

Our 17th online breastfeeding conference

iLactation

Conference online:
Sept 15 - Dec 1, 2020

BREASTFEEDING
SO ORDINARY

SO SPECIAL

www.ilactation.com



Postgraduate Institute
for Medicine

Jointly provided by Postgraduate Institute for Medicine and
iLactation

Presentations



Mary Renfrew, BSc, RGN, SCM, PhD

A health researcher, educator, and midwife, Professor Mary Renfrew has conducted research in midwifery and maternity care and in infant feeding and nutrition for around 40 years, and her research has informed and helped to shape public health and infant feeding policy and practice nationally and internationally. She established and led the multidisciplinary Mother and Infant

Research Unit for over 20 years, where the research programme focusses on improving health and the quality of care for women, babies and families, reducing the impact of inequalities, and evidence-informed policy and practice. She is currently a member of the International Council of the World Alliance for Breastfeeding Action, the Implementation Programme Board for the Scottish Government review of maternity and neonatal services, and she chairs UNICEF UK Baby Friendly Initiative Qualifications Framework Board.

She has advised governments in several countries, and global organisations including the WHO, UNICEF, and International Confederation of Midwives. She was a Board member of UNICEF UK (2011-2017), and she was Principal Investigator for the groundbreaking global Lancet Series on Midwifery (2011-2016). She was awarded inaugural Senior Investigator status with the UK National Institute for Health Research in 2008, the first midwife to hold this award. She was elected as a Fellow of the Royal Society of Edinburgh in 2014, the first midwife or nurse to be elected to Scotland's National Academy. She has been awarded honorary membership of the British Association of Perinatal Medicine for services to perinatal medicine, and the Patricia Martens Award for Excellence in Breastfeeding Research by the International Lactation Consultants Association.

Optimising mother-baby contact and infant feeding in the pandemic

In many countries the inevitable focus on reducing infection during the COVID-19 pandemic has disrupted the care of women and babies, and limitations have been imposed on mother-baby contact and on breastfeeding. Drawing on a recent rapid review, this presentation will consider the challenges and will present evidence-based recommendations on optimising mother-baby contact and infant feeding in the current global crisis.



Melissa Bartick, MD, MSc, FABM

Melissa Bartick is an internist and Assistant Professor in Medicine at Mount Auburn Hospital and Harvard Medical School. She has numerous breastfeeding publications in peer-reviewed journals. She served as the chair of the Massachusetts Breastfeeding Coalition from 2002 to 2014. She served on the Board of Directors of the United States Breastfeeding Committee from 2009-

2015. She has served on the Board of the Academy of Breastfeeding Medicine since 2019, where she has coauthored clinical protocols. 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. Dr Bartick received her BA from the University of Virginia and holds an MS in Health and Medical Sciences from University of California, Berkeley and an MD from University of California, San

Francisco. She works as a hospitalist at Mount Auburn Hospital and is the mother of two grown sons. As of June 2020, she is pursuing an MPH at Harvard School of Public Health.

Breastfeeding and COVID-19

Breastfeeding in the setting of COVID-19 has been a topic of controversy. Recommendations vary greatly as to whether infected mothers can safely nurse their infants or even be in contact with their infants at all. We explore the evidence and analyze recommendations in this context.



Telika Howard, CD (DTI), CLC, IBCLC

Telika Howard is a certified birth and postpartum doula through Doula Training International and certified by the International Board of Lactation Consultant Examiners as an IBCLC. She has 18 years of experience with birth and breastfeeding. She successfully breastfed 7 children including a set of twins and had a variety of birthing experiences such as unmedicated, medicated, and c-section. 18 years ago she started teaching about birth and breastfeeding as a maternal-infant health outreach worker in Memphis, TN, USA. She then went on to volunteer her time educating and sharing about birth and breastfeeding at local community events. Telika became a board member of Shelby County Breastfeeding Coalition, she also worked as a breastfeeding peer counselor in labour and delivery and NICU departments at Regional One Medical Center hospital. After Telika moved back home to Chicago, she continued her work with birth and breastfeeding through Birthways Chicago doulas, Chicago Family Doulas, and Chicago Volunteer Doulas (winning their on-call doulas award) as well as becoming a board member of Breastfeed Chicago. She also teach classes and speak at community groups.

