

# BREASTFEEDING

*creating healthy connections*

**Our 15th online breastfeeding conference**

iLactation



**Online: Sept 15 – Nov 15, 2019**

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Postgraduate Institute  
for Medicine

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iLactation

# Presentations



***Melissa Bartick, MD, MSc, FABM***

Melissa Bartick is an internist and Assistant Professor in Medicine at Harvard Medical School and Cambridge Health Alliance. She has numerous breastfeeding publications in peer-reviewed journals. She served as the chair of the Massachusetts Breastfeeding Coalition from 2002 to 2014, where she was also a founder of Ban the Bags. She served on the Board of Directors of the United States Breastfeeding Committee from 2009-2015. She was founder of the Breastfeeding Forum of the American Public Health Association, where she served two terms as chair. She is founder and co-chair of her state's Baby-Friendly Hospital Collaborative. She is currently on the Board of the Academy of Breastfeeding Medicine. She has blog contributions to the Huffington Post, the WBUR CommonHealth Blog, among others. Dr. Bartick received her BA from the University of Virginia and holds an MSc in Health and Medical Sciences from University of California, Berkeley and an MD from University of California, San Francisco. She works as a hospitalist and is the mother of two.

## **Bedsharing and breastfeeding: the real risks and disparities**

The vast majority of cases of Sudden Unexpected Infant Death, including SIDS, occur in low-income and marginalized communities in wealthy countries. While bedsharing is often blamed as a primary culprit, a close analysis shows that there are multiple hazardous risk factors that overlap with poverty and oppression, and that populations with low rates of SIDS often have high rates of bedsharing. Learn more about the biggest risks behind sudden infant death.



***Jennifer Day, CLE, CLS, IBCLC***

Jennifer Day is an International Board Certified Lactation Consultant, Founder and Owner of [Feed the Babes, LLC](#) which offers in-home and clinic-based skilled breastfeeding support services. Jennifer also serves as a Michigan Breastfeeding Network (MIBFN) Project Manager and as Co-Founder of the Southeast Michigan IBCLCs of Color. The married mother of two happy, healthy, breastfed children has committed herself toward decreasing disparity gaps in breastfeeding by educating the public, using her voice and platforms, serving her community and, by offering Pathway 3 IBCLC Mentorship for aspiring IBCLCs, equipping and empowering future trailblazers to change the world. She is a dual Canadian and American citizen, leader, public speaker, consultant, clinician, advocate, and educator. She, her husband and two children reside in the Metro-Detroit area.

## **Shifting from silos toward a breastfeeding collaborative community: building and sustaining a cohesive community-centred system**

What does community mean to you? In this talk we will discuss how those in the community can more effectively encamp a circle of breastfeeding support around families. When providers take the burden off families and instead take it upon themselves to collaborate, while creating a circle of support around families, it results in real COMMUNITY support. Clients should have access to a full spectrum of providers working collaboratively to build equitable programming and practices that center the needs of clients.

Using our power and privilege to influence and disrupt status quo in community-leader driven systems impacting clients, while acknowledging our own implicit and often explicit biases, are essential for transformational outcomes in communities.



### ***Nurul Husna M Shukri, PhD***

Nurul Husna is a senior lecturer at the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia. She received her PhD in infant nutrition from University College London GOS Institute of Child Health in 2016, where her research project focused on mother-infant signalling during breastfeeding. She also has an MSc in Human Nutrition from Massey University, New Zealand

where she investigated the iodine status among women, including pregnant and lactating mothers in New Zealand.

During her PhD, she conducted a randomised trial investigating the effectiveness of relaxation therapy in reducing maternal stress and the consequent effects on breast milk composition and infant outcomes. She also applied an evolutionary approach to infant feeding by studying the mechanism of the ‘tug-of-war’ between mother and infant, and maternal investment strategy during lactation. The ultimate aim of her project was to provide a greater understanding of maternal-infant factors which influence the success of breastfeeding. She has presented her study findings in various international conferences.

