementary feeding devices and food packaging are presented in light of historical perspectives on infant and young child feeding. A selection of historic and modern devices for complementary feeding are presented and fundamental questions on developmental appropriateness, safety, hygiene, pediatric dental health considerations and manufacturer claims are explored in light of current scientific evidence.



Diana Wittendorp, PhD

Dr Diana Wittendorp has been working as a lecturer biology and medical laboratory research at the University of Applied Sciences in Leiden, the Netherlands for over 10 years. She has a Ph.D degree from the faculty of medical sciences, University of Groningen where she studied the involvement of glia cells and cytokines in adenosine-induced neuroprotection. Since she started breastfeeding her oldest child, who was born in 2009, she became fascinated by the science behind human milk. As a volunteer for the Dutch peer-support breastfeeding organization “Vereniging Borstvoeding Natuurlijk” she found mothers have many questions that could be answered by performing research. She started some small research projects at her working place being performed by students, which resulted in some interesting findings she is planning to publish soon.

Handling and storage of expressed human milk: should the current clinical guidelines be revised?

Nowadays more mothers continue breastfeeding their child after returning to work. It is therefore essential to handle and store expressed human milk in an appropriate way. Current clinical guidelines like published in the ABM clinical protocol #8 however are based on only a few, sometimes older studies. In this presentation some of these older studies will be reviewed and explained. Furthermore, the general bactericidal properties of human milk will be discussed. Finally, recent findings from Diana’s own research and some more recent findings by others will be presented that will question the current clinical guidelines. This talk will hopefully provide knowledge that will prevent human milk being discarded unnecessary.



Jennifer Peregoy, MPH

Jennifer Peregoy is a public health professional with a background in epidemiology and global health practice. Her areas of interest include human milk and lactation, infant and young child feeding practices, and evidence-based approaches to improving maternal and child health and nutrition outcomes. Jennifer spent 5 years working for the Centers for Disease Control and Prevention (CDC) as an Epidemiology Fellow in Washington, DC, Rwanda, and Mozambique. Jennifer is currently a doctoral candidate at Cornell University in the Division of Nutritional Sciences, with a specialization in maternal and child nutrition. Her doctoral research topic is human milk sharing practices and risk perceptions. She is a breastfeeding mother of one son and currently lives in Kigali, Rwanda.

Modern day milk sharing: practices and perceptions

This presentation will review the current evidence on modern milk sharing practices, highlight common perceptions related to milk sharing, and discuss the broader public health context within which milk sharing is taking place. Key recommendations will be given as to how clinicians can better support mothers who may be considering or engaging in milk sharing. Finally, the talk will conclude by offering future directions in milk sharing research. This presentation is relevant to mothers, clinicians, lactation consultants, researchers, and policy-makers in the area of maternal and child nutrition.



Shel Banks, IBCLC

Shel Banks works part time in the NHS as well as having a private IBCLC practice seeing new families in person across the northwest of England and North Wales, and online all over the world. She also have a small business offering training for health professionals and running classes for families and health professionals in her local area on various infant feeding and baby care topics. She has been working supporting new families since 2001. Shel is a member of the committees of many national bodies working in infant feeding, including the Breastfeeding Festival, UK Association for Milk Banking and Lactation Consultants of Great Britain as well as the Local Infant Feeding Information Board. She has contributed to the guideline development committees for three NICE guidelines and assisted with the development of three Cochrane systematic reviews, as well as being an active volunteer. She is relatively new to webinars but have been presenting on infant feeding topics in real life for over 15 years and has enjoyed working with iLactation. Shel lives in Lancashire, England and has three children.

Faltering growth in the milk fed infant

What do we need to know about Faltering Growth in the milk fed infant, and the newly published NG75 NICE Guidance? Having been a member of the NICE guideline development committee looking at Faltering Growth in Infants and Young Children, IBCLC Infant Feeding Specialist Shel Banks' presentation is ideal for those dealing with faltering growth issues in milk fed infants, covering the content of the NICE Guidance and looking at case studies, thresholds and definitions, assessment, management and support. This session provides an understanding of what to look out for and what appropriate care should be, as well as offering some strategies for prevention in addition to recognition and management.



Natasha K Sriraman, MD, MPH, FAAP, FABM

Dr Natasha K Sriraman has always encouraged breastfeeding for mothers of her patients. However, it wasn't until her first child was born when she became passionate about breastfeeding after her own breastfeeding struggles.