Breastfeeding in stressful situations

Life brings about many stressors for parents, such as postpartum stress, financial stress, relationship stress, environmental stress, and stress from systemic racism. But you can still breastfeed/chest-feed while stressed. This presentation will talk about how breastfeeding/chest-feeding is affected by stress and how a lactating person can go about feeding their baby even in the most stressful situations. Also how nursing your baby may alleviate stress and how to relieve stress via other methods.



Terriann Shell, BS, RN, IBCLC, CHES, FILCA

Terriann Shell is a Registered Nurse, an International Board Certified Lactation Consultant for over 30 years, and a Certified Health Education Specialist (CHES). Terriann works as an IBCLC at an Alaska hospital and also support the Anchorage Women, Infant, and Children program as the IBCLC support for the Breastfeeding Peer Counselors. Terriann has been putting on the Lactation Consultant in Private Practice Workshop in Philadelphia, USA for the past 22 years. She serves as Vice President of the Alaska Breastfeeding Coalition where she continues to suggest many projects to work on and thus, serves on many committees.

The emotional and mental health effects of disasters

This presentation explores the complex, multiple failures that occur during disaster situations and issues that happen when sheltering-in-place, in a birthing facility, or in an emergency shelter situation and the psychological and physical responses that makes breastfeeding very difficult. It will also explore ways to communicate effectively with suffering victims.



Cecília Tomori, PhD, MA

Dr Cecília Tomori is a Hungarian-American anthropologist and public health scholar who currently serves as Director of Global Public Health and Community Health at Johns Hopkins School of Nursing. Dr Tomori's research combines anthropological and public health approaches to investigate and address the structural and sociocultural drivers that shape health inequities in maternal and child health as well as sexual and reproductive health. This work centers on deep engagement with the lived experiences of local and global communities who face numerous health challenges due to stigmatization and discrimination. Dr Tomori's work primarily focuses on breastfeeding, infant sleep, and infectious disease prevention. She has authored two books that explore social and biocultural aspects of breastfeeding, *Breastfeeding: New Anthropological Approaches* (with AEL Palmquist & EA Quinn, Routledge 2018) and *Nighttime Breastfeeding: An American Cultural Dilemma* (Berghahn 2014), and led numerous publications, including a recent paper on the impact of mother-infant separation policies on breastfeeding during the COVID-19 pandemic in *Maternal Child Nutrition*.

The impact of separation policies on breastfeeding families during the COVID-19 pandemic

The World Health Organization has provided comprehensive and consistent guidance that promotes proximity and breastfeeding for mothers and infants affected by COVID-19. While some settings followed WHO guidance, others have implemented policies that recommend separation for COVID-19-affected mothers and infants. These policies aim to protect infants from potential harm from maternal infection with SARS-CoV-2, but may not be effective at reducing the infant's risk of transmission and have numerous unintended consequences. The presentation will explore the cultural drivers and detrimental effects of separation policies, including disruptions to breastfeeding, burdening overwhelmed health care systems, and compounding harm among those who are already marginalized. Health services must consider the full impact of separating mothers and infants in their policies, and prioritize mother-infant contact amid the COVID-19 pandemic.



Maria Ines Fernandez, BA (Mass Comm)

Maria Ines Avellana-Fernandez, nicknamed Innes, is one of the pioneering founders of the breastfeeding movement in the Philippines since 1981. With her organisation Arugaan, she undertook intensive projects on the Relactation Journey funded by UNICEF for thousands of typhoon survivor mother-baby pairs, and Breastfeeding Rescue funded by WHO. *Yes, Grandma can Breastfeed* was an article she wrote for WABA Newsletter in 2017 as she shared her wet-nursing experience to a one year old baby for two months.

Relactation intervention in emergency

Relactation intervention in emergency will show the power of a special relactation massage intervention that quickly stimulates the strongest lactation points in the whole body, from head to toe, for breastmilk supply and flow, in tandem with the power of counselling that massages the mind for breastfeeding preparedness. It will share experiences and expertise in breastfeeding response in times of calamities and crisis: during typhoons, volcano eruptions, refugees due to ISIS seige and the COVID pandemic by reviving sound traditional practices.



Jennifer Ayton, PhD, MMR, RNRM, IBCLC

Jennifer Ayton is the acting program lead of the undergraduate medical degree public health curriculum at the University of Tasmania. An innovative qualitative researcher with a PhD in sociology and public health, and an extensive clinical background in midwifery/nursing Jenn works collaboratively with a diverse range of partners across sociology, criminology, creative arts, public & primary

health & rural & remote health. Her research focus is maternal and reproductive health, qualitative and mixed methods, health sociology, critical arts & health.