Nurul is also a qualified breastfeeding counsellor in Malaysia, where she has been actively supporting and helping mothers to breastfeed.

### **Mother-infant signaling during breastfeeding: biological and anthropological perspectives**

Lactation is a dynamic process involving complex physiological signalling and behavioural negotiation between mother and the infant. The infant can ‘signal’ his needs to the mother by his behaviour to demand feeding, and the mother can respond by altering the amount or composition of milk. Maternal psychological state is also recognised to be influential, largely affecting milk production. Thus, increased stress can disrupt milk flow, whilst milk ejection can be improved by relaxation therapy; previously shown in mothers of pre-term infants. However, these mother-infant factors are inter-related, making it difficult to define cause and effect using an observational study design. Therefore, in this session, we will be exploring the mother-infant signalling during breastfeeding, exposing to both biological and anthropological perspectives using an experimental studies. We will also highlight the practical relevance and potential applications of the research findings in terms of supporting breastfeeding mothers.



### ***Lori Isenstadt, IBCLC, CCE, CBD***

Lori Isenstadt began her IBCLC career in 2 large hospitals and a local breastfeeding clinic. In 2007, she opened her practice, All About Breastfeeding, offering private consultations, and breastfeeding classes. Her expertise ranges from basic breastfeeding through the most complicated of breastfeeding challenges. In the last 30 years, Lori has taught breastfeeding classes to over

8000 parents where she focuses on what they should expect in the early days of breastfeeding. Lori is a member of Toastmasters International and enjoys speaking about mothering and breastfeeding. Lori is the host of All About Breastfeeding, a podcast where she interviews mothers, authors, researchers and physicians about topics related to breastfeeding. She has produced over 250 shows many of which focus on breastfeeding educational topics. On a personal note, Lori resides in Phoenix, AZ is married to Alan for 38 years and is the mother of three adult children.

## Breastfeeding class – what’s the point?

Global breastfeeding initiation rates are about 80-85%. Unfortunately, there is a significant drop off rate of exclusive breastfeeding in the early weeks, well before parents return to work. The latest statistics of 45% exclusive breastfeeding at 3 months and 28% exclusive breastfeeding rates at 6 months clearly demonstrate that duration not initiation is the real struggle. This presentation will begin by reviewing global breastfeeding rates. We will then gain some real insight from parental feedback which helps us to understand what changes we need to make in breastfeeding education. You may be surprised to find out exactly what the point of breastfeeding classes are and who we should be targeting to help support parents in the early months of breastfeeding.



***Nancy Mohrbacher, IBCLC, FILCA***

Nancy Mohrbacher began helping families in 1982 as a volunteer breastfeeding counselor. She became a board-certified lactation consultant in 1991 and spent 10 years growing a large private lactation practice in the Chicago area, where she worked one-on-one with thousands of families. Nancy has three current breastfeeding books for parents and two for lactation professionals, including her comprehensive, evidence-based-based counseling guide, *Breastfeeding Answers Made Simple*. Her *Breastfeeding Solutions* app is used worldwide and her YouTube channel has more than 1.3 million views. She currently contracts with hospitals to improve breastfeeding practices, prepares students in China for the IBLCE exam, and speaks at events around the world. Nancy was in the first group of 16 to be honored for her contributions to breastfeeding with the designation FILCA, Fellow of the International Lactation Consultant Association.

## How lactation specialists view their role and its impact on breastfeeding families

Excellence as a breastfeeding specialist isn't just about our level of clinical knowledge and skills. Our underlying assumptions about our role also has a significant effect on how our clients respond to our efforts to help. This session examines research that provides insights into how breastfeeding help is perceived by and affects the families in our care. It also clarifies the short- and long-term consequences of different approaches to lactation help. A deeper understanding of the impact of our language and assumptions can help you elevate your practice and our profession as a whole. Learn the keys to improving families' satisfaction with our care and the simple ways we can positively impact their long-term parenting.



