



# The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*

# HOLLYWOOD

# ABM 2015



## October 15-18, 2015

**Tenth Annual Founders' Lecture**  
"Breastfeeding and the Perils of Malpractice"  
Lynn E. Bell, Esq.

**Conference Chair**  
Christopher L. Wade, MD, MPH  
Southern California Permanente Medical Group  
Regional Administration Systems Solutions  
& Deployment

**Conference Committee Chair**  
Julie Ware, MD, FABM  
Cincinnati Children's Hospital Medical Center

JOINTLY PROVIDED BY



**Academy of  
Breastfeeding Medicine**



**Postgraduate Institute  
for Medicine**

IN PARTNERSHIP WITH

American Academy of Pediatrics  
The American College of  
Obstetricians and Gynecologists

## ***All-Conference Meeting*** ***October 17-18, 2015***





**Academy of Breastfeeding Medicine**

The 20<sup>th</sup> Annual International Meeting

Los Angeles, California

October 15–18, 2015



## ***The Academy of Breastfeeding Medicine*** **Welcomes You to Los Angeles!**

We are thrilled to be presenting the ***Academy of Breastfeeding Medicine's 20<sup>th</sup> Annual International Meeting*** on October 15-18, 2015 in Los Angeles – *ABM's* birthplace – where we will celebrate two decades of breastfeeding promotion, protection and support.

Our speakers are among leaders in the world of breastfeeding and human lactation, and we're pleased to have a strong representation from around the world this year.

**What can you expect from this year's Meeting?** Enriching educational sessions, impressive speakers from around the world, optimal networking opportunities, and plenty of inspiration.

Commenting on a previous Meeting, one participant said: *All of the speakers were great. I came home with a concrete list of things to do to improve my practice and meeting other health care providers who are passionate about breastfeeding gave me a great sense of camaraderie.*

The *ABM* Annual International Meeting focuses on the most authoritative and up-to-date clinical information on breastfeeding, spanning both maternal and child health issues. This significant educational opportunity is an ideal context for physicians and other health professionals to continue their professional education in a highly respected, stimulating environment, while earning continuing education credits. This year's meeting once again offers the one-day pre-conference course, "What Every Physician Needs to Know About Breastfeeding" on Thursday, October 15.

Following a full day of sessions for *ABM* members and other physicians on Friday, October 16, physicians, nurses, lactation consultants, midwives, and other health professionals will come together on October 17 and 18 with the goal of stimulating collaborative learning.

This year's meeting will feature a variety of innovative workshops which will provide interactive and novel approaches to common breastfeeding challenges in clinical practice and a chance to address "hot-button" or evolving issues that are newly recognized.

Also, on Saturday, October 17, we will present the Tenth Annual Founders' Lecture by Lynn E. Bell, Esq. Take advantage of this exclusive event and opportunity to meet and share knowledge and experiences with other participants, in addition to attending poster and platform abstract presentations, a banquet and reception, a debriefing on the Seventh Annual Summit on Breastfeeding, and other special events.

We hope you enjoy your time in the City of Angels!



# The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*

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## All Conference Meeting Program

*October 17-18, 2015  
Los Angeles, CA*

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### TABLE OF CONTENTS

|                                              |     |
|----------------------------------------------|-----|
| Accreditation & Disclosure Information ..... | 5   |
| Physician Meeting Program .....              | 11  |
| Faculty List .....                           | 15  |
| Biographies .....                            | 17  |
| Poster Abstract Information .....            | 31  |
| Participant List .....                       | 35  |
| Speaker Presentations                        |     |
| Saturday .....                               | 43  |
| Sunday .....                                 | 209 |
| 2015 Partnering Organizations .....          | 292 |
| 2015 Exhibitors .....                        | 293 |

### Important Information:

To ensure receipt of credit, please sign in every day at the registration desk and return attendance record at the end of the meeting.

*Academy of Breastfeeding Medicine*  
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New Rochelle, NY 10801  
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# Academy of Breastfeeding Medicine 2015

(ABM Member & Physician Meeting and All Conference Meeting)  
October 16-18, 2015 – Los Angeles, CA

Jointly provided by Postgraduate Institute for Medicine and Academy of Breastfeeding Medicine



## Target Audience

This year's meeting is an ideal context for physicians, registered nurses, and other health professionals to continue their professional education in a highly respected, stimulating environment, while earning continuing education credits.

## Educational Objectives

*After completing this activity, the participant should be better able to:*

1. Describe the anatomy and physiological mechanisms of infant suckling
2. Manage medically indicated supplementation of the breastfed newborn according to the evidence.
3. Describe the influence of breastfeeding in the development of allergic disease
4. Recognize universal challenges in breastfeeding across cultures
5. Compare and contrast early white matter development between breastfed and non-breastfed infants
6. Contrast the pros and cons of becoming a Baby Friendly Institution
7. Predict and prepare for legal pitfalls in the practice of breastfeeding medicine
8. Manage medications and marijuana use in the breastfeeding mother according to current evidence and regulations
9. Demonstrate the importance of the first months after birth to be considered as a "fourth trimester" for both the mother and the baby
10. Provide appropriate care and counsel for patients and their families

## Physician Continuing Medical Education

### ***Accreditation Statement***

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Postgraduate Institute for Medicine and Academy of Breastfeeding Medicine. The Postgraduate Institute for Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**Credit Designation**

The Postgraduate Institute for Medicine designates this live activity for a maximum of 21 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

(Friday: 8.25; Saturday: 8.0; Sunday: 4.75)

**Nursing Continuing Education****Credit Designation**

This educational activity for 11 contact hours is provided by Postgraduate Institute for Medicine.

(Friday: 0; Saturday: 6.7; Sunday: 4.3)

**Accreditation Statements**

Postgraduate Institute for Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**California Board of Registered Nursing**

Provider approved by the California Board of Registered Nursing, Provider Number 13485, for 11 contact hours.

**Fee Information**

See Registration Website for details and full pricing information:

<http://www.bfmed.org/Media/Files/Documents/ABM%20Conference%20Documents/ABM-Conference-Brochure-081815-lores.pdf>

A statement of credit will be issued only upon receipt of a completed activity evaluation form and will be emailed to you within three weeks. If you have questions regarding the receipt of your emailed certificate, please contact PIM at 303.799.1930 or via email at [inquiries@pimed.com](mailto:inquiries@pimed.com).

**Disclosure of Conflicts of Interest**

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

The **faculty** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

| <b>Name of Faculty or Presenter</b>  | <b>Reported Financial Relationship</b>                                                                              |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Christopher L. Wade, MD, MPH (Chair) | None                                                                                                                |
| Julie Ware, MD, FABM (co-Chair)      | None                                                                                                                |
| Lynn E. Bell, Esq.                   | None                                                                                                                |
| Pamela D. Berens, MD, FABM           | Consulting: Texas Breastfeeding Collaborative<br>Royalty: Pharmasoft Publishing; Up to Date;<br>Contemporary OB/GYN |
| Karen Bodnar, MD                     | None                                                                                                                |
| Nancy Brent, MD                      | None                                                                                                                |
| Wendy Brodribb, MBBS, PhD, FABM      | None                                                                                                                |
| Maya Bunik                           | None                                                                                                                |



|                                         |                                                                                              |
|-----------------------------------------|----------------------------------------------------------------------------------------------|
| Christina Chambers, PhD, MPH            | None                                                                                         |
| Christine Cole Johnson, PhD, MPH        | None                                                                                         |
| Susan Crowe, MD, FACOG                  | None                                                                                         |
| Sean Deoni, PhD                         | Consulting: Nestle                                                                           |
| Anne Eglash, MD, FABM                   | None                                                                                         |
| Arthur I. Eidelman, MD, FABM            | None                                                                                         |
| Bethan Faulkner, DrNP                   | None                                                                                         |
| Valerie J. Flaherman, MD, MPH           | None                                                                                         |
| Beatriz Flores Anton, MD, IBCLC         | None                                                                                         |
| Heather Freeman, RN, MS                 | None                                                                                         |
| Lawrence Gartner, MD                    | None                                                                                         |
| Alison Goulding                         | None                                                                                         |
| Danielle Groleau, PhD                   | None                                                                                         |
| Renata Hoca                             | None                                                                                         |
| Kirsi Jarvinen-Seppo, MD, PhD           | Consulting: Merck; DBV Technologies<br>Royalty: Up to Date                                   |
| Sara Kietzman, RN                       | None                                                                                         |
| Ruth A. Lawrence, MD, FABM              | None                                                                                         |
| Katherine Leeper, MD, FABM              | None                                                                                         |
| Abigael Maxwell, MD                     | None                                                                                         |
| Margaret McLaren                        | None                                                                                         |
| Jane Morton, MD, FABM                   | None                                                                                         |
| Rachel Musoke, MB, ChB, MMed, FABM      | None                                                                                         |
| Edward R. Newton, MD, FABM              | None                                                                                         |
| Barbara O'Connor, RN, BSN               | None                                                                                         |
| Susan Ogg                               | None                                                                                         |
| Yvette Piovanetti, MD, FABM             | None                                                                                         |
| Peter Francis N. Raguindin              | None                                                                                         |
| Casey Rosen-Carole, MD, MPH             | Consulting: VeriMed, LLC                                                                     |
| Elien Rouw, MD, FABM                    | None                                                                                         |
| Deborah A. Sandrock, MD                 | None                                                                                         |
| Tomoko Seo, MD, FABM                    | None                                                                                         |
| Natasha Sriraman, MD, MPH, FABM         | None                                                                                         |
| Lisa Stellwagen, MD                     | None                                                                                         |
| Kristin Stewart, BS, CLC                | None                                                                                         |
| Alison M. Stuebe, MD                    | None                                                                                         |
| Sandra Sullivan, MD                     | None                                                                                         |
| Michael William Woolridge, B.Sc, D.Phil | Research Grants: Philips Research; Eindhoven; The Netherlands; Lansinoh (UK) Ltd; Leeds (UK) |
|                                         |                                                                                              |