Breastfeeding grief – why we need to debrief all mothers and their partners

This lecture covers the phenomenon of breastfeeding grief. I define and explore some of the determinants of early cessation of exclusive breastfeeding, describe the narrative of cessation and the sense of loss from women's and their partners perspectives, and propose the use of a debriefing scale for breastfeeding families as a way to support self-confidence.



Mariana Colmenares, MD, IBCLC

Mariana Colmenares Castaño was born in Mexico City, and from an early age she was fascinated by animals and nature. She studied medicine at the National University of Mexico (UNAM), and found her passion as a pediatrician doing her residency at the National Pediatric Institute. With the birth of her first child, Mariana witnessed the lack of knowledge and commitment with breastfeeding

and nutrition within the medical profession. This was her impetus to specialize in breastfeeding medicine. Certified as a Lactation Consultant (IBCLC) in 2011 by the International Board of Lactation Consultant Examiners (IBLCE), she is currently a member of the International Lactation Consultant Association, board member in the Academy of Breastfeeding Medicine and a proud founding member of the National Lactation Consultant Association of Mexico (ACCLAM), where she served on the Board of Directors as Education Coordinator (2014-2019). As part of her continuing professional training she studied at the International Breastfeeding Clinic, in Toronto CA.

Mariana is a member of the team for Breastfeeding Country Index BFCI, a project from Yale University and Universidad Iberoamericana whose goal is to develop an evidence base metric that can help decision-makers to understand the current status to elevate breastfeeding programs and increase breastfeeding rates. A frequent speaker at national and international conferences, she has published numerous articles and co-authored a chapter for the National Academy of Medicine. To contribute to a medical profession

better prepared to support breastfeeding, she teaches medical students, and serves as a consultant for the National Health Institute and UNICEF.

Oral colostrum care: oral immune therapy for preterm babies

When a new baby is born also born is a new family and a new mother. Pregnancy is almost always surrounded of fantasy and illusion, motherhood classes and happiness. When a baby is born too early everything seems to fail, there can be feelings of guilt and fear. The question of when the baby will be fed appears early, and the support to the family in breastfeeding journey is determinant. Many preterm babies, especially extreme preterm and sick will be fasting for many weeks. In this cases, it is very difficult to initiate and maintain breastmilk production. The use of oral colostrum, not for feeding purposes, but for its immunological properties in preterm babies impacts considerably interacting with linfoid tissue and promoting and improving microbiome and immune response. Also, when you involve the family in the care of the sick or preterm baby impacts significantly in posterior feeding practices, hospital stay and neurological and infectious outcomes.



Genny Stiller, RN, MSN, C-PNP, IBCLC

Genny Stiller earned a Master of Science in Nursing degree in 2005, board certified as a Pediatric Nurse Practitioner in 2006 and became an IBCLC in 2017. She has been supporting women, infants, and children for over 19 years through specialized hospital care, mother to mother support groups, and lactation training.

Providing effective care to the autistic woman during lactation and breastfeeding

This lecture covers a vignette of female specific traits in the breastfeeding woman with autism spectrum disorder, lactation sensory assessment, and tools for effective supportive care by the lactation consultant.



Gracia Azra Lestari, MD, IBCLC

Dr Gracia Azra Lestari from Bogor, Indonesia, is a mother of three daughters (10 years old, 8 years old, and 3 years old) and all of them were breastfed until three years old. She is working as a civil servant medical doctor at Pasir Mulya Public Health Center Bogor – Indonesia. She has been a breastfeeding community volunteer at the Bogor Branch of Asosiasi Ibu Menyusui Indonesia (AIMI) since 2011 and now heads their Education Division. Gracia has also volunteered at Indonesian Red Crescent since 2016. She was IBCLC certified in 2015 and will re-certify this year.

Breastfeeding Community Ambassadors and mobile lactation support in Indonesia (Bogor – West Java)

The proportion of early breastfeeding initiation, exclusive breastfeeding, and stunting are the main factors behind the making of the innovation programs at Pasir Mulya Public Health Center Bogor, Indonesia. These innovation programs consist of two services, in-building service and outside-building service. The program for in-building service is a lactation unit. Meanwhile, The program for outside-building services are

breastfeeding class, chatting time, breastfeeding ambassador, breastfeeding support group, and mobile lactation.