***Katrien Irena Nauwelaerts, BA, MA, IBCLC***

Katrien Nauwelaerts has worked as a history-teacher since 2000 and graduated as a prehistoric archaeologist in 2005. She's the mother of three breastfed children and the administrator of the Dutch breastfeeding-website [Borstvoeding Aardig](#).

Katrien worked as a volunteer breastfeeding-counselor, provincial coordinator and training manager for the Belgian breastfeeding-organisation *Borstvoeding vzw* between 2010-2014. In 2013 she became an IBCLC. Since 2013 she has been working as a lactation consultant and a nutritionist at the non-profit organisation *Aardig Leven vzw* and at her own private practice *Borstvoeding Aardig*. Katrien has shared her experiences and knowledge on lactation consulting as a public speaker since 2014 and as a guest lecturer at the Postgraduate "Lactation Consulting" at the Artevelde University of Ghent (Belgium) since 2018.



Katrien often works with natural parents who choose attachment parenting. Working with teenage mothers she is often on internet forums, in the Muslim community of Antwerp or in collaboration with the Belgian Public Centre for Social Welfare, with the aim of supporting disadvantaged families.

### **Supporting pregnant and young adolescent mothers in their breastfeeding-choice**

Adolescent mothers make choices that are not evident for girls of their age. They become pregnant, in Belgium and Western Europe most of the time unexpected... They choose to keep their baby and to give birth to a little wonder. They choose to combine their young age with motherhood, with school, with work. With or without a partner. With or without the support of their family and friends...

The choices they make are not easy... Those choices turn them into mothers, into women, and... into powerladies! They choose to give birth, they choose to breastfeed, they choose to give up a part of their young life for their child or children. And they try to manage all that and stay young... That's not easy. We have to have respect for that! And as healthcare workers, we have to empower them and support their choices.



#### ***Andini Pramono, MPH, IBCLC***

Andini Pramono is a PhD candidate at the Department of Health Services Research and Policy, Research School of Population Health, Australian National University, Canberra. She obtained her Bachelor and Master degrees in Public Health from the University of Airlangga, Indonesia. Previously, she worked at a hospital management consulting company. She has five years' experience as a breastfeeding counselor before she earned International Board Certification as a Lactation Consultant in 2017. Her area of research is the Baby-Friendly Hospital Initiative (BFHI).

### **Breastfeeding policy analysis in Indonesia**

The rate of exclusive breastfeeding in Indonesia did not meet the national target which was set at 80% in 2014 but reduced to 50% in 2019. Based on Basic Health Research (2013), only 38% of babies aged 5 months were exclusively breastfed. The Indonesian Ministry of Health (Indonesian Health Profile, 2016) reported that only 55.7% of babies were exclusively breastfed. Though it seems that the national target rate was reached, in fact some provinces had low exclusive breastfeeding rates. Indonesia has published regulations for breastfeeding such as Government Regulation Number 33 Year 2012 on Exclusive Breastfeeding. The objective of this research was to analyse breastfeeding policy and its implementation in Indonesia. The research methodology was a literature review on Indonesian regulation. The review demonstrates that policy implementation still needs to be monitored and evaluated. Recommendations are made for the medical professional association and the government.



#### ***Anna Le Grange, BSc (Hons), RNC, IBCLC, CThA***

Anna Le Grange is an IBCLC, paediatric nurse, and relaxation, meditation and mindfulness instructor from the UK. She has been working with new families for over 20 years and has a passion for supporting the emotional and physical wellbeing of new parents and their babies. Anna lives in Kent, South East England with her husband, 3 children and dog.

## Using mindful breastfeeding to cultivate connection within the breastfeeding dyad

Stress and anxiety are commonly experienced by new parents, this, in turn, can affect their self-esteem and self-confidence when it comes to breastfeeding. It also impacts how they are able to communicate with others including the communication and bonding with their newborn baby. Learn how simple Mindfulness tools could be used with the brand new breastfeeding dyad to reduce stress and anxiety whilst fully supporting their innate desire to get breastfeeding off to a good start?