Dr Sriraman is an Associate Professor of Pediatrics at Children's Hospital of the King's Daughters and Eastern Virginia Medical School in Norfolk. She has served as the Co-Chapter Breastfeeding Coordinator and Board member of the Virginia Chapter–AAP. She was part of the strategic team who held the 1st mother-infant quality improvement summit, which focused on increasing baby-friendly hospitals within the state of Virginia.

She has previously served as the Education Chair for the Section on Breastfeeding for the National AAP. She coordinated VA constituents to lobby in Washington DC to promote Representative Mahoney's bill to support breastfeeding in the workplace. She received an AAP-Special Recognition award from for her Breastfeeding Advocacy. She was the recipient of the SOBr-Lectureship Grant in 2008, which has helped establish an annual breastfeeding conference within Virginia. She also served as the Medical Director for Business Case for Breastfeeding in Hampton Roads, which has helped over 12 (and still growing) organizations plan, promote and establish lactation rooms for nursing employees. She is currently on the Executive Board of the Academy of Breastfeeding Medicine (ABM) and serves on the Education, Certification and Conference Committees.

She was a member of the team that helped to get a Breastfeeding-QI project approved by the American Board of Pediatrics for Parts 2 and 4 MOC. She teaches breastfeeding daily to medical students and residents and has created a breastfeeding curriculum which will allow pediatric residents to prep for the IBCLC exam upon graduation.

Cultural differences in breastfeeding: a practical approach

As the immigrant population continues to grow, it is important to understand how culture and religion impact newborn care. The effects of acculturation on infant feeding decisions, including the role of formula within different cultures will also be discussed. Failure to understand acknowledge cultural beliefs will impact the care of the mother-baby dyad.



Luke Grzeskowiak, PhD, BPharm(Hons), GCertClinEpid, Adv Prac Pharm, FSHP

Dr Luke Grzeskowiak is a registered pharmacist and postdoctoral research fellow in the Robinson Research Institute at the University of Adelaide, Australia. He is passionate about improving health outcomes for mothers and babies through the development and promotion of more effective, safer, and personalised approaches to pharmacotherapy. His current core research interests lie in optimising pharmacological strategies for the management of lactation insufficiency. These interests include a desire to improve the rationale and appropriate use of domperidone in clinical practice through more effective translation of evidence into practice. Dr Grzeskowiak is currently the lead investigator on a large cohort study examining determinants of lactation insufficiency and pharmacological treatment response in addition to a clinical trial examining the optimal therapeutic dose of domperidone. He has published widely on the topic of pharmacological management of lactation insufficiency, with many of these publications cited in clinical practice guidelines locally and internationally. Dr Grzeskowiak is actively involved in a number of professional societies and currently chairs the Women's and Newborn Health Specialty Practice Stream for the Society of Hospital Pharmacists of Australia. Further, since 2017 he has been involved as an expert reviewer on medication use in pregnancy and lactation for the Australian Therapeutic Guidelines. He has more than 80 peer-reviewed publications and has received more than \$2 million in grant funding to support his research.

Using domperidone in the management of lactation insufficiency: a summary of evidence and practice recommendations

This presentation will review current evidence regarding the potential benefits and harms associated with using domperidone in the management of lactation insufficiency and provide key recommendations to support optimal use in clinical practice.



Bryna Sampey, IBCLC

Bryna Sampey began working with families in 2006, leaving the field of Marine Sciences when she fell head over heels for the science and art of lactation consulting. She underwent a rigorous internship with Sonja Massey, BSN, RN, IBCLC. She trained as a doula at the same time, serving families in the Salinas Valley and Monterey Bay Area. She also helped Sonja to found the Birth Support Network of Monterey County. After moving to the Pacific Northwest, Bryna volunteered her time on the

Breastfeeding Coalition of Clark County and founded WellMama Wellness Festival— a health and wellness festival that celebrates families in Clark County, Washington. She owns and operates a private practice, Doula My Soul, which has a team of doulas and lactation consultants who focus on advocacy, education, and empowerment for clients to reach their goals with birth and breastfeeding. Bryna specializes in high-risk, surgical birth and complex cases in her birth and lactation work. She also has a passion for the impacts of reflexes on feeding, and shares education internationally on the topic. When not working with clients or volunteering her time, she is a patient educator for Legacy Hospitals I'm Breastfeeding, Newborn Essentials, and Grandparent Education. She has a partner and four children who love to boat, hike, and board game in their time together.