The **poster presenters/co-authors** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

|            |                                                                                                                                                                           |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Laura Kair | Research Grants: Gerber Foundation; The Children's Miracle Network                                                                                                        |
| Jae Kim    | Consulting: Medela<br>Research Grants: Infacare Pharma; Ferring<br>Speakers Bureau: Medela; Mead Johnson; Nestle;<br>Nutricia; Abbott<br>Stock Ownership: Pedia Solutions |

|                          |                                                                                |
|--------------------------|--------------------------------------------------------------------------------|
|                          | Intellectual Property: Newborn heart rate device                               |
| Laurie A. Nommsen-Rivers | Consulting: Molex, Inc.<br>Research Grants: Ameda, Inc.                        |
| Jeffrey Plott            | Stock Ownership: LiquidGoldConcept, LLC                                        |
| Anna Sadovnikova         | Intellectual Property: LiquidGoldConcept, LLC<br>Other: LiquidGoldConcept, LLC |
| Ileisha Sanders          | Other: LiquidGoldConcept, LLC                                                  |
| Lance Wyble              | Speakers Bureau: Abbott                                                        |

The following **poster presenters/co-authors** have disclosed that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months:

Oluwatope Alaofin; Neil Alviedo; Parastoo Amiri; N. Jean Amoura; Kathleen L. Anderson; Cynthia H. Argani; AnnaMarie Arias; Josefina Batista; Carlos Becerra; Ashley Bennett; Ashley Borawski; Sheana Bull; Mauricio Cabrera-Rios; Karin Cadwell; Cindy Calderon; Jennifer Callaghan-Koru; Jacqueline Calvo; Gisela Castaar; Nicole Cacho; Caroline Chantry; Shin Margaret Chao; Wassim Chemaitilly; Tarah Colaizy; Eve Colson; Michael Corwin; Benjamin Courchia; Cheryl L Cox; Janice Curry; Richard David; Loretta L. Denering; Xiaomeng Deng; Barbara A Dennison; Ann Dozier; Emily Drake; Jessica Anne A. Dumalag; Amal Aly Roshdy Hassan El Taweel; Wei Fan; Azadeh Farzin; Anna Furniss; Sheila Gahagan; Dana Gal; Aurora Garcia; Nicole Geller; Melissa Glassman; Jonathan Goldfinger; Jessica M Gordon; Sharlene Gozaliens; Maureen Groer; Ankita Gupta; Donna Halloran; Alexandra L Hanlon; Michael A Hansen; Robin Hardwicke; Elaine Hart; Fern R Hauck; Guy Hewlett; Tara Hilton; Leslie Hinyard; Kathryn Houk; Angela Huang; Melissa M. Hudson; Alexandra Idrovo; Natalia Isaza; Priya Jegatheesan; Andrea B. Joyner; Janine Jurkowski; Rachada Kasemsup; Alganesh Kilfe; James Klosky; Isabella Knox; Samantha Koehler; Koopman; Daphne Yvette LaCoursiere; Michelle Leff; Jenn Leiferman; Leslie Lopez; Maggie Maher Ramzy; H.B. Mallikurjuna; Kathleen A Marinelli; Mary A. Marshall-Crim; Saba Masho; Mary McClain; Margie McCormick; Thanyporn Mekrunghcharas; Rufino Menchaca-Diaz; Alexandra Monde; Rachel Moon; Sandra I Motta; Sudha Rani Narasimhan; Amberly Nesbitt Winley; Trang Nguyen; Lawrence Noble; Alex Clair Null; Rohit Ojha; Stephanie Omage; Emma A Omoruyi; Francisca Orchard; Denisse Ornelas Balcazar; Katherine B. Pasque; Kate Peterson Stanley; Yvette Piovanetti; Laura Placke Ward; Suma Pyati; Khodayar Rais-Bahrami; Diana Ramos; Lonnie Resser; David Rhee; Elizabeth A Rhyne; Sarah Riddle; Nancy Rodriguez; Mario Enrique Rodrigue Estrada; Elizabeth Ropp; Rebecca Rudesill; Mariam Said; Shabari Sarang; Siraporn Sawasdivorn; Hourieh Shamshiri Milani; Ye Shen; Deo Kumar Srivastava; Christine Stewart; Heather Strain; Alessandra Sugraes; Stacy Yi-Ru Sun; Siriluck Thavonvatthana ; Amy Thompson; Benjamas Thussanasupap; Ma. Esterlita V. Uy; Ana M. Valles-Medina; Yvonne E. Vaucher; Peter Veazie; Marco Antonio Velazco Bustamante; Erin Wagner; Gina Weissman; Michelle Wheeler; Christine Williams; Anne Williams; Robin Wu; Changning Xu; Miheret Yitayew; Sera Young; Victoria Zhang

The **ABM Conference Abstract Reviewers** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

|                                  |                                                                                                                                                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lisa Amir, MBBS, Mmed, PhD, FABM | None                                                                                                                                                                                        |
| Eyla G. Boies                    | Stock Ownership (self/spouse): Eli Lily, JExpress Scripts, Integra Life Sciences, Stryker Corp, Abbott Lab, Becton Dickeinson & Co. Abbvie, Gliead Sciences, Johnson & Johnson, Novartis AG |
| Melissa Glassman                 | None                                                                                                                                                                                        |
| Gail Herrine, MD, FABM           | None                                                                                                                                                                                        |
| Ann L. Kellams, MD, FABM         | None                                                                                                                                                                                        |
| Rose St. Fleur, MD, FAAP, IBCLC  | None                                                                                                                                                                                        |
| Sahira Long, MD                  | None                                                                                                                                                                                        |
| Joan Younger Meek, MD, FABM      | None                                                                                                                                                                                        |

The following PIM planners and managers, Trace Hutchison, PharmD, Samantha Mattiucci, PharmD, CHCP, Judi Smelker-Mitchek, RN, BSN and Jan Schultz, RN, MSN, CHCP, hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

**Disclosure of Unlabeled Use**

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

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

**Disclaimer**

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

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## All Conference Meeting Program

*October 17-18, 2015*

*Los Angeles, CA*

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### **AAFP CME CREDIT:**

This Live activity, 20th Annual International Meeting of the *Academy of Breastfeeding Medicine*, with a beginning date of 10/15/2015, has been reviewed and is acceptable for up to 12.0 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### **IBCLE CERP:**

Approved for a total of 12.75 L CERPs from the International Board of Lactation Consultant Examiners.  
Approval Number: C1551297

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# **ALL CONFERENCE MEETING**

## **NON-PHYSICIAN HEALTH PROFESSIONALS MEETING**

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The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*  
October 17 – 18, 2015  
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### **FRIDAY, OCTOBER 16**

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6:00 pm – 6:30 pm **HEINSBERGEN**  
**Opening Reception:**  
**Research Poster Review with Authors**

6:30 pm – 9:00 pm **GOLD ROOM**  
**Annual Banquet**  
**(\*Banquet ticket: \$70)**

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### **SATURDAY, OCTOBER 17**

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7:00 am – 8:00 am **TERRACE**  
**Continental Breakfast**

8:00 am – 8:15 am **BILTMORE BOWL**  
**Opening Remarks and Introduction of the Tenth Annual Founders' Lecture**  
Ruth A. Lawrence, MD, FABM  
University of Rochester School of Medicine, New York

8:15 am – 9:00 am  
**Tenth Annual Founders' Lecture: "Breastfeeding and the Perils of Malpractice"**  
Lynn E. Bell, Esq.  
Davies, McFarland & Carroll

9:00 am – 9:30 am  
**Panel Discussion Following Founders' Lecture**  
Lynn Bell, Esq.  
Davies, McFarland & Carroll  
  
Nancy Brent, MD  
Kids Plus Pediatrics  
  
Renata Hoca, MD  
University of Pittsburgh Medical Center  
  
Ruth A. Lawrence, MD, FABM  
University of Rochester School of Medicine

9:30 am – 10:30 am

**The Challenging Pathway of Baby-Friendly Initiatives in Spain**

Beatriz Flores Anton, MD, IBCLC  
Hospital 12 de Octubre, Madrid, Spain

10:30 am – 11:00 am

**Break with Abstracts and Exhibits**

**SOUTH GALLERIA AND HEINSBERGEN**

11:00 am - 12:00 am

**Podium Research Presentations**

**BILTMORE BOWL**

- 1. Prenatal Breastfeeding Intention, Contraceptive Method, and Infant Feeding at Three Months Postpartum**  
Alison Goulding, MD  
University of North Carolina School of Medicine – Chapel Hill, North Carolina
- 2. Prolactin Level and Breast Milk Volume among Mothers of Low Birth Weight Infants Admitted To Level II Neonatal Intensive Care Unit Who Underwent Kangaroo Mother Care**  
Peter Francis Raguindin  
University of the Philippines Manila – Philippines
- 3. Breastfeeding Practices among Pediatric Cancer Survivors: An Interim Report**  
Susan Ogg, CRA-RN  
St. Jude Children's Research Hospital – Memphis, Tennessee

12:00 am – 12:30 pm

**Mother to Baby Services for Counselling on Exposures in Breastfeeding**

Christina Chambers, PhD, MPH  
University of California, San Diego

12:30 pm – 2:00 pm

**Lunch**

2:00 pm – 3:30 pm

**Workshops**

**\*\*\* WORKSHOP LOCATIONS TO BE ANNOUNCED**

3:30 pm – 4:00 pm

**Break with Abstracts and Exhibits**

**SOUTH GALLERIA AND HEINSBERGEN**

4:00 pm – 5:30pm

**Cultural Panel – Universal Issues for Women and Work: The Challenges of Breastfeeding**

Natasha Sriraman, MD, MPH, FABM – Moderator  
Children’s Hospital of The King’s Daughters