***Nathan C Nickel, MPH, PhD***

Dr Nathan Nickel is a Research Scientist at the Manitoba Centre for Health Policy and an Assistant Professor of Community Health Sciences at the University of Manitoba. His research focuses on identifying how systems and policies impact maternal-child health inequities. Dr. Nickel's PhD research focused on understanding hospitals' journey towards Baby Friendly designation. Since then he has partnered and engaged in several quality improvement studies examining hospitals' implementation of the Ten Steps to Successful Breastfeeding across the US. In addition, he used whole-population, cross-sector administrative data to better understand the social and structural determinants of health. He is currently the Scientific Chair for Breastfeeding at the American Public Health Association and sits on the Executive Council for the International Society for Research in Human Milk and Lactation.

## Show me the data – breastfeeding quality improvement initiatives

Numerous studies have documented the positive impacts of the Baby Friendly Hospital Initiative – and the individual Steps to Successful Breastfeeding – on breastfeeding outcomes. Although this body of literature is vast, many hospitals have yet to receive Baby Friendly designation. During this presentation we will talk about some of the latest research on quality improvement initiatives to implement the practices comprising the Ten Steps. We will review collaborative initiatives involving hospitals spread across large geographic regions. We will also discuss data collection strategies used by hospitals to document progress and identify whether initiatives are having the desired impact of improving quality of care. Finally, we will touch on issues related to health equity in the context of implementing the Steps and what to consider to ensure that already marginalized populations are not left behind as improvements in care and outcomes are achieved.



***Laurel Wilson, IBCLC, BSc, CCCE, CLC, CLD, CLE***

Laurel Wilson has twenty-six years of experience working with women in the childbearing year and perinatal professionals and currently travels the world speaking about the importance of human milk and attachment. She is co-author of best-selling books, *The Greatest Pregnancy Ever: The Keys to the MotherBaby Bond* and *The Attachment Pregnancy: The Ultimate Guide to Bonding with Your Baby*. Laurel is a board certified as a lactation consultant, childbirth educator, labor doula, lactation educator, Prenatal Parenting™ Instructor, and Pre and Postpartum fitness educator. She served as the CAPP Executive Director of Lactation Programs for 16 years. She is on the Board of Directors for the United States Breastfeeding Committee, a Senior Advisor for CAPP, and also on the Advisory Board for InJoy Health. Laurel has been joyfully married to her husband for more than 28 years and has two amazing sons, whose difficult births led her on a path towards helping emerging families create positive experiences.

She believes that the journey towards and into parenthood is a life-changing rite of passage that should be deeply honored and celebrated.

## **Up in smoke: using evidence to inform our practice with cannabis and human milk feeding**

As the recreational and medicinal use of marijuana increases around the world, the concern for families has expanded. Around the world, countries and states have recently legalized or are on the path to legalizing or decriminalizing the consumption of marijuana (cannabis). This trend has led to more lactation support providers and healthcare professionals being faced with the question, “Is it safe to use marijuana during human milk feeding?” The answers given vary widely and this is due largely to myth, bias, and poorly conducted and accessed research. The Medications and Mother’s Milk Guide considers cannabis to be an L4 while Lactnet states that it is preferable for users to continue breastfeeding and yet minimize the baby’s exposure to smoke. Differing recommendations lead healthcare professionals to scratch their heads and face the knowledge that they just don’t know what to say to mothers. Additionally, there are reports of social services removing babies from homes due to parental marijuana use while breastfeeding. An entirely newly discovered system (the endocannabinoid system) within the human interacts with marijuana and is largely responsible for brain development, homeostasis, and much more. Discover how and why cannabis chemicals can potentially change a babies brain development and epigenome. This presentation looks at the most recent research, policies, and equity issues surrounding this controversial herb.