Nancy Wight, MD, IBCLC, FABM, FAAP

Nancy Wight obtained her BA from UC Berkeley, her MD and Residency at the University of North Carolina, Chapel Hill, and her Fellowship in Neonatology at UC San Diego, USA. After 37 years as an attending neonatologist and over 18 years as medical director of lactation, she retired from clinical practice January 1, 2019. She has been an IBCLC since 1988. She is currently treasurer and education coordinator for the San Diego County Breastfeeding Coalition (SDCBC), which she helped found in 1994. The SDCBC is a small 501(c)3 association whose mission is to promote, protect, and support breastfeeding through education, outreach, and advocacy in the community. On a personal note, she is the mother of a (formerly breastfed) student of archaeology, and mother to two large dogs. She lives on Point Loma in San Diego, CA, USA with a beautiful view of the ocean and loves to travel.

Promoting the Baby Friendly Hospital Initiative (BFHI) in global neonatal wards/NICUs

The first few hours and days of a newborn's life are a critical window for establishing lactation and for providing mothers with the support they need to breastfeed successfully. The benefits of human milk and the risks of not receiving it have been well studied and are universally recognized. Current World Health Organization (WHO) guidelines and implementation guidance state that all infants, including small, sick and/or preterm infants, should be fed human milk. Preterm and ill infants may not be able to feed at the breast at birth, but can receive the benefits of human milk immediately, and breastfeed eventually. Of various routine neonatal therapies, human milk is one of the most empirically supported for safety, efficacy, availability and cost effectiveness. The presentation will explore the clinical implementation of BFHI principles for neonatal wards/NICUs.



Zainab Yate, MSc, Author

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.

Skinship: touch that builds relationships and touch that breaks it

Some mothers can experience negative emotions associated with breastfeeding, and touch is a factor that is considered as a trigger. In our modern society breastfeeding is often used – problematically – to exemplify myths about motherhood and maternal love. Breastfeeding or nursing aversion – intense,

distressing feelings that are experienced when breastfeeding – can be both unexpected and hugely upsetting, particularly when women may have already overcome significant challenges in order to breastfeed.

This presentation examines what we know about this poorly understood aspect of infant feeding, in a carefully researched presentation that will outline her biopsychosocial theory of the phenomenon and her suggestions as to what can help mothers with aversion – and those who support them in their clinical care.



Anna Swisher, MBA, IBCLC

Anna Swisher has been a board-certified lactation consultant for over eighteen years, and a La Leche League Leader since 1995. She works in both private practice (since 2002) and in the hospital (since 2003). Anna has also worked as the clinical coordinator for Mothers' Milk Bank at Austin. Anna is the co-author of *Counseling the Nursing Mother* (with Judith Lauwers), now in its seventh

edition. This lactation textbook has won Book of the Year award twice from the *American Journal of Nursing*: first place in 2005, and second place in 2015.

Anna also enjoys other writing projects, including editing *The Breastfeeding Atlas* for Barbara Wilson-Clay and Kay Hoover, and helping people write their memoirs. She spent eleven years in the corporate marketing world before becoming a mother. Mom of three grown children, Anna has two adorable grandsons and one very spoiled Chihuahua.

Professionally, Anna loves empowering parents in acquiring their parental role, and educating families to meet their breastfeeding goals. She also enjoys speaking at conferences and mentoring the next generation of health care givers in lactation science. Personally, Anna loves hiking, traveling, reading, writing, and spending time with family and friends. Coffee is her favorite beverage.

Listening with our hearts (Counseling breastfeeding families)

Participants will learn the importance and attributes of participant-focused counseling, and the sequence of effective counseling sessions: information gathering, affirmation, and education. Examples of helpful and non-helpful approaches will be discussed.



Annie Frisbie, MA, IBCLC

Annie Frisbie has been an IBCLC in private practice since 2011. She is the author of *Paperless Private Practice for Lactation Consultants*, and *Lactation Private Practice: From Start to Strong*, and the creator of the *Lactation Private Practice Essential Toolkit*. She is the cohost of the *Lactation Business Coaching Podcast* and a conference speaker on privacy, informed consent, and the business of

private practice.

In 2018 she was honored with the US Lactation Consultant Association's President's Award, "awarding those that demonstrate extraordinary service to the association and profession."

She is a produced screenwriter and proud member of the Writers Guild of America, East. She has a BA from Franklin and Marshall College, and an MA in Cinema Studies from New York University, USA. In a previous life she was a film critic. She lives with her husband and their two children in Queens, New York, USA.