Movement to facilitate better breastfeeding

In this presentation, the learner will discover the impact that movement has on development and feeding skills, for improvement of feeding at the breast. Various barriers to movement exist in the modern infant environment, and all have impacts on development in different ways. From interventive birth to swings, swaddles, and other soothing tools— movement can help overcome the challenges these present to optimal infant feeding.



Heather Trickey, BSc, Msc (Med), DipHE (Breastfeeding Counselling), PhD

Heather Trickey is a Research Fellow, in the School of Social Sciences, Cardiff University, Wales. Heather's research focuses on public health policy in relation to parenthood. Her methodological interests include participatory approaches, realist evaluation, intervention development and process evaluation. Her substantive focus is infant feeding policy, public health message communication and peer support intervention. She writes about the importance ensuring that systems of support for mothers are effective in public health terms and respectful in human terms, and seeks to ensure that public health for expectant and new parents keeps firmly in touch with people's lived experiences of fertility, pregnancy, birth and early parenthood. Heather has trained as a breastfeeding counsellor. She is a Trustee for NCT Charity – the UK's largest support charity for expectant and new parents.

What is this thing called 'Breastfeeding Peer Support' – and how does it work?

This presentation will explore different understandings about how breastfeeding peer support 'works' and will unpick findings from experimental studies. Heather brings together findings from a realist review of experimental studies with the perspectives of parents, peer supporters, health professionals and policy makers, which she has gathered, through interviews and focus groups. Taking a realist approach to interpreting this evidence, Heather engages us in identifying and evaluating different understandings about what exactly it is that peer supporters do – noting that this extends well beyond what happens in an individual one-to-one encounter. She also draws lessons about the wider service and societal conditions that are necessary if peer supporters are to be empowered to make a real difference to mothers. The presentation asks us to critically reflect on the 'goal' of peer support intervention (and indeed on the 'goal' of infant feeding policy) – and to consider whether a top-down public health-led approach is sufficiently aligned either with the role of peer supporters or with the lived experience of the women who seek support.



Jennifer Cashin, MPH, CLC

Jennifer is a public health nutritionist and certified lactation counselor with a decade of experience supporting nutrition, food security, public health and development projects in Myanmar and Cambodia. At Alive & Thrive, Jennifer focuses on strengthening the policy environment and breastfeeding-friendly health systems in Myanmar while also providing technical support to other countries in ASEAN. Her areas of expertise include research, curriculum development, and capacity building. Jennifer is based in Yangon, Myanmar.

Experiences and learning from Alive & Thrive Southeast Asia: creating centers of excellence for breastfeeding through early essential newborn care

Health worker behaviours during labour, delivery, and the immediate postpartum period have an impact on breastfeeding outcomes. To build on the foundation established in Southeast Asia and to support the WHO and UNICEF 'Action Plan for Healthy Newborn Infants in Western Pacific Region 2014-2020', Alive & Thrive is working to strengthen health systems across four countries in the region (Cambodia, Lao PDR, Myanmar and Vietnam) to deliver high-quality breastfeeding-friendly services to mothers and infants. By using a social and behavior change approach that includes coaching, supportive supervision, and working with the providers and administrators to revise guidelines and make systems-level changes, Alive & Thrive is supporting health care providers to incorporate and sustain new behaviors that support breastfeeding.

Continuing Education

CERPs

[International Board Lactation Consultant Examiners \(IBLCE\)](#) have approved this activity for Continuing Education Recognition Points (CERPs)

CERPs Approval Number: **C21909HK**

CERPs allocated = **19.75 CERPs** (17.75 L & 2.00 E CERPs)

Please note that if you are thinking of taking the IBLCE exam, our continuing education counts for 19.75 pre-exam education hours.

Australian College of Midwives CPD points

CPD points have been applied for from the [Australian College of Midwives](#).

Joint Accreditation Statement



In support of improving patient care, this activity has been planned and implemented by the [Postgraduate Institute for Medicine](#) and iLactation. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physician Continuing Medical Education

The Postgraduate Institute for Medicine designates this live activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education

The maximum number of hours awarded for this Continuing Nursing Education activity is 20.0 contact hours.

Provider approved by the California Board of Registered Nursing, Provider Number 13485, for 20.0 contact hours.