***Paul Zambrano, MD, MSc***

Dr Paul Zambrano is a medical doctor and public health nutrition specialist with more than a decade of experience in maternal and child nutrition, including humanitarian coordination and management of acute malnutrition. As Regional Technical Specialist for Alive & Thrive in Southeast Asia, Paul provides technical support to strengthen breastfeeding-friendly policies and to improve social behavior change strategies in the region. More specifically, Paul supports efforts of governments to improve policies to enable breastfeeding among working women, and to regulate the inappropriate marketing of breastmilk substitutes. Paul was recently involved in successful policy changes in the Philippines, Thailand, and Lao PDR. Before joining A&T, Paul worked with UNICEF Philippines and Myanmar, Save the Children, and WHO. He obtained his MSc in Nutrition for Global Health from the London School of Hygiene and Tropical Medicine. Paul is a proud husband, and father of two.

## **Rapid and large-scale increase in breastfeeding practices is possible: results and lessons learned from Alive & Thrive**

From 2009–2014, the Alive & Thrive initiative (A&T) demonstrated that rapid improvements in infant and young child feeding (IYCF) practices are possible in settings as diverse as Viet Nam, Ethiopia, and Bangladesh. In Viet Nam, A&T established large-scale advocacy and social and behavior change (SBC) programs that yielded dramatic improvements in exclusive breastfeeding and landmark policy changes – a success story that is still widely recognized as global best practice. Learn more about how A&T achieved and documented these results, and how it takes its proven approach to help other countries in Southeast Asia achieve similar results.



### ***Natasha K Sriraman, MD, MPH, FAAP, FABM***

Dr Natasha 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+ 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.

### **To treat or not to treat: the link between postpartum mood and anxiety disorders and breastfeeding**

While over 80% of women start breastfeeding, over 20% of mothers will suffer from a postpartum mood or anxiety disorder. Many women feel conflicted about maintaining their breastfeeding goals while denying themselves treatment for their mood disorders. The reasons are simple: many mothers feel that they will have to give up on breastfeeding to receive adequate treatment, or they have feelings of guilt associated with not being able to breastfeed. Learn more about how to address PMADs in breastfeeding mothers.



### ***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.

### **Who is watching the babies? Infant feeding issues in Greek refugee camps**

International guidelines exist for Infant Feeding in Emergencies, but are they being followed? CHEER in Greece, sister organization to the Center for Health Equity, Education, and Research at Boston University, is



working in multiple refugee camps and other settings in the greater Athens area. This presentation describes preliminary studies on what refugee mothers are feeding their babies, what the international community recommends, and points out the gaps between recommendations and reality. We also talk about our own work to make change on the frontlines with these most vulnerable populations.



### ***Sue Jameson, IBCLC***

Sue Jameson has worked in the field of Education for Parenthood, and Breastfeeding Support for over thirty years. Having studied Developmental Psychology in Trinity College Dublin this sparked a life long interest in recognising what is normal in infant behaviour, and how this can be influenced by patterns of care giving. Her special interest is in the physiological basis of

attachment – how do we develop and support the tie that infants have to their caregivers.

Sue works as an IBCLC in Private Practice. She first certified in 1989 and recently re-certified after 30 years in practice. She visits parents in their own home and helps them negotiate the early days with their newborn. A visit can often reduce the stress and anxiety that is experienced by many parents who worry that they may not be ‘getting it right’. Why babies do what they do, how we read their signals, and above all how to enjoy the first steps into this uncharted territory of becoming a parent are areas that Sue specialises in.

She is also a Breastfeeding Tutor with Cuidiú, a Community Parent to Parent support group.

In conjunction with others, she provides in-service education for Public Health Nurses and Midwives under the auspices of the Health Service Executive, in Ireland.