Repairing the leaks in the boat: privacy risk assessment for digital and online communications

From the very first contact with a potential new client through scheduling, charting, and reporting all the way to tracking client outcomes through weaning, technology offers the lactation consultant powerful tools for efficiency, productivity, and improving client self-efficacy. These tools all have the potential to expose your client's private information when used incorrectly.

As a lactation consultant, not only do you have an ethical obligation per the IBLCE Code of Professional Conduct to protect client privacy, you also have legal obligations under your country's applicable laws. Whether you are 100% paperless or have a preference for pen and paper, chances are you are using at least one cloud-based app or service—and you could be using them in a way that puts you in breach of privacy laws—even if the product says it is compliant.

In this session, you will:

- Learn specific strategies to protect client privacy from the moment of first contact, through evaluating tools for communications and documentation
- Evaluate the risks and benefits of popular cloud-based tools for healthcare providers
- Understand how to assess your own privacy compliance and repair any breaches you find

By understanding what privacy actually means in practice—not just theory—you can develop and implement a privacy risk assessment specific to your practice setting, client demographic, level of tech proficiency, and clinical style.



Myrte van Lonkhuijsen, IBCLC

An educational scientist by training, Myrte van Lonkhuijsen became an IBCLC in 2000 and has worked in private practice ever since. She got in to breastfeeding support through her own experiences breastfeeding three daughters. It was very clear that just offering the breast and having confidence in breastfeeding was not sufficient to have a good experience. She now knows that her third daughter

had a severe tongue-tie. Myrte is fascinated by the interaction between mother and child during breastfeeding and rewards of getting them to work as a team.

Tongue-tie, can breastfeeding be part of the solution?

Breastfeeding is a close cooperation between mother and baby. It is also a vulnerable process. The issues caused by tongue-ties are by now once again recognised, and treatment is more available. But the treatment is painful, not always available and it is not always clear a tongue-tie is present or the cause of the breastfeeding issues. Moreover after treatment many of the issues are not instantly resolved: the tongue may lack strength and motor skills, and the high palate remains for a longer period. In this presentation I discuss a way of offering the breast to a baby that allows optimal use of the tongue, and minimises stress on the nipple when a restriction is present and after treatment. This way of latching is called Concorde, originally named after an aeroplane (really!). Concorde also means cooperation and mutual accord and that is a vital aspect of this way of breastfeeding. Breastfeeding itself may train the

baby to use the tongue effectively, thereby possibly minimising need for treatment and optimising healing after treatment.



Elien Rouw, MD, FABM

Elien Rouw is a Dutch physician, specialised on healthy infant care, who lives and works in Germany. She is member of the German National Breastfeeding Committee and Board Member of the Academy of Breastfeeding Medicine. She also acts as a Liaison to WABA of the Academy, core partner of WABA.

Growth and growth disturbances

Growth disturbances belong to the most difficult problems in lactation counseling. In this lecture we will discuss normal growth in the first days of life and in the first year of life. The participants will look at the difference between slow growth and failure to thrive. Risk factors for growth disturbances will be discussed and opportunity for prevention and support for the mother-child dyad will be offered.



Gonneke van Veldhuizen-Staas, NLG

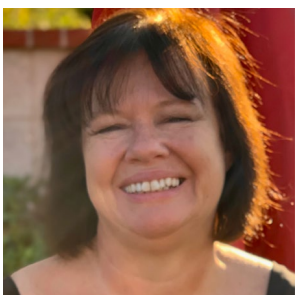
Gonneke van Veldhuizen-Staas is, 64, a mother of 5 and grandmother of 6 living in a small town in The Netherlands. Her initial occupational education was as a schoolteacher, but after her first children were born she came into contact with LLL in the early 80s of last century and then became a Lactation Consultant in 1992. She has been a lactation consultant in private practice ever since and

teaches health care professionals about human lactation and the care for the breastfeeding family.

Gonneke write blogs and books, make educational videos and owns a web shop for 'breastfeeding things', which are difficult to obtain elsewhere.

From one normal to another normal

In Gonneke's 40 years of experience in the counseling of families around breastfeeding and child care the definition of normal has been changing and what was considered normal "yesterday", might be unheard of "the day before yesterday" and might be obsolete "today". The lecture will take the listeners on a journey through breastfeeding advice history in the last 5-6 decades and compare this to the norm of the blueprint of the human child.



Adrienne Guirguis, IBCLC

Adrienne Guirguis is an International Board Certified Lactation Consultant (IBCLC). She began her career in lactation 24 years ago as a La Leche League Leader, discovered her passion in working with families on their breastfeeding journey and sat for the IBCLC exam in 2003. Since that time Adrienne has continued pursuing her education in lactation through clinical care and attending

lactation conferences and webinars. She has worked as a hospital based IBCLC and is currently working as an IBCLC in a large community health center. Her hands-on work allows her to see the problems that parents are facing every day.