Dietician Continuing Education

Postgraduate Institute for Medicine (CDR Provider #3631) is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 20 Continuing Professional Education units (CPEUs) for completion of this activity.

American College of Nurse-Midwives credits

Application has been made to the American College of Nurse-Midwives (ACNM). Check final activity materials for contact hours

Other CPD Points

Each part of the world has different requirements for obtaining CEU, CME & CPD credits. We can provide the necessary documentation for individuals to submit for credits to their local authority. Please contact us at info@ilactation.com.

Conference Timeline

1. iLactation Conference *Nutrition + Love* will be online from March 6 – May 6, 2019.
2. Earlybird registration begins January 11, 2019.
3. Standard registration begins on February 1, 2019.
4. iLactation Conference *Nutrition + Love* officially begins on March 6, 2019.
5. Questions asked of speakers on or before March 28 will be answered by April 10, 2019.
6. Questions asked of speakers on or before April 21 will be answered will be answered by May 4, 2019.
7. Presentations will not be available after May 6, 2019.
8. Handouts to be downloaded by May 6, 2019.

Registration Information

Registration for the online breastfeeding conference, *Inform • Improve • Impact*, opens on July 18, 2018 at <https://ilactation.com/> .

The conference begins online with presentations viewable from September 15 -November 15, 2018.

Below you will find the registration price according to your country, which is determined by the International Lactation Consultant Association membership categories.

Early bird prices apply from **January 11 – 31, 2019**. From **February 1, 2019** full registration prices apply. Conference will be online from **March 6 - May 6, 2019**.

	Early Bird	Standard	Early Bird Group	Group
Cat. A Countries	US\$175	US\$195	US\$165	US\$185
Cat. B, C & D Countries	US\$40	US\$60	US\$30	US\$50

Please contact us at info@ilactation.com for special registration rates for large groups of **over 30 participants**, eg hospital staff, WIC, breastfeeding coalitions or peer support counsellors.

Participants will have unlimited access to all of the presentations until the end of the conference on May 6, 2019, including our Ask the Speaker facility, Certificates and the Handouts. Handouts will be available for download throughout the conference. The Conference is a complete package; it is not possible for you to register for individual presentations.

iLactation uses PayPal as the main payment method. If PayPal is not available in your country or you encounter other difficulties with PayPal please contact us at info@ilactation.com for an alternative payment method.

Membership Categories

Category A:

Andorra, Anguilla, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brunei, Canada, Cayman Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Liechtenstein, Luxembourg, Macao, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Taiwan, Trinidad and Tobago, United Arab Emirates, United Kingdom and United States of America.

Category B:

Albania, Algeria, American Samoa, Antigua and Barbuda, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Chile, China, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, Fiji, Greece, Grenada, Guatemala, Iran, Jamaica, Jordan, Kazakhstan, Kiribati, Latvia, Lebanon, Libya, Lithuania, Macedonia, Malaysia, Maldives, Mauritius, Mexico, Montenegro, Palau, Peru, Puerto Rico, Romania, Russia, St. Kitts and Nevis, St. Lucia, St. Vincent & the Grenadines, Serbia, Seychelles, South Africa, Thailand, Turkey, Uruguay and Venezuela.

Category C:

Angola, Armenia, Bhutan, Bolivia, Cape Verde, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Gabon, Georgia, Ghana, Guyana, Honduras, India, Indonesia, Iraq, Marshall Islands, Micronesia, Moldova, Mongolia, Morocco, Namibia, Nigeria, Pakistan, Palestine, Panama, Paraguay, Philippines, Samoa, Sri Lanka, Suriname, Swaziland, Timor-Leste, Tunisia, Turkmenistan, Tuvalu, Ukraine, Uzbekistan and Vietnam.

Category D:

Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyz Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nauru, Nepal, Nicaragua, Niger, North Korea, Papua New Guinea, Rwanda, Sao Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Syria, Tajikistan, Tanzania, Togo, Tonga, Uganda, Vanuatu, Yemen, Zambia and Zimbabwe.

Group Registrations

Group registration will apply to groups of 6 or more delegates registering in one transaction. The organizer of the group needs to contact us at info@ilactation.com with the list of names and email addresses for all your group members, and any purchase order numbers required by your organization. We will invoice the organization or group organizer for one registration payment, which will be the total amount due for the number of delegates multiplied by the group registration price. (eg 6 delegates x \$185 = \$1,110) We will provide a group receipt. Only registered paid group members are eligible for continuing education points.

Please contact us at info@ilactation.com for special registration rates for large groups of **over 30 participants**, eg hospital staff, WIC, breastfeeding coalitions or peer support counsellors.

Conference disclosures

Postgraduate Institute for Medicine (PIM) requires instructors, planners, managers and other individuals who are in a position to control the content of this activity to disclose any real or apparent conflict of interest (COI) they may have as related to the content of this activity. All identified COI are thoroughly vetted and resolved according to PIM policy. PIM is committed to providing its learners with high quality CME activities and related materials that promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Conference planners

The PIM planners and managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

The following lactation Planning Committee hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months: Sarah Hung, BSc, MSc, IBCLC, Iona Macnab, BA (Hons), LLB, IBCLC.

There is no commercial support for this conference.

Faculty

Christina Smillie, MD, FAAP, IBCLC, FABM has no conflict of interest to disclose.

James Akre, BA, MPIA has no conflict of interest to disclose.

Penny Van Esterik, MA, PhD has no conflict of interest to disclose.

Anne Merewood, PhD, MPH, IBCLC has no conflict of interest to disclose.

Zainab Yate, BSc, MSc discloses she is author and owner of www.breastfeedingaversion.com, non-profit resource site on Breastfeeding/Nursing Aversion.

Dinka Barić, MSN, IBCLC has no conflict of interest to disclose.

Fiona M Jardine, MA (Cantab), LLM, MLS, ALC has no conflict of interest to disclose.

Lindsey Hurd Reeves, MS, RD, LDN, IBCLC has no conflict of interest to disclose.

Johanna Sargeant, BA(English), BA(Education), IBCLC has no conflict of interest to disclose.

Melissa Theurich, BSc, MPH, CLEC has no conflict of interest to disclose.

Diana Wittendorp, PhD has no conflict of interest to disclose.

Jennifer Peregoy, MPH has no conflict of interest to disclose.

Shel Banks, IBCLC discloses she receives consulting fees for work on the NICE Guidance on Faltering Growth NG75.

Natasha K Sriraman, MD, MPH, FAAP, FABM has no conflict of interest to disclose.

Luke Grzeskowiak, PhD, BPharm(Hons), GCertClinEpid, Adv Prac Pharm, FSHP has no conflict of interest to disclose.

Bryna Sampey, IBCLC has no conflict of interest to disclose.

Heather Trickey, BSc, Msc (Med), DipHE (Breastfeeding Counselling), PhD has no conflict of interest to disclose.

Jennifer Cashin, MPH, CLC has no conflict of interest to disclose.

Educational information

Target Audience: This activity is designed to meet the educational needs of Physicians, Neonatologists, Pediatricians, GPs, IBCLCs, Nurse practitioners, Registered Nurses, Midwives, Registered dietitians, Peer supporters, Doulas, and Childbirth educators.

Estimated time to complete activity: 20 hours

Conference Objectives: At the conclusion of this conference, participants should be able to:

1. Describe cultural factors which affect women's and families' approaches and decisions regarding infant feeding.
2. Identify three factors which contribute to a mother's overall health and supply of breastmilk, including management of hyperlactation, and low infant weight gain.
3. Describe the complex issues including psychological trauma, for women who require support to feed their baby exclusively with expressed breastmilk; their own or donated milk, including knowledge of feeding equipment needed.
4. Outline practices and guidelines relating to use and sharing of expressed human milk; its properties and storage.
5. Describe findings relating to recent evidence-based research on two aspects of clinical practice and management.
6. Describe the scope of practice of the Lactation Consultant with regard to professional and research ethics; and to differential diagnosis.
7. From a global perspective of case studies, identify strategies for policy development of breastfeeding support services for mothers in hospital and community settings.

Criteria for successful completion for continuing education credit: In order to be eligible for continuing education credits for this conference, you must have viewed a presentation in full, either in one sitting or in several sittings. CME, CNE and CRD CPEUs credits will also require you to successfully complete a post-test (passing with a score of 70% or more) and an evaluation. iLactation tracks and submits viewing records for each participant to the certifying authorities.

Disclosure of Unlabeled Use: This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

Disclaimer: Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications and/or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

This series of activities is jointly provided by the [Postgraduate Institute for Medicine](#), and [iLactation](#). For questions about the accreditation of these web modules, please contact the Postgraduate Institute for Medicine at: (+1) 800-423-3576 or inquiries@pimed.com.