### **Building optimism in infants**

Is it possible during infancy to influence the way any one of us views the world? Are we ‘glass half full’, or ‘glass half empty’ right from the get go, or is there the potential for learned helplessness, even in infancy? It is a fascinating area of research, and the Positive Psychology movement, especially work done by Martin Seligman and others, would suggest that we can help, during the early life course to, for want of a more appropriate word, “inoculate” children against patterns of negative thinking in later life. We can build optimism.

In this presentation I will look at ways that the Breastfeeding Supporter or Lactation Professional can influence patterns of parental behaviour towards the newborn, both through physical touch and feeding in a cue-based or responsive way. Meeting infant needs is so much more than just keeping them warm and dry – it stimulates the formation of pathways within the developing brain which can influence later behaviour. The components of human milk ensure appropriate growth and maturation of the infant’s body and brain, while the close physical contact the infant experiences while being nurtured at the breast or chest all have a role to play in future outcomes for that individual.

On the flip side, inadequate or ambivalent care leaves the infant vulnerable to toxic stress, where higher levels of cortisol can lead to a less positive experience of the world.



### ***Angela Lober, PhD, RNC-MNN, IBCLC***

Dr Angela Lober has been an educator and clinician for over 19 years. She has been an IBCLC since 2005 providing evidence-based care within an academic medical center and within her community. She has taught all aspects of breastfeeding to nurses, physicians, speech pathologist, dietitians and many other healthcare professionals and paraprofessionals for more than 15 years.

She completed her PhD at Arizona State University's College of Nursing and Healthcare Innovation focused on the breastfeeding complexities of late preterm infants.

### **Assisting the late preterm dyad to achieve breastfeeding success**

Late preterm infants struggle with feeding challenges. Due to the oscillating nature of breastfeeding progress in the late preterm population coupled with the innate issues of prematurity, families need support to navigate waters toward breastfeeding success. A model for evidence-based education and breastfeeding assessment will be presented to support infant development and empower mothers to achieve their breastfeeding goals.



### ***Libby Salmon, BVSc, MVS***

Libby Salmon is a PhD candidate at the Centre for Health, Equity and Governance, RegNet School of Regulation and Global Governance, Australian National University, Canberra researching regulatory regimes affecting women's food production for infants and young children through breastfeeding. Her research investigates the contribution of human milk sharing to infant food security and

health policy in Australia. With a background in veterinary science policy, Libby has worked as a research associate at the Australian Centre for Economic Research on Health at ANU on a study of breastfeeding and childcare, and rapid evidence reviews for WHO on marketing of baby milks and foods and for the 2019 Australian National Breastfeeding Strategy. Libby is a breastfeeding counsellor with the Australian Breastfeeding Association.

### **Does sharing breastmilk fill a food security gap? – the experience of donors and recipients in Australia**

When a mother cannot provide her own breastmilk, WHO/UNICEF recommends 'breast milk from a healthy wet-nurse or a human-milk bank' as alternatives to feeding infant formula (WHO/UNICEF, 2003). Australia, like other countries, has been slow to explore options for strengthening food security for infants and young children, and breastmilk sharing remains controversial. This talk presents findings from a qualitative study of Australian breastmilk donors and recipients and the ways in which their practices fit food security criteria of appropriateness, acceptability, accessibility, affordability, efficient use and stable supply. Applying a food security lens might re-position milk sharing within infant feeding policy.



### ***Mathilde Cohen, JSD, LLM***

Mathilde Cohen is a Professor of Law at the University of Connecticut. She works in the fields of constitutional law, comparative law, food law, and race, gender and the law. In the past few years, she has researched the way in which the United States and France regulate milk, be it animal, human, or plant milk. She conducted fieldwork in both countries to uncover popular, scientific, commercial, and political discourses on these fluids, which raise issues of food justice. She has published widely on human milk, including a co-edited volume titled, *Making Milk, The Past, Present and Future of Our Primary Food* (Bloomsbury, 2017) to one her latest articles, co-authored with Hannah Ryan, “From Human Dairies to Milk Riders. A Visual History of Milk Banking in New York City,” forthcoming in *Frontiers: A Journal of Women Studies*. She is currently writing about pumping, with the goal to see the law securing greater protections for milk expression, including the right to pump in public. Cohen also studies the regulation of human placenta, be it in the context of placentophagy or the use placentas for research, medicine, and the cosmetic and drug industry. Her article, “The Law of Placenta,” is forthcoming in the *Yale Journal of Law & Feminism*.