For the last 7 years Adrienne has been teaching a 90-hour lactation course, as well as speaking on topics related to parenting and breastfeeding. Sharing information on these topics is very important to her as this helps families gain the support they need to reach their breastfeeding goals.

Changing the discourse on infant sleep for improved health outcomes

Duration of exclusive breastfeeding is much shorter than the recommendations of all major health organizations. Evidence shows health outcomes are worse for those who are mixed fed or fed only artificial infant milk. One of the contributing factors to decreased breastfeeding is how we communicate to families on infant sleep. The language used and the message sent increases nighttime wakings and the result is parental exhaustion and decreased breastfeeding. Learning to use language that will help parents understand safe sleeping environments, normal infant behaviors and sleep patterns will increase exclusive breastfeeding and lead to better health outcomes for all.



Aisling Drummond, BA, MRUP

Aisling Drummond works as a consultant in the hospitality industry and is a mother to two young children, Toby aged 4 and Max aged 6 months. She carries a BRCA2 mutation which has formed much of her life decision making over the past five years. She is a trained peer to peer supporter and works closely with a national cancer charity providing support to other families affected with BRCA. She is also a founding member of BRCA Ireland, an organisation that is setting out to advocate at national level for better resources and services for BRCA families in Ireland.

Breastfeeding & BRCA: the lived experience

This presentation will explore the practical, physiological and psychological issues that have affected Aisling's journey as a young breastfeeding mother carrying a BRCA mutation. Telling her story from the patient perspective she will discuss her often fractured relationship with her breasts, her motivation to exclusively breastfeed and the challenges that she has faced as a result of her gene mutation.



Jenn Foster, MA, CD, IBCLC, RLC

As a mother of five children with nearly 17 years in the field of Maternal/Child Health & Lactation Studies, Jenn Foster was faced with the devastating loss of her son Nolan due to stillbirth at 36 weeks gestation on November 2, 2018. It was her family's worst nightmare. Jenn decided that although she was never going to be able to nurse Nolan at breast, she did not want his precious milk to go to waste. On November 4, 2018 she started to pump Nolan's milk and continued to pump until shortly after his first "(still)birthday". As a promise to Nolan, his legacy was donating hundreds of ounces of his milk to families/babies in need. While faced with this life altering time, Jenn found little information or resources for mothers who chose to pump after a loss. There was little information, support groups were non-existent and as an IBCLC and Doula herself for nearly 17 years, she had no idea how to approach or deal with the topic. Her new passion

is to ensure that there is more knowledge, evidence-based information, support and application for mothers/families who chose to pump and donate their breastmilk after a loss. Jenn's website is [Nolan's Legacy](#).

Grief pumping: healing one drop at a time

The goal of the presentation is to shed more light on the topic of Grief Pumping or expressing breast milk after infant loss. Donating breast milk after infant loss should be the right of every mother/family who is grieving. It should be talked about and discussed so that mothers know they have an option and Healthcare Providers know how to approach the topic and handle the situation(s) accordingly.

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)*[™] 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).

CPD points from the Australian College of Midwives will not be applied for this year as they are no longer WHO Code compliant.

Conference Timeline

1. iLactation conference *Breastfeeding: so ordinary, so special* will be online from Sept 15 – Dec 1, 2020.
2. Earlybird registration begins July 1, 2020.
3. Standard registration begins on August 8, 2020.
4. iLactation conference *Breastfeeding: so ordinary, so special* officially begins on Sept 15, 2020.
5. Questions asked of speakers on or before Oct 15 will be answered by Oct 25, 2020.
6. Questions asked of speakers on or before Nov 15 will be answered by Nov 25, 2020.
7. Presentations will not be available after Dec 1, 2020.
8. Handouts will be available for download throughout the conference. Final date for download by participants will be Dec 1, 2020.

Registration Information

Registration for the online breastfeeding conference, *Breastfeeding: so ordinary, so special*, opens on July 1, 2019 at <https://ilactation.com/> .

The conference begins online with presentations viewable from Sept 15 – Dec 1, 2020.

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, 2020.

From August 8, 2020 full registration prices apply. Conference will be online from Sept 15 – Dec 1, 2020.

	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 4, 2020, 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 \$165 = \$990) 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.