

iLactation

# Ethics Extravaganza 2020

Online: June 1 - 30, 2020

at [www.iLactation.com](http://www.iLactation.com)



# Presentations



## **Mathilde Cohen, JSD, LL.M**

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.



### ***Christine Staricka, BS, IBCLC, RLC, CCE***

Christine Staricka is a Registered, International Board-Certified Lactation Consultant and Certified Childbirth Educator. Christine worked as a hospital-based IBCLC for 10 years and has over 19 years' experience providing breastfeeding support and clinical lactation care. She is the Facilitator/Director of Baby Cafe© Bakersfield and provides clinical care in that setting. She teaches professional lactation education courses to aspiring and current lactation care providers, including through an educational membership group called The Lactation Training Lab. Christine developed The First 100 Hours© concept, a lactation assessment strategy designed to help lactation care providers organize their assessments and consultations in the simplest way.

Christine is currently serving as the President of the United States Lactation Consultant Association (USLCA). She holds a Bachelor's Degree in Business Management from the University of Phoenix. She has been married for 26 years, lives in California, USA, and is the proud mother of 3 amazing daughters.

### **"Parents Are Using A Lot of Things": Ethics in the age of lactation-related products**

"When parents and lactation care providers are bombarded with marketing messages about breastfeeding devices and appliances, it becomes more challenging to create a lactation care plan that has the best chance to support the parent to meet their own infant feeding goals. Navigating the messaging around these products while promoting breastfeeding as a public health strategy requires a deeper consideration of how we are creating a fair and just environment of lactation support for all parents, especially when there are many who lack the resources to obtain products or devices. This presentation offers a 3-step process for the lactation care provider to ensure they are offering parents informed consent around any product options being presented as part of a care plan.



### ***Xaviera Cabada, MSc, nutritionist***

Xaviera Cabada has a degree in Nutrition from the Autonomous University of Ciudad Juárez (UACJ), a Master of Science from the Center for Research in Food and Development, AC (CIAD AC) and is PhD student in the Hypnotherapy and Integrative and Eclectic Psychotherapy program of the Association World of Eclectic Hypnotherapists (WAEH).

She is a member of the civil association The Power of the Consumer in the area of Food Health; the main organization that currently works and promotes national and international food orientation campaigns and misleading advertising directed at children, among others, in Mexico and is also a member of Consumers International. She coordinates different Food Health activities that involve: conducting and evaluating studies, dissemination documents, campaign activities, strategic alliances; with different health workers, legislators, academics, activists and community promoters.

Currently, she is in the General Directorate of the Higher School of Psychology of Ciudad, Juárez, the main private school of clinical psychology in the country.

At the international level, she has participated representing Mexico in Consumer events (El Salvador, Center for Consumer Defense CDC), Breastfeeding (India, International Network for Infant Feeding

IBFAN International), Non-communicable Diseases (Switzerland, World Assembly of the Health with Consumers International), Consumption and Impact on Food Security (Costa Rica, American Organization of ParliAmericas Parliamentarians), Industrialized Food for Infants (Costa Rica, International Network for Infant Feeding- IBFAN LA), representative of Mexico for society civil conflict of interest issue (Rome, preliminary meeting to the Second Conference on Nutrition ICN2), participant of civil society for the public interest (liaison group) and representative of social movements in Mexico during the Second International Conference on Nutrition (ICN2).

## **Unfair industry tactics that impact the health sector and violations of the Code**

Health workers will be able to clearly identify the different strategies that the Milk Formula Industry uses to position its products in the different scenarios of mothers and their children, as well as family members. It is very important that pediatricians, nurses, nutritionists, and the different health workers who have contact with infants, young children, and their families, can detect the marketing messages and techniques – especially those that are more subtle – used by large companies. and that interfere with breastfeeding and good infant feeding practices. With these important tools, health workers will have better training to protect families from these unfair practices. Likewise, the participants will know the different international legal documents that protect babies from such practices; Different examples of Code violations will be shown for easy identification.



### ***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](http://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.

## Continuing Education

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

CERPs approval number = **C202039**

CERPs allocated = **5.0 CERPs (5.0 E CERPs)**

Please note that if you are thinking of taking the IBLCE exam, our continuing education counts for 5.0 pre-exam education hours.

iLactation CERPs can be used for re-certification for both IBCLC and CLC certificants.

Some of the presentations for Ethics Extravaganza are drawn from previous iLactation conferences. Anyone is welcome to register, but please note that for IBCLC re-certification, you can claim E CERPs only for presentations that you have not viewed previously. CLCs can also use these CERPs for re-certification.

## Conference Timeline

1. iLactation Conference *Ethics Extravaganza 2020* registration begins on May 1, 2020.
2. iLactation Conference *Ethics Extravaganza 2020* officially begins on June 1, 2020.
3. Presentations will not be available after June 30, 2020.

# Registration Information

Registration for the online breastfeeding conference, *Ethics Extravaganza 2020*, opens on May 1, 2020 at <https://ilactation.com>.

The conference begins online with presentations viewable from June 1 - 30, 2020.

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

|                        | Individual |
|------------------------|------------|
| Cat A Countries        | US\$60     |
| Cat B, C & D Countries | US\$20     |

Participants will have unlimited access to all of the presentations until the end of the conference on June 30, 2020. 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

Country categories are based on those of the [International Lactation Consultant Association](#).

### Category A:

Andorra, Anguilla, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brunei, Canada, Cayman Islands, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Guam, Hong Kong, 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, UAE, UK and USA.

### 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, Estonia, Fiji, Greece, Grenada, Guatemala, Hungary, 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 (Fed. Sts.), 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.