### **Should human milk be regulated?**

Markets in human milk are booming. They take two main forms: informal markets—women giving or selling their milk peer-to-peer—, and formal markets—for-profit or non-profit organizations collecting, processing, and distributing donor milk to neonatal intensive care units and a few outpatients for a fee. The legal regime applicable to these human milk transactions is fragmented and unstable. The federal government does not define human milk as anything. The Food and Drug Administration has declined to regulate milk banks even though it oversees blood, cord, oocytes, semen, and stool banks. Only a handful of states have laws on the books pertaining to human milk.

In light of the growing demand for human milk and public health professionals’ calls for government oversight due to fears of pathogen contamination, this presentation asks whether human milk should be regulated more tightly and, if so, what types of legal reforms would be most desirable. It concludes that human milk should not be treated as a disembodied product under a food, drug, and tissue law paradigm, but rather as the product of a relationship between breastfeeders and breastfed babies. It is this relationship that is in urgent need of legal protections so that more parents can breastfeed their children and make extra milk available for others. Though the risks of contamination are real, they can be, and are, mitigated by milk banks, as well as by peer- to-peer donors and recipients. But many children who need donor milk do not obtain it either because it is unavailable or too expensive. Legal reforms should therefore focus on increasing the supply via robust breastfeeding and donor milk support, which in turn will make human milk accessible to all those who need it regardless of their socioeconomic status. This approach entails shifting from a single-minded focus on health and safety to considering the conditions of people who produce and donate milk and the health insurance market that often fails to cover it.



### **Zoe Faulkner, BA(Hons), IBCLC**

Zoe Faulkner has been Chair of Lactation Consultants of Great Britain (LCGB) since 2015. Since 2008 Zoe has been working as a Breastfeeding Peer Support Coordinator for Sussex Community NHS Foundation Trust in Brighton and Hove, managing, training and supervising around 40 volunteers at any one time. In addition to jointly coordinating the peer support programme, she is co-coordinator of the busy IBCLC led specialist breastfeeding drop-in, in Brighton. Zoe is co-author of 'The role and practice of the IBCLC in GB' research project. Other work includes co-writing a number of articles for Midirs.

Zoe also teaches breastfeeding to NHS colleagues and is a visiting lecturer at the University of Brighton. She has also spoken at a number of national and international conferences, such as ILCA, iLactation and MAINN, where she has presented on 'The role and practice of the IBCLC in GB' and topics relating to Breastfeeding Peer Support. She is also a former NICE Guideline committee member. Zoe has a small private practice as an IBCLC in her local area.

### **Clinical skills: case studies from clinical practice, deciphering the multifactorial components of the parent infant dyad**

Assessing the breastfeeding dyad, using a variety of case studies to explore the contributing factors that relate to the baby, the mother/parent and anatomy and physiology of both, as well as the unique interaction and relationship between the two. We will explore and navigate the red herrings and red flags that present in complex situations and identify the key to managing the solution whilst maintain maternal self-efficacy.



### **Andrea Herron, RN, MN, CPNP, IBCLC**

Andrea Herron, is one of the first and longest continuous certified pediatric nurse practitioners in the United States. After more than 40 years working with breastfeeding mothers and their babies and teaching parenting classes, she is among one of the most experienced consultant in the field of lactation.

Regardless of the issue or concern, Andrea has guided thousands of mothers to meet their breastfeeding and early parenting goals through support groups, lactation consultations, and childrearing education. After receiving a Master's in nursing from UCLA, Andrea became an early pioneer in the back-to-breastfeeding movement, and educated health professionals as an instructor in the UCLA lactation educator course all over the United States. Her private lactation practice, [Growing with Baby](#) in San Luis Obispo, California, was used as the national model for private practices by Women Infant and Children (WIC), the federally funded health and nutrition program. One of her favorite and most popular topics she teaches through her Growing with Baby parenting groups is, Understanding your Infant's Temperament. This topic and many of the other topics she teaches are included in her newly released book, *Suckle, Sleep, Thrive: Breastfeeding Success Through Understanding Your Baby's Cues*, co-written with Lisa Rizzo.

Andrea has been married to Larry Herron, an orthopedic spine surgeon, for over 35 years. They are the proud parents of a grown son, two Labradors, a cat, and parrot. The couple reside in Shell Beach, California.



## “Fiesty” or calm – how temperament impacts breastfeeding and parenting

Knowledge about infant temperament has been known since the early 1960s since the release of the ground breaking research of Dr Alexander Thomas, Stella Chess and Herbert Birch and yet, among the general public there seems to be a lack of information about this important body of science (temperament). When parents perceive their baby as content and seemingly non-demanding they may be shocked and dismayed to find out during a routine well baby visit that the baby is seriously underweight. They thought the baby was content because she didn't give clear cues, and as a result, was underfed. In another scenario, when the baby is irritable despite frequent feeding mothers may lose confidence and question the quantity and quality of their milk. Bewildered parents are often overwhelmed by the intense baby that cries loudly or the sensitive baby that screams on the scale and finds the bath torture. When behaviors are misread or responded to development is potentially affected.

This presentation will help the learner understand the classic nine temperament traits and how they are grouped into classifications. The listener will learn about the topic of “goodness of fit” and its impact on the long-term emotional health of the infant and developing child. Finally, the emphasis is on how temperament impacts breastfeeding.

## Continuing Education

The following continuing education credits will be applied for:

- CERPS and pre-exam hours for lactation consultants from [the International Board Lactation Consultant Examiners \(IBLCE\)](#).
- CMEs – *AMA PRA Category 1 Credit(s)*<sup>™</sup> for both physicians and non-physicians from the Accreditation Council for Continuing Medical Education (ACCME).
- CNEs – contact hours for nurses from the American Nurses Credentialing Center (ANCC) and the California Board of Registered Nursing.
- Continuing Professional Education Units (CPEUs) for registration dietitians from the Commission on Dietetic Registration (CDR).
- CE hours for nurse/midwives the American College of Nurse-Midwives (ACNM).
- CPD points from the [Australian College of Midwives](#).
- Professional Development Points (PDP) from the [Australian College of Rural and Remote Medicine](#).

## Conference Timeline

1. iLactation conference *Breastfeeding: creating healthy connections* will be online from September 15 – November 15, 2019.
2. Earlybird registration begins July 1, 2019.
3. Standard registration begins on August 8, 2019.
4. iLactation conference *Breastfeeding: creating healthy connections* officially begins on September 15, 2019.
5. Questions asked of speakers on or before October 1 will be answered by October 10, 2019.
6. Questions asked of speakers on or before November 1 will be answered by November 10, 2019.
7. Presentations will not be available after November 15, 2019.
8. Handouts will be available for download throughout the conference. Final date for download by participants will be November 15, 2019.

# Registration Information

Registration for the online breastfeeding conference, *Breastfeeding: creating healthy connections*, opens on July 1, 2019 at <https://ilactation.com/> .

The conference begins online with presentations viewable from September 15 -November 15, 2019.

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 **July 1 – August 7, 2019**.

From **August 8, 2019** full registration prices apply. Conference will be online from **Sept 15 – Nov 15, 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](mailto: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 November 15, 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](mailto: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](mailto: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.

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