Tomoko Seo, MD, IBCLC, FABM – Japan  
Hoshigaoka Maternity Hospital

Elien Rouw, MD, FABM – Germany  
Well-Baby Clinic

Rachel Musoke, MB, ChB, MMed, FABM – Kenya  
University of Nairobi

Yvette Piovanetti, MD, FABM – Puerto Rico  
University of Puerto Rico School of Medicine

6:00 pm- 7:30 pm

HEINSBERGEN

**Seventh Annual Summit Debriefing and Reception**

Ruth A. Lawrence, MD, FABM (Chair)  
University of Rochester School of Medicine, New York

Cynthia R. Howard, MD, MPH, FABM (Co-Chair)  
Associate Professor of Pediatrics  
University of Rochester School of Medicine and Dentistry

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***SUNDAY, OCTOBER 18***

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7:00 am – 8:00 am

TERRACE

**Continental Breakfast**

8:00 am – 8:45 am

BILTMORE BOWL

**Breastfeeding, the Environment & the Infant Gut Microbiome**

Christine Cole Johnson, PhD, MPH  
Henry Ford Hospital & Health System, Detroit

8:45 am – 9:45 am

**Embodied Experiences of Breastfeeding: When Social Space, Power, Identity and Services Make a Difference**

Danielle Groleau, PhD  
McGill University, Montreal

9:45 am – 10:30 am

**Establishing the Fourth Trimester**

Alison M. Stuebe, MD  
University of North Carolina School of Medicine, Chapel Hill

10:30 am – 11:00 am

**Break with Abstracts and Exhibits**

**SOUTH GALLERIA AND HEINSBERGEN**

11:00 am – 11:30 am

**Milk and Marijuana – ‘First Do No Harm’**

Lisa Stellwagen, MD

UC San Diego Medical Center

**BILTMORE BOWL**

11:30 am – 12:35 pm

**To Be or Not to Be Baby Friendly: Point Counterpoint**

Edward R. Newton, MD, FABM – Moderator

East Carolina University

Ruth A. Lawrence, MD, FABM

University of Rochester School of Medicine, New York

Lawrence Gartner, MD

The University of Chicago, Emeritus

**BILTMORE BOWL**

12:35 pm

**Closing Remarks and Adjournment**

Wendy Brodribb, MBBS, FABM

President, Academy of Breastfeeding Medicine



# The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*

## All Conference Meeting Program

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### Faculty

**Beatriz Flores Antón MD, IBCLC**

Hospital 12 de Octubre  
Madrid

**Lynn Bell, Esq.**

Davies, McFarland & Carroll  
Pittsburgh, PA

**Pamela Berens MD, IBCLC, FACOG, FABM**

The University of Texas Health Science Center  
Houston, TX

**Karen Bodnar, MD**

Valley Medical Group of Lompoc  
Lompoc, CA

**Nancy Brent, MD**

Kids Plus Pediatrics  
Pittsburgh, PA

**Christina Chambers, PhD, MPH**

University of California, San Diego  
La Jolla, CA

**Susan Crowe, MD, FACOG**

Stanford University School of Medicine  
Palo Alto, CA

**Anne Eglash, MD, IBCLC, FABM**

University of Wisconsin  
School of Medicine and Public Health  
Mt. Horeb, WI

**Bethan Faulkner, DNP**

Stanford Children's Health  
Palo Alto, CA

**Heather Freeman, RN, MS**

Stanford Children's Health  
Palo Alto, CA

**Lawrence Gartner, MD**

The University of Chicago  
Valley Center, CA

**Alla Gordina, MD**

NJ Breastfeeding Medicine Education Initiative  
East Brunswick, NJ

**Danielle Groleau, PhD**

McGill University  
Canada

**Christine Cole Johnson, PhD, MPH**

Henry Ford Hospital & Health System  
Detroit, MI

**Sara Kietzman, RN, IBCLC**

St. Christopher's Hospital for Children  
Philadelphia, PA

**Ruth Lawrence, MD, FABM**

University of Rochester School of Medicine  
Rochester, NY

**Katherine Leeper, MD, FAAP, IBCLC, FABM**

MilkWorks  
Leawood, KS

**Rachel Musoke, MB, ChB, MMed, FABM**

University of Nairobi  
Kenya

**Edward Newton, MD, FABM**

East Carolina University  
Greenville, NC

**Barbara O'Connor, RN, BSN**

Healthy Children Project  
East Sandwich, MA

**Yvette Piovanetti, MD, FABM**

University of Puerto Rico School of Medicine  
Hato Rey, PR

**Casey Rosen-Carole, MD, MPH**

University of Rochester  
Rochester, NY

**Elien Rouw, MD, FABM**

Well-Baby Clinic  
Germany

**Deborah Sandrock, MD, FAAP, IBCLC**

Drexel University College of Medicine  
St. Christopher's Hospital for Children  
Philadelphia, PA

**Tomoko Seo, MD, IBCLC, FABM**

Hoshigaoka Maternity Hospital  
Japan

**Natasha K. Sriraman, MD, MPH, IBCLC, FAAP,  
FABM**

Eastern Virginia Medical School  
Norfolk, VA

**Lisa Stellwagen, MD**

UC San Diego Medical Center  
San Diego, CA

**Kristin Stewart, BS, CLC**

Healthy Children Project  
East Sandwich, MA

**Alison Stuebe, MD**

University of North Carolina School of  
Medicine  
Chapel Hill, NC

**Sandra Sullivan, MD, FAAP, IBCLC**

University of Florida College of Medicine  
Gainesville, FL

# The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*

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### Speaker Biographies

**Beatriz Flores Antón MD, IBCLC**  
***Hospital 12 de Octubre, Madrid***

Beatriz Flores, MD, IBCLC, is a neonatologist at the Hospital 12 de Octubre and the Human Milk Bank of Madrid (Spain). She became an IBCLC in 2007. She is the coordinator of the Spanish BFI Hospitals Group since 2009 and also is a member of Breastfeeding Committees of Madrid and of the Spanish Pediatric Association. She is involved in local and national policy development. Beatriz is passionate about teaching clinical lactation skills to the healthcare professionals, as well as speaking and writing on these topics. She was involved in the organization of many courses and workshops about breastfeeding and implementation of the Baby-Friendly Initiative at local and national level, and also for students at different universities. Other particular areas of interest for Beatriz are breastfeeding of the preterm infants and human milk banking. On a personal note, Beatriz has two children.

**Lynn E. Bell, Esq.**  
***Davies, McFarland & Carroll***

Lynn Bell is a trial attorney from Pittsburgh. Her undergraduate degree was in nursing and she worked in an ICU for 5 years. She attended the University of Pittsburgh law school and has been defending health care providers for 32 years. She has been a member of the American College of Trial Lawyers since 2010. Fellows of the College must have proven themselves in actual trial practice. There is an intensive vetting process and membership is by invitation only, to persons who have distinguished themselves in trial practice for at least 15 years and who are recognized leaders in their local communities. She is an invited Fellow of Litigation Counsel of American, Trial Lawyer Honorary Society. She has been named A Pennsylvania Super Lawyer since 2007. She has been invited to speak on trial practice matters and health care provider issues. She is a shareholder with Davies, McFarland and Carroll.

**Pamela Berens MD, IBCLC, FACOG, FABM**  
***The University of Texas Health Science Center at Houston***

Currently I serve as Professor and Vice-Chair of Clinical Affairs at the University of Texas Medical School at Houston. I am active in clinical practice as well as both medical student and resident education. My area of academic and educational focus has a foundation surrounding pregnancy and postpartum care, breastfeeding and breastfeeding complications. Over the years, I have been active in the Academy of Breastfeeding Medicine in many different roles, serving as a prior board member, meeting co-chair and contributing to 3 separate ABM protocols. I have participated in various research projects related to breastfeeding. I have also been active in outreach multidisciplinary breastfeeding education across the state of Texas with the Texas Department of State Health Services since 1999. More recently, since 2013 I have participated as one of the co-physician leads for the Texas Breastfeeding Learning Collaborative. In this role, I have worked to encourage hospitals and providers across Texas to incorporate Baby Friendly Hospital Practices. I assisted with my hospital's application and implementation of the Best Fed Beginnings program and our ultimate designation as Baby Friendly in 2015. I also participate with the ACOG Breastfeeding Expert Work Group formed in 2014 and assist with their various endeavors to promote breastfeeding and educate Obstetricians further about the topic. I have written book chapters and published research on breastfeeding topics primarily relating to the maternal perspective and maternal breastfeeding complications.

**Karen Bodnar, MD**  
***Valley Medical Group of Lompoc***

Dr Bodnar is an army brat who has lived in nine states. Prior to medical school, she received her BS in Physics from MIT and she served as an officer in the US Air Force. She earned her MD at the University of Florida in 2007. She remained at UF to do her residency in Pediatrics and elected to do additional training to become an Internationally Board Certified Lactation Consultant (IBCLC). After completing her training, she moved to California with her husband. There she worked in private practice and as an assistant clinical professor of general pediatrics at Harbor UCLA Medical Center. Recently, she has relocated to Virginia. She is a Fellow of both the American Academy of Pediatrics and the Academy of Breastfeeding Medicine. She has two young children, both of whom were breastfed.

**Nancy Brent, MD**  
***Kids Plus Pediatrics***

Nancy Brent graduated with an AB from Brown University and then an MD from Boston University School of Medicine. She did her residency training in general pediatrics at the Children's Hospital of Pittsburgh, at the University of Pittsburgh School of Medicine. She worked in general pediatrics in private practice and then at the Mercy Hospital of Pittsburgh, where she developed a breastfeeding medicine program and curriculum for pediatric residents. She then became the medical director of the Breastfeeding Center of Pittsburgh, associated with Kids Plus Pediatrics in Pittsburgh, PA.

**Christina Chambers, PhD, MPH**  
***University of California, San Diego***

Dr. Chambers is a reproductive and perinatal epidemiologist and Professor of Pediatrics at the University of California San Diego. She directs the MotherToBaby California counseling service, a part of the national network of MotherToBaby services that provides evidence-based information to pregnant and breastfeeding women about the safety of maternal medication and other exposures for the developing fetus/infant. Her research is focused on environmental causes of adverse pregnancy and child health outcomes. Her currently funded research activities include a set of national cohort studies evaluating the impact of various treatments and conditions during pregnancy and lactation on infant and child health, including maternal autoimmune diseases and the medications used to treat them, influenza vaccination, asthma and asthma treatment, and alcohol.

**Susan Crowe, MD, FACOG**  
***Stanford University School of Medicine***

Susan Crowe is a Clinical Associate Professor of Obstetrics and Gynecology at the Stanford University School of Medicine. She has been on faculty there since 1998. She sees obstetric clinic patients and delivers babies at Lucile Packard Children's Hospital Stanford where she teaches medical students and residents.

She also co-leads Local Improvement Teams on Labor and Delivery and the Maternity Units where she has joined nursing leadership and performance improvement leaders to make changes in the hospital that enable skin-to-skin for mothers and their babies after vaginal and C-section deliveries.

**Anne Eglash, MD, IBCLC, FABM**  
***University of Wisconsin, School of Medicine and Public Health***

Dr. Eglash is a clinical professor with the University of Wisconsin School of Medicine and Public Health, in the Dept of Family Medicine. She is a family physician and has been a board certified lactation consultant since 1994. She is the medical director of the outpatient lactation program at Meriter Hospital, and the medical director of the University of Wisconsin Lactation Clinic.

She is a cofounder of the Academy of Breastfeeding Medicine, and is the medical director and cofounder of the Mothers' Milk Bank of the Western Great Lakes. She is also the founder and president of The Milk Mob ([www.themilkmob.org](http://www.themilkmob.org)), a nonprofit organization dedicated to outpatient breastfeeding education for health professionals and other community breastfeeding supporters. She has published many peer-review articles on breastfeeding medicine and sits on the editorial board for Breastfeeding Medicine Journal. She hosts and produces a free breastfeeding medicine podcast series, available on iTunes.

**Bethan Faulkner, DNP**  
***Stanford Children's Health***

Dr. Bethan Faulkner is a Board Certified Advanced Practice Clinical Nurse Specialist. Faulkner received her Doctoral of Nursing Degree from the University of San Francisco in Healthcare Systems Executive Leadership and her Masters of Nursing Degree in Advanced Perinatal and Neonatal Physiology at the University of WA. Faulkner holds additional certifications in Health Care Finance for Nurse Executives and in Neonatal Intensive Care Nursing.

Faulkner is currently working as a Maternal-Neonatal Clinical Nurse Specialist in the Johnson Center for Pregnancy and Newborn Services, Stanford Children's Health. Faulkner has been published on her work Applying Lean Management Principles to the Creation of Postpartum Hemorrhage Care Bundles. Faulkner is a simulation instructor at the Center for Advanced Pediatric & Perinatal Education Stanford. She has utilized simulation training as a collaborative approach to improve patient outcomes. Faulkner works collaboratively with a focus on RN/MD team leadership and patient & family centered care. At Lucile Packard Children's Hospital Stanford she works as a co-lead (RN/MD) team utilizing A3 problem solving to improve patient outcomes.

Faulkner serves as a member of the Board of Directors for the March of Dimes San Francisco South Bay Division. She has served on the advanced practice nurse certification national exam item writing and review committees. Faulkner is part of various national organizations working to improve the health of woman and children. Currently, Faulkner is a member of the California Maternal Quality Care Collaborative working to improve health care response to preeclampsia and postpartum hemorrhage.

**Heather Freeman, RN, MS**  
***Stanford Children's Health***

Heather Freeman has served in many roles at Stanford Children's Health since she began her career in 2000. She became Director, Performance Improvement at Stanford Children's Health in 2011. Her major work in the PI department includes the design, construction, training, and ongoing coaching of 9 improvement teams and the design and development of a management system and standardized care processes to reduce patient harm.

Heather's background is in neonatal nursing. She practiced bedside care for 12 years and also served as a Neonatal Intensive Care Unit Clinical Nurse Specialist in two local hospitals.

Heather had the great fortune to begin her improvement journey in 2005 with four years of training and coaching in "clinical microsystems" and lean thinking by leaders of the Dartmouth Institute of Health Policy and Clinical Practice. She has spent the last ten years studying and leading clinical and system improvement in several local hospitals and internationally in a partnership with Redcross Children's Hospital in South Africa.

Heather received a Master's of Science in neonatal intensive care nursing from UCSF in 2003, RN certification from UCSF in 2001, and a BA in English from Cal Poly San Luis Obispo in 1999. She is a board certified Neonatal Nurse Practitioner and Clinical Nurse Specialist.

**Lawrence Gartner, MD**  
***The University of Chicago***

Born in Brooklyn, New York, Dr. Gartner received his undergraduate education at Columbia University and his medical degree from Johns Hopkins University. Returning to New York after internship in Pediatrics at Hopkins, he continued his training in Pediatrics at the Albert Einstein College of Medicine, specializing in neonatology and pediatric liver disease. The great majority of his basic laboratory and clinical research has been in the area of neonatal jaundice, with particular reference to its relationship to breastfeeding. At Einstein, Dr. Gartner rose to Professor of Pediatrics and Director of the Children's Clinical Research Unit. In 1980, Dr. Gartner was appointed Professor and Chairman of the Department of Pediatrics at The University of Chicago and Director of Wyler Children's Hospital. He also held a joint appointment in the Department of Obstetrics and Gynecology. He continued his combined work in bilirubin metabolism and breastfeeding in Chicago and has now published more than 200 papers on this subject and on other aspects of breastfeeding. He has also developed a special interest in pediatric history and has written on the ancient history of breastfeeding in China and Europe, as well as a biographical piece on Dr. Abraham Jacobi, the father of American Pediatrics. He has delivered lectures on the ancient and modern history of tetanus of the newborn and on the history of diphtheria. He has also lectured on the modern history of premature infant care and its origins as public exhibitions of premature infants in incubators at World's Fairs and amusement parks.

In 1998, Dr. Gartner retired from The University of Chicago and is now living with his wife, Carol, in Valley Center, California, near San Diego where they do fruit and vegetable gardening on their ranch. Dr. Gartner's current academic title is Professor Emeritus, Departments of Pediatrics and Obstetrics/Gynecology at The University of Chicago. He was Founding Chair of the Executive Committee of the Section on Breastfeeding of the American Academy of Pediatrics from 1998 to 2006. He is also a Past-President of the Academy of Breastfeeding Medicine, of which he is a founder, and a Past-President of the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition, which he also helped found. He is currently on the Board of Directors of Baby Friendly - USA. He lectures regularly on breastfeeding, neonatology and medical ethics issues.

Carol Gartner, Ph.D., Dr. Gartner's wife of 59 years, is Professor Emeritus of English at Purdue University, where she was Dean of the College of Arts and Sciences. She has authored a book on the life and writings of Rachel Carson, and is currently writing a biography of Mary Putnam Jacobi, M.D., a 19th Century general physician and the first woman to do basic science research in medicine. Mary Putnam Jacobi was married to Abraham Jacobi, M.D., the father of American Pediatrics.

The Gartner's have two children, Alex, a movie producer in Hollywood, and Madeline, a breast surgeon in Minneapolis. They also have a wonderful daughter-in-law who is a writer, a great son-in-law who is a trauma surgeon, and four very gifted grandchildren.

### **Alla Gordina, MD**

#### ***NJ Breastfeeding Medicine Education Initiative***

Dr. Alla Gordina is a pediatrician in East Brunswick, New Jersey and is affiliated with multiple hospitals in the area, including Robert Wood Johnson University Hospital and St. Peter's University Hospital. She is one of 102 doctors at Robert Wood Johnson University Hospital and one of 144 at St. Peter's University Hospital who specialize in Pediatrics. She also speaks multiple languages, including Russian.

### **Danielle Groleau, PhD**

#### ***McGill University***

Danielle Groleau is a medical anthropologist with a PhD in Public Health and post-doctoral training in Transcultural Psychiatry. She is an Associate Professor in the Division of Social and Transcultural Psychiatry at McGill University, member of the department of Family Medicine and Senior Investigator at the Lady Davis Institute for Medical research of the Jewish General hospital in Montreal, Québec, Canada. Dr. Groleau is also a Qualitative Method Editor for the journal Transcultural Psychiatry and a FRQS Senior Fellow of research. Dr. Groleau's expertise is in psycho-cultural determinants of health behavior and narrative research mainly in the area of maternal and child health in context of vulnerability. She teaches qualitative research at McGill and has developed innovative qualitative methods and approaches to address illness meaning and experience of patients and knowledge translation for public health stakeholders, and policy makers. She is an internationally recognized expert in breastfeeding, Female Genital Mutilation and narrative research, and has received numerous invitations from universities in Asia, Latin America, and Europe, as well as national and international agencies (World Health Organization, Pan-American Health Organization, and the government of Québec, Fondation Chagnon), for consultation in research and policy.

### **Renata Hoca, MD**

#### ***University of Pittsburgh Medical Center***

The younger daughter of immigrant parents (both teachers), Dr. Hoca did her undergraduate and Medical school training in New York State. Residency training at Magee Womens Hospital of Pittsburgh has been followed by 25 years in the same group practice as a generalist Ob/Gyn. This has afforded her the unique privilege to care for women from several generations of the same family, as well as for women visiting from abroad attending or teaching at one of Pittsburgh's several Universities. Her approach to practicing medicine: with each patient interaction comes the opportunity to teach and also to learn. Her desire to support breastfeeding originated when she was exposed to Dr R Lawrence's work while in medical school, and was furthered during residency when she learned about the practical challenges



faced by all nursing mothers. Other interests include classical music, maintaining foreign language skills, hiking, biking, and a variety of winter sports.

**Christine Cole Johnson, PhD, MPH**  
***Henry Ford Hospital & Health System***

Christine Cole Johnson, PhD, is the Chair of the Department of Public Health Sciences in the Henry Ford Medical Group, a component of the Henry Ford Health System. She trained at the Universities of Michigan and Texas. As a practicing epidemiologist for over 30 years she has served as a Principal Investigator or a Co-Investigator on numerous research projects focused on risk factor epidemiology, methodologies, and health disparities. Dr. Johnson has been a part of many cohort and case-control studies as well as large clinical and interventional trials, some using available databases but most involving the collection of environmental and biological samples. Her research has focused in a variety of areas including epidemiological, behavioral and health services research; however, her major emphasis has been on etiological studies of immunological disorders such as pediatric allergy and asthma. Dr. Johnson is currently the PI of a Program Project focused on the environmental and human microbiomes and their effect on pediatric allergic disorders and immune development. She is the Co-PI and PI of two large birth cohorts (n's of 835 and 1,239) involving repeated sampling of house dust, blood, stool and breast milk samples. Dr. Johnson has served as a permanent member on two NIH study sections and numerous NIH Special Emphasis Panels, as an invited member of NIAID workshops, and on committees for the American College of Epidemiology, the American Thoracic Society and the American Academy of Allergy, Asthma & Immunology. She received the Henry Ford Distinguished Scientist Award in 2012.

**Sara Kietzman, RN, IBCLC**  
***St. Christopher's Hospital for Children***

Sara Kietzman provides assistance and support to mothers with breastfeeding issues as a Lactation Consultant. Drawing on 29 years of Maternal Child Nursing experience, she is focused on increasing breastfeeding duration rates in the underserved and minority population she works with in North Philadelphia.

Sara worked in labor and Delivery, Postpartum/Newborn Nursery units, Women's Health research in a prenatal clinic and as a Perinatal Nurse Educator teaching Childbirth & Breastfeeding classes at Public Health Centers in Philadelphia. She has also worked as a Home Care Nurse providing care for high risk pregnant mothers as well as postpartum and newborn visits with additional skills as a Certified Lactation Counselor for breastfeeding moms, and as a volunteer breastfeeding support counselor at a Momobile/Healthy Start site for low income families.

Sara Kietzman became an International Board Certified lactation Consultant in 2013 and now provides full time Lactation Consultation and support for families at The Center for the Urban Child at St. Christopher's Children's Hospital In North Philadelphia. In a typical week at The

Center for the Urban Child, Sara, as part of the Newborn Team, supports between 30-40 mothers and babies with lactation issues. She has been providing compassionate bi-lingual care to families who may have limited support for breastfeeding or face socio-economic disadvantages. She works with Medical and Nursing students as well as Physicians and Nurse Practitioners to increase their ability to effectively assist with and promote breastfeeding. She collaborates with local community organizations to promote peer support for lactating moms. In her spare time, Sara is part of Unidos da Filadelfia samba school and has been a drummer for the past 5 years.

### **Ruth Lawrence, MD, FABM**

#### ***University of Rochester School of Medicine***

Dr. Lawrence is a magna cum laude graduate of Antioch College with a B.S. in biology. She graduated from the University of Rochester School of Medicine and was elected to Alpha Omega Alpha. She did her Pediatric Residency at Yale University at Yale-New Haven Hospital. She trained with Dr. Edith Jackson in the original Rooming-In Unit, made house calls on newborns, and learned about breastfeeding.

Dr. Lawrence has been on the faculty of the Department of Pediatrics and Obstetrics/Gynecology as a neonatologist and clinical toxicologist since returning to the University of Rochester. She is currently a Distinguished Alumna Professor and holds the Northumberland Trust Endowed Chair in Pediatrics. She is the author of "Breastfeeding: A Guide for the Medical Profession" now in its eighth edition. She is a founder of the Academy of Breastfeeding Medicine, past president and board member. She was on the original committee that resulted in the section on breastfeeding of the AAP and has been its chair. She is a founding member of the group that became the United States Breastfeeding Committee (USBC) and served on the board and as Secretary-Treasurer. She has received many national and local awards.

Dr. Lawrence has published a number of chapters in all the major textbooks about breastfeeding both in Pediatrics and Obstetrics/Gynecology, as well as chapters in many other textbooks. The reports of the research she has been involved in include maternal iron and vitamin D, as well as community development. Along with Audrey Naylor, she has received the USBC first Legacy Award which provides scholarship support for students. She received the Martha May Elliot Award from the American Public Health Association.

### **Katherine Leeper, MD, FAAP, IBCLC, FABM**

#### ***MilkWorks***

Dr Leeper trained as a Pediatrician, then helped to develop a free-standing, nonprofit breastfeeding center and clinic in Lincoln, Nebraska, called MilkWorks. ([www.milkworks.org](http://www.milkworks.org)) She served as its Medical Director, practicing breastfeeding medicine exclusively from 2001-2014. In that role, she supervised as many as 6 lactation consultants, and provided a rotation for the local Family Practice training program. After moving to Kansas City, Kansas in 2014, she

is now returning to Nebraska for clinic 2 days per month, and visiting hospitals on behalf of the Kansas Breastfeeding Coalition to provide staff training toward obtaining “Kansas High Five” status, 5 of the 10 Baby Friendly steps.

She was honored as a Fellow of the Academy of Breastfeeding Medicine in 2009, and was elected to its Board of Directors in 2014, and currently serves as chair of the Education Committee.

**Rachel Musoke, MB, ChB, MMed, FABM**  
***University of Nairobi***

*Education & training:* Medical training at Makerere University, Uganda; Neonatology in United Kingdom; A Wellstart Associate and had training on Implementing the International Code of marketing breast milk substitutes.

*Work experience:* Worked in Mulago Hospital, Uganda before going to the UK for one year training in neonatology. Now a professor at the University of Nairobi, Department of Paediatrics and Child Health and a consultant neonatologist at the Kenyatta National Hospital Newborn Unit.

I have extensive experience in development of curricula and training on infant and young child feeding (IYCF) and lactation management. A member of the National Infant and Young Child Feeding Technical Committee and have been involved in the design and implementation of Kenya’s Infant and Young Child Feeding Strategy including adaptation of the training materials and training of health professionals.

In the same field of training health professionals and adapting WHO courses for local use I have done consultancy work for IBFAN Africa, WHO and UNICEF, Population Council Horizon Project both locally and other African countries

*Publications:* Over 60 papers in peer review journals and chapters in books covering paediatrics, neonatology, child nutrition, and HIV

**Edward Newton, MD, FABM**  
***East Carolina University***

Edward R. Newton, MD is a Professor of Obstetrics and Gynecology in the Division of Maternal Fetal Medicine at the Brody School of Medicine, East Carolina University. His career spans three and a half decades of academic medicine including clinical care, research, education, and administration. His educational foundation includes Northwestern University (BS-1974), Loyola-Stritch School of Medicine (MD, Internship-1978), and Tufts University Affiliated Hospitals (Ob/Gyn residency-1981, MFM fellowship-1983). Dr. Newton has continuously been certified and recertified in general obstetrics and gynecology (1984) and maternal fetal medicine (1985).

Dr. Newton's areas of research and scholarly activities encompass clinical maternal fetal medicine, infectious disease in obstetrics and gynecology, and breastfeeding/lactation. He has received generous funding from private and governmental sources to study in these areas. His publications include over seventy five peer-reviewed papers, fifty eight chapters, and six books/guest editorships. Dr. Newton participates in grant reviews for national organizations including the NICHD. Currently, he is an Associate Editor for *Breastfeeding Medicine* and the *American Journal of Health Promotion* and has been a member of the Editorial Board for *Obstetrics and Gynecology*. He continues to perform ad-hoc reviews for many other prominent journals.

His administrative honors include Chair of Obstetrics and Gynecology for fourteen years at Brody School of Medicine and Oral Board Examiner for the American Board of Obstetrics and Gynecology for 18 years. He has been honored to serve as President or other officer of regional and national organizations including the Academy of Breastfeeding Medicine, North Carolina OB/GYN Society, San Antonio Obstetrical and Gynecologic Society, and the New England Perinatal Society.

**Barbara O'Connor, RN, BSN**  
***Healthy Children Project***

Barbara holds a Bachelor's Degree in Science in Nursing and a Bachelor's Degree in Elementary Education from Millikin University in Decatur IL. She has worked in a variety of settings as a newborn nursery nurse, school nurse, HIV/AIDS educator and WIC coordinator. For more than 10 years Barbara served as a Baby-Friendly Assessor and for 2 years held the position of assessment manager for Baby-Friendly USA. Barbara currently is faculty for the Healthy Children Project as well as independently conducts lactation training and consulting.

Barbara was a member of the first International People to People Breastfeeding and Human Lactation Delegation to Russia, Romania and Cuba. In Latvia and Egypt, Barbara has provided lactation education and training to physicians and midwives.

Barbara is a co-author of the text, *Maternal & Infant Assessment for Breastfeeding and Human Lactation*. As a member of the Illinois State Breastfeeding Task Force, Barbara designed, authored and implemented the *Grandmother's Tea Project*. She has presented this project and others at national and international conferences including most recently the Normal Birth Conference hosted by UCLAN at Grange over Sands, England.

**Yvette Piovanetti, MD, FABM**  
***University of Puerto Rico School of Medicine***

A graduate from Yale University School of medicine and practicing as a primary care pediatrician since 1982, I have been involved in various community projects as child advocate. My 20 years experience as Medical Director of Proyecto Lacta the breastfeeding clinic of Centro Pediátrico de Lactancia y Crianza a Non-Profit Corporation since 1994 based in an urban

Community Maternity Hospital has led me to develop multiple initiatives in the area of breastfeeding support and education for the medical and health professional communities in Puerto Rico. Networks were formed that advanced legislation to help mothers breastfeed fully at work. Along with collaboration from the Health department and the breastfeeding Coalition, in March 2015, I have helped in the creation and dissemination of an administrative order that directs maternity facilities in Puerto Rico to modify policies and routines to help create a Mother-baby friendly environment tailored in the fashion of the Ten Steps of Baby Friendly. For the past two years I have actively participated in the organization of Puerto Rico's First and Second Mother Baby Summit unifying efforts for hospitals in Puerto Rico that deliver maternal infant care.

As a Clinical Professor in Pediatrics for the University of Puerto Rico School of Medicine since August 2001, medical students and Pediatric residents have had hands-on experience with the community breastfeeding support groups that are sponsored by Proyecto lacta as well as the Prenatal Breastfeeding Class.

My involvement in different positions with the AAP-PR from Catch coordinator, Chapter Breastfeeding Coordinator to Chapter President has helped me work with my colleagues and offered me multiple public speaking opportunities with diverse community groups from midwives, doulas, child care workers and educators to volunteers. Helping along with island wide breastfeeding campaigns has been one of the major initiatives of my career involving multimedia dissemination for the past 20 years.

**Casey Rosen-Carole, MD, MPH**  
***University of Rochester***

Dr. Rosen-Carole is a pediatrician and Breastfeeding Medicine Fellow/Academic General Pediatrics Fellow at the University of Rochester. She has been a practicing community pediatrician since 2008, in New Haven, CT then in New York's Hudson Valley before relocating to Rochester to do a fellowship in Breastfeeding Medicine. Since graduating residency, she has also served as faculty for Pediatric as well as Family Medicine residency programs. She was a National Health Service Corps from 2010-2014 and worked at Federally Qualifying Health Centers, which has helped her to fulfill her personal mission of increasing access and quality of care for at-risk children. She practices outpatient, as well as inpatient Pediatrics and sees women and baby dyads for lactation counseling. She leads the Golisano Children's Hospital BFF ("BreastFeeding Friends") outpatient quality improvement project. Other areas of interest include obesity prevention and management. She is fluent in French and Spanish.

**Elien Rouw, MD, FABM**  
***Well-Baby Clinic***

Elien Rouw, married, 3 children. I am a Dutch physician, living in Germany and working since 1982 in child health care in my own private practice with mainly healthy child visits and breastfeeding support.

I am a member of ABM since 1996, Fellow and board member from 2007-2013. I am Co-Chair of the international committee and organizer of 5 ABM European Regional Meetings, in Göppingen, Vienna, Torun, Trieste and Bucharest. I am a member of the National Breastfeeding Committee Germany.

I am a teacher of Health Care workers in hospitals in Germany and have numerous publications on breastfeeding topics in German and international journals.

**Deborah Sandrock, MD, FAAP, IBCLC**

***Drexel University College of Medicine; St. Christopher's Hospital for Children***

Dr. Sandrock is Assistant Professor of Pediatrics at Drexel University College of Medicine and a Fellow of the American Academy of Pediatrics. She is co-founder of The Center for Newborn Care and Breastfeeding Support at St Christopher's Hospital for Children in Philadelphia where she serves as a Clinical Academic Attending for Pediatric and Family Medicine residents.

She is a member of the Baby-Friendly Initiative at Hahnemann University Hospital and a member of the Philadelphia Multi-Hospital Breastfeeding Task Force. As an avid promoter of breastfeeding, she regularly lectures for the PA Chapter of the American Academy of Pediatrics EPIC BEST program for Breastfeeding Education Support and Training in the Community. Dr. Sandrock has served as a core faculty member for several annual Philadelphia MotherBaby Summits from 2012 to 2015 and has spoken on National Public Radio for the promotion of breastfeeding while banning free formula in the city of Philadelphia as the city strives toward the Baby Friendly Hospital Initiative.

**Tomoko Seo, MD, IBCLC, FABM**

***Hoshigaoka Maternity Hospital***

I am a pediatrician in Japan. I am working both in a maternity hospital and a pediatric clinic. I am organizing a seminar for physicians on breastfeeding since 2005. I used to serve as a board member of the Academy of Breastfeeding Medicine and now on the board of IBLCE (International Board of Lactation Consultant Examiners). I translated many documents and books on breastfeeding into Japanese. My recent translation is "Politics of Breastfeeding" by Gabrielle Palmer in UK.

**Natasha K. Sriraman, MD, MPH, IBCLC, FAAP, FABM**

***Eastern Virginia Medical School***

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

She is the Education Chair for the Section on Breastfeeding for the National AAP. She is on the Executive Board of the Academy of Breastfeeding Medicine (ABM) and is a Fellow of the ABM. She coordinated VA constituents for Breastfeeding Advocacy Day-2010 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 was the Medical Director for Business Case for Breastfeeding in Hampton Roads.

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 to medical students and residents and has designed a residency curriculum which will allow pediatric residents to take the IBCLC exam upon graduation.

**Lisa Stellwagen, MD**  
***UC San Diego Medical Center***

Dr. Stellwagen initially worked as a community clinic pediatrician in Ramona in fulfillment of a National Health Corps Scholarship. She was then medical director of Pediatric Medical Associates in Vista for 7 years before heading back to Boston in 1996. There, Dr Stellwagen worked as a NICU hospitalist and ran the level I and II nurseries at Massachusetts General Hospital. Returning to San Diego in 2000, she joined the Neonatology Division at UCSD and has served as the medical director of the Newborn Service for many years. Her clinical interests in breastfeeding and the strong support here at UCSD lead to our certification as a Baby Friendly Hospital in 2006- the first academic hospital to be certified in the western US. Interests in the importance of human milk, jaundice, late preterm infants, torticollis and plagiocephaly, neonatal abstinence, and safety issues in newborns have led to a car seat program here at UCSD, a standardized approach to newborn medical care, the SPIN program, and work on expanding family centered care to high risk infants in the NICU.

**Kristin Stewart, BS, CLC**  
***Healthy Children Project***

Kristin Stewart has been teaching the art of communication for over 20 years. She has had a long and varied career involving a lot of travel, performance, and teaching. Her expertise is in non-spoken communication. Kristin has been working with Healthy Children and teaching at the Center for Breastfeeding for over 6 years and is fascinated by the unspoken communication between breastfeeding mother and baby. Her most recent work is in cultural competence in the healthcare system.

**Alison Stuebe, MD**  
***University of North Carolina School of Medicine***

Dr. Stuebe completed her Obstetrics and Gynecology residency at Brigham and Women's Hospital and Massachusetts General Hospital in Boston. She completed fellowship training in Maternal Fetal Medicine at Brigham and Women's, and she earned a Masters in Epidemiology from the Harvard School of Public Health. She has published more than 70 peer-reviewed articles.

She is currently Distinguished Scholar in Infant and Young Child Feeding and associate professor of maternal-fetal medicine at the University of North Carolina. In the clinical arena, she is Medical Director of Lactation Services at UNC Health Care, and she works with an interdisciplinary team of faculty and staff to enable women to achieve their infant feeding goals. She is also a member of the ACOG Committee on Obstetric Practice and chair of the External Communications committee for the Society for Maternal-Fetal Medicine. Her current research focuses on clinical management of breastfeeding complications and the role of oxytocin in women's health.

**Sandra Sullivan, MD, FAAP, IBCLC**  
***University of Florida College of Medicine***

Dr. Sullivan is a clinical associate professor of pediatrics in the division of neonatology at the University of Florida College of Medicine. She completed her undergraduate, medical school, pediatric residency, and neonatal-perinatal fellowship at UF, following which she spent a year in private practice neonatology in Baltimore, MD, promptly returning to her Alma Mater as faculty. She received her International Board Certification in lactation in 2006, and is also board certified in general pediatrics and neonatal-perinatal medicine. Dr. Sullivan has a strong interest in resident education, family-centered care, breastfeeding support in the NICU, and tongue-ties. In 2009, she established The Center for Breastfeeding and Newborns at the University of Florida, providing both inpatient and outpatient care for vulnerable populations and providing a venue for pediatric residents and other allied health professionals to acquire skills to help these mothers. Dr. Sullivan has advocated on behalf of low income mothers to bring services into their communities and is actively engaged with national and international breastfeeding advocacy efforts, including a current AAP community pediatrics training initiative grant recipient for "obesity prevention through breastfeeding promotion". She instituted a breastfeeding curriculum for pediatric residents. She is active in her local breastfeeding coalition, is a founding member of both the Florida Breastfeeding Coalition and the International Association of Tongue-tie Professionals, and serves as the current AAP Chapter Breastfeeding Coordinator for Florida. She is inspired by her husband and two daughters every day!



# The 20<sup>th</sup> Annual International Meeting of the *Academy of Breastfeeding Medicine*

## All Conference Meeting Program

*October 17-18, 2015 – Los Angeles, CA*

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### Poster Abstracts

- 1. The Effect of Home Visitation Educational Program on the Nutrition Pattern and Exclusive Breastfeeding in Newborns**  
Parastoo Amiri, Hourieh Shamshiri Milani
- 2. Cesarean Anesthesia and Early Breastfeeding Success**  
Jacqueline Calvo, Andrea Joyner
- 3. Breastmilk Vitamin B12 Concentrations are Inadequate, But are Not Associated with Reported Recent Animal Source Food or Vitamin B12 Intake Among Lactating Women in Rural Kenya**  
Caroline Chantry, Clair Null, Christine Stewart, Anne Williams, Sera Young
- 4. Early Breast Milk Intensity of Preterm Infants Predicts Intensity in the NICU but not after Discharge**  
Benjamin Courchia, Lawrence Noble, David Rhee
- 5. Impact of State Legislation on Hospital Breastfeeding Support in New York**  
Barbara Dennison, Wei Fan, Janine Jurkowski, Trang Nguyen, Changning Xu
- 6. Breastfeeding Success and Breast Anatomy in Obese Women**  
Dana Gal, Eyla Boies, D. Yvette LaCoursiere, Michelle Leff
- 7. Breastfeeding Practice in Pediatric Intensive Care Unit at Palestine**  
Ibtisam Ghrayeb
- 8. Enhancing Outpatient Breastfeeding Support Through a Hospital-Based Newborn Clinic**  
Melissa Glassman, Tara Hilton
- 9. Skin To Skin Contact and Basal Salivary Oxytocin Among Lactating Mothers of Premature Infants**  
Jessica Gordon, Maureen Wimberly Groer, Lance Wyble
- 10. Evaluating the Impact of Provider Breastfeeding Encouragement Timing: Evidence From a Large Population-Based Study**  
Sharlene Gozaliens, Shin Margaret Chao, Jonathan Goldfinger, Stacy Yi-Ru Sun, Priya Thaker
- 11. Breastfeeding Among Residents: A National Survey**  
Ankita Gupta, Alexandra Hanlon, Guy Hewlett
- 12. Growth Pattern of Exclusively Breastfed Low Birth Weight Babies Up to Six Months of Corrected Gestational Age**  
Mallikarjuna Honnali Bannajji

- 13. Effect of Skin-To-Skin Contact at Birth on Breastfeeding**  
Alexandra Idrovo, AnnaMarie Arias, Josefina Batista, Richard David, Alexandra Monde, Suma Pyati, Miheret Yitayew
- 14. Parental Stress Before and After Skin-To-Skin Contact in the NICU**  
Natalia Isaza, Mauricio Cabrera, Khodayar Rais-Bahrami, Mariam Said
- 15. Newborn's Brain And Somatic Tissue Oxygenation During Skin-To-Skin Contact**  
Natalia Isaza, Mauricio Cabrera, Khodayar Rais-Bahrami, Mariam Said
- 16. Barriers to Breastfeeding Continuation Among Late Preterm Infants Admitted to the NICU Versus Well Nursery**  
Laura Kair, Tarah Colaizy
- 17. Breast Milk Iodine Concentrations in Lactating Mothers at Queen Sirikit National Institute of Child Health**  
Rachada Kasemsup, Thanyaporn Mekrungharas
- 18. Design and Implementation of a Hospital Breastfeeding Quality Improvement (QI) Campaign**  
Ann Kellams, Eve Colson, Michael Corwin, Emily Drake, Nicole Geller, Fern Hauck, Mary McClain, Rachel Moon
- 19. Tongue-Tie in the NICU: Safety and Decision-Making**  
Isabella Knox
- 20. Early Skin-To-Skin Contact for Healthy Full-Term Infants After Vaginal and Cesarean Delivery: A Qualitative Study on Clinician Perspectives**  
Inez Koopman, Oluwatope Alaofin, Cynthia Argani, Jennifer Callaghan, Azadeh Farzin
- 21. Breastfeeding And Contraception: Is Evidence-Based Policy Evidence-Based?**  
Miriam Labbok
- 22. What Do Women Need in the First Week Postpartum? A Community-Based Participatory Research (CBPR) Project in Wake County NC**  
Miriam Labbok, Kathleen Anderson
- 23. Identifying Opportunities to Improve Breastfeeding Rates Among Low Socioeconomic African-American Women in Los Angeles County (LAC)**  
Leslie Lopez, Loretta Denering, Diana Ramos
- 24. Challenges for Implementing the Baby-Friendly Hospital Neonatal Intensive Care (NICU) Initiative in a Constantly Changing Health Care Environment**  
Kathleen Marinelli, Patricia MacEnroe
- 25. Prenatal Care Type on Breastfeeding Duration: Is Centeringpregnancy® The Answer?**  
Jerrine Morris, Saba Masho

- 26. Improving In-Hospital Exclusive Breastfeeding Rates in Healthy Newborns**  
Sudha Rani Narasimhan, Janice Curry, Angela Huang, Priya Jegatheesan, Alganesh Kifle, Margie McCormick, Robin Wu
- 27. Attitudes and Barriers of Breastfeeding in Infected HIV Pregnant Women**  
Amberly Nesbit, Pamela Berens, Michael Hansen, Robin Hardwicke
- 28. Metformin to Augment Low Milk Supply: A Protocol Summary**  
Laurie Nommsen-Rivers, Sarah Riddle, Amy Thompson, Erin Wagner, Laura Ward
- 29. Does Gender Affect Medical Students' Knowledge and Perceptions on Breastfeeding?**  
Stephanie Omage, Wendy Brodribb
- 30. Factors Associated with Exclusive Breastfeeding at Discharge in Urban Hospital**  
Emma Omoruyi, Pamela Berens, Alessandra Sugranes
- 31. Learning Objectives for a Multidisciplinary Resident Lactation Curriculum Based Upon Needs Assessment**  
Katherine Pasque, Kate Stanley
- 32. Implementing Baby Friendly Guidelines in Maternity Hospitals in Puerto Rico**  
Yvette Piovanetti, Cindy Calderon, Gisela Castañer
- 33. "Do As I Do" The Importance of Maternal Modeling in Los Angeles County**  
Lonnie Resser, Loretta Denering, Leslie Lopez, Diana Ramos
- 34. Do High Risk Mothers Choose to Breastfeed?**  
Elizabeth Rhyne, Ashley Borawski, Donna Halloran, Leslie Hinyard
- 35. Impact of Physician Intervention on Breast Milk Feeding in Preterm Infants**  
Elizabeth Ropp, Neil Alviedo, Ashley Bennett, Nicole Cacho
- 36. Does Acculturation Impact Breastfeeding Rates Among Hispanic Women in Los Angeles County?**  
Nancy Rodriguez, Loretta L. Denering, Giannina Donatoni, Leslie Lopez, Diana E. Ramos
- 37. Assessing The Efficacy of a Breastfeeding Friendly Quality Improvement Project in a Large Federally Qualified Health Center Network**  
Casey Rosen-Carole
- 38. Systematic Review of Breast Massage Techniques Around The World In Databases and on Youtube**  
Anna Sadovnikova, Samantha Koehler, Jeffrey Plott, Ileisha Sanders
- 39. Level of Insulin-Like Growth Factor I (IGF-I) In Breast Milk of Diabetic Mothers and Serum of Their Infants**  
Salem Sallam, Abd El-Hakim Abd El-Mohsen, Eman Kamal, Maggie Ramzy
- 40. The Effect of Kangaroo Mother Care on the Duration of Phototherapy of Infants Re-Admitted for Neonatal Jaundice**  
Nashwa Samra, Karin Cadwell, Amal, El Taweel

- 41. The Movement for Breastfeeding Sick Babies in Thailand**  
Siraporn Sawasdivorn, Diane Spatz, Siriluck Thavonvatthana, Benjamas Thussanasupap
- 42. Effect of an Educational Intervention About Breastfeeding on the Knowledge and Behaviors of OB-GYN Resident Physicians**  
Ye Shen, Rebecca Rudesill
- 43. Factors Associated with Exclusively Breastfeeding Practice for the First 6 Months of Life: Chilean National Survey Results (Enalma 2014)**  
Heather Strain, Carlos Becerra, Francisca Orchard
- 44. Knowledge on Breastfeeding Among Health Professionals in Tijuana, México**  
Ana M. Valles-Medina, Aurora A. Garcia-Leon, Rufino Menchaca-Diaz, Denisse Ornelas-Balcazar, Mario E. Rodriguez-Estrada, Marco A. Velazco-Bustamante
- 45. Suboptimal Breastfeeding Outcomes of Mothers of Late Preterm Infants**  
Yvonne Vaucher, Eyla Boies, Sheila Gahagan, Jae Kim, Christine Williams
- 46. Expressing Milk Before Birth: A Powerful Tool For Successful Breastfeeding**  
Gina Weissman
- 47. Longevity of Breastfeeding Throughout the First Year of Life for Patients Delivered at Loma Linda University Medical Center**  
Michelle Wheeler

**The 20<sup>th</sup> Annual International Meeting of the  
Academy of Breastfeeding Medicine  
ABM Member and Physician Meeting Program  
October 17-18, 2015 – Los Angeles, CA  
All Conference Meeting Participant List**

|     | <b>LastName</b> | <b>FirstName</b> | <b>Degree</b>          | <b>Organization</b>                               | <b>St</b> | <b>Country</b> |
|-----|-----------------|------------------|------------------------|---------------------------------------------------|-----------|----------------|
| 1.  | Abu-Shamsieh    | Aimee            | MD                     | UCSF Fresno                                       | CA        |                |
| 2.  | Aby             | Janelle          | MD                     |                                                   | CA        |                |
| 3.  | Ackerman        | Brandey          | MD                     |                                                   | TX        |                |
| 4.  | Affan           | Ashraf           |                        | I Nurse My Baby, LLC                              | FL        |                |
| 5.  | Akers           | Danielle         | MD                     |                                                   | MA        |                |
| 6.  | Amir            | Lisa             | MD                     | La Trobe University                               |           | Australia      |
| 7.  | Amiri           | Parastoo         |                        | Iranian Research Center on Healthy Aging Sabzevar |           | Iran           |
| 8.  | Annibali        | Vanessa          | MS, IBCLC              |                                                   | CA        |                |
| 9.  | Annibali        | Vanessa          | MS, IBCLC              |                                                   | CA        |                |
| 10. | Appleton        | Erin             | MD                     | LBMC                                              |           | Canada         |
| 11. | Arbab           | Amal             | MD                     | Hamad Medical Corp, Women's Hospital              |           | Qatar          |
| 12. | Arias           | AnnaMarie        | MD                     | John H. Stroger, Jr. Hospital of Cook County      | IL        |                |
| 13. | Arroyo          | Sylvia           | MD, IBCLC              | Jersey City Medical Center                        | NJ        |                |
| 14. | Ayli            | Sheeba           | DO                     | City of Cincinnati Health Dept                    | OH        |                |
| 15. | Backs           | Amanda           | MD                     |                                                   | CO        |                |
| 16. | Bagan           | Eileen           | RN, IBCLC              | Kootenai Health                                   | ID        |                |
| 17. | Bagley          | Rebecca          | MD                     | Cleveland Clinic                                  | OH        |                |
| 18. | Balcazar        | Ornelas          |                        |                                                   |           | Mexico         |
| 19. | Barounis        | Julia            | RN, IBCLC              | Transitions Into Parenting, Inc.                  | IL        |                |
| 20. | Bartick         | Melissa          | MD                     | Cambridge Health Alliance                         | MA        |                |
| 21. | Bastian         | Cynthia          |                        | Placer Lactation Conferences                      | CA        |                |
| 22. | Bell            | Lynn             | Esq.                   | Davies, McFarland & Carroll                       | PA        |                |
| 23. | Berens          | Pamela           | MD, IBCLC, FACOG, FABM |                                                   | TX        |                |
| 24. | Berman          | Rebecca          | PPCNP-BC, IBCLC        |                                                   | OK        |                |
| 25. | Bermudez        | Ana              |                        | Alpert Medical School of Brown                    | RI        |                |
| 26. | Bernardo        | Maria Cristina   | MD                     | Philippine Pediatric Society                      |           | Philippines    |
| 27. | Bhetasi         | Fatima           | MD                     | Welland Pediatric Associates                      |           | Canada         |
| 28. | Bishop          | Melissa          | MD, IBCLC              |                                                   | CO        |                |
| 29. | Bixby           | Christine        | MD                     | Children's Hospital of Orange County              | CA        |                |
| 30. | Bodnar          | Karen            | MD, IBCLC              |                                                   | VA        |                |
| 31. | Bohn            | Kaci             | PhD                    | Harding University College of Pharmacy            | AR        |                |
| 32. | Boies           | Eyla             | MD, FABM, FAAP         | University of California, San Diego               | CA        |                |
| 33. | Brent           | Nancy            | MD                     | Kids Plus Pediatrics                              | PA        |                |
| 34. | Brodribb        | Wendy            | MBBS, PhD, FABM        | The University of Queensland                      |           | Australia      |
| 35. | Brown           | Gwendolyn        | RN, BSN, CCE, CLC      | Kaiser Permanente                                 | CA        |                |
| 36. | Browne          | Susan            | MD                     | MCAAP, Child Health Center                        | MA        |                |
| 37. | Buchanan        | Betsy            |                        | Cincinnati Health Dept                            | OH        |                |
| 38. | Bueno           | Diana            | MD, PHD                | Universidad Autonoma de Baja California           |           | Mexico         |
| 39. | Bunik           | Maya             | MD                     | Children's Hospital Colorado                      | CO        |                |
| 40. | Burns           | Andrea           | MD                     | Children's Health Alliance                        | FL        |                |
| 41. | Buu             | MyMy             | MD                     | Stanford University School of Medicine            | CA        |                |
| 42. | Cadwell         | Karin            | MD                     | Healthy Children Project, Inc                     | MA        |                |
| 43. | Calvo           | Jacqueline       | MD                     |                                                   | CT        |                |

|      |                       |            |                    |                                                |    |                   |
|------|-----------------------|------------|--------------------|------------------------------------------------|----|-------------------|
| 44.  | Camacho               | Teresa     | IBCLC              | Clinica Sierra Vista                           | CA |                   |
| 45.  | Campbell              | Susan B.   | MD                 | Pediatrics                                     | TN |                   |
| 46.  | Capizzi               | Jaime      | RD, LD, CLC        | Sigma-Tau Pharmaceuticals                      | CA |                   |
| 47.  | Caplan                | Jennifer   | MD                 | North Scottsdale Pediatrics                    | AZ |                   |
| 48.  | Carceles              | Monica     |                    |                                                |    | Brazil            |
| 49.  | Cassidy               | Paola      | IBCLC              | Clinica Sierra Vista                           | CA |                   |
| 50.  | Castañer              | Gisela     | CLE                | Proyecto Lacta                                 | PR |                   |
| 51.  | Chambers              | Christina  | PhD, MPH           | University of California, San Diego            | CA |                   |
| 52.  | Chan                  | Brittany   |                    |                                                | CA |                   |
| 53.  | Chantry               | Caroline   | MD                 | University of California Davis Medical Center  | CA |                   |
| 54.  | Chao                  | Margaret   | PhD, MPH           | Maternal, Child, and Adolescent Health, LACDPH | CA |                   |
| 55.  | Chapman               | Allison    | MD                 |                                                |    | Canada            |
| 56.  | Charette              | Christiane | MD                 | Services Médicaux Charette Carrier inc.        |    | Canada            |
| 57.  | Chetty                | Vanessa    | MD                 | UNC Chapel Hill                                | NC |                   |
| 58.  | Chung                 | Angela     |                    |                                                | CA |                   |
| 59.  | Chung                 | Yoo-Mi     | MD, IBCLC          | Academy of Breastfeeding Medicine Korea        |    | Republic of Korea |
| 60.  | Chung                 | Gwendolyn  | MD                 | Lehigh Valley Physicians Group - Pediatrics    | PA |                   |
| 61.  | Clark                 | Cynthia    | MD                 |                                                | CA |                   |
| 62.  | Cohen                 | Laurie     | DO                 |                                                | PA |                   |
| 63.  | Cohen                 | Laurie     | DO                 |                                                | PA |                   |
| 64.  | Colindres             | Petra      | RDN/LD, IBCLC, CPT | Human Capital Management                       | OK |                   |
| 65.  | Collins               | Rebecca    | MD                 | University of Kentucky Healthcare              | KY |                   |
| 66.  | Copleman              | Marti      | JD, MPH, CLC       | Worksites for Wellness                         | NY |                   |
| 67.  | Crim                  | Mary       | APRN               | Hartford Hospital                              | CT |                   |
| 68.  | Crowe                 | Susan      | MD                 |                                                | CA |                   |
| 69.  | Dahlquist             | Nanette    | MD                 | Hillsboro Pediatric Clinic                     | OR |                   |
| 70.  | Damiani               | Nancy      |                    | South LA Health Projects                       | CA |                   |
| 71.  | Dao                   | Stella     | MD                 | Dao Health                                     | CA |                   |
| 72.  | Davis                 | Miffy      | RN IBCLC           | Women's Care                                   | OR |                   |
| 73.  | Davis                 | Margarett  | MD, MPH            |                                                | GA |                   |
| 74.  | Dawson                | Nancy      | MD                 | Dublin Primary Care                            | CO |                   |
| 75.  | Dedman                | Mary       | MD                 | Growing Healthy Children                       | KY |                   |
| 76.  | Deng                  | Xiaomeng   |                    | Trinity College                                | CT |                   |
| 77.  | Dennison              | Barbara    | MD                 | New York State Department of Health            | NY |                   |
| 78.  | Deoni                 | Sean       | PhD                | Children's Hospital, Colorado                  | CO |                   |
| 79.  | Dermer                | Alicia     | MD, IBCLC, FABM    | Rutgers Robert Wood Johnson Medical School     | NY |                   |
| 80.  | Dickinson             | Blair      | MD                 |                                                | PA |                   |
| 81.  | Die                   | Jane       | MD                 | Children's Specialty Group                     | VA |                   |
| 82.  | Do                    | Stephanie  | MD                 | South Bay Family Health Care                   | CA |                   |
| 83.  | Donnelly              | Brian      | MD                 |                                                | PA |                   |
| 84.  | Douma                 | Mari       | DO                 |                                                | MI |                   |
| 85.  | Doyle                 | Elizabeth  | MD, IBCLC          | Norton Healthcare                              | KY |                   |
| 86.  | Eglash                | Anne       | MD, IBCLC, FABM    | The Milk Mob                                   | WI |                   |
| 87.  | Ellenbogen            | Rachel     |                    | Warren Alpert Medical School at Brown          | RI |                   |
| 88.  | Emmanuelsson          | Janice     | RN, BSN, IBCLC     | Danish Woolen Depot                            | VT |                   |
| 89.  | Evans                 | Amy        | MD, FAAP, FABM     | Center for Breastfeeding Medicine              | CA |                   |
| 90.  | Fairlie               | Tarayn     | MD                 | Kaiser Permanente Georgia                      | GA |                   |
| 91.  | Faulkner              | Bethan     | DNP                | Stanford Children's Health                     | CA |                   |
| 92.  | Federici              | Karen      | MD, FABM, IBCLC    | Family First Physicians                        | IL |                   |
| 93.  | Fein                  | Eric       | MD                 | Harbor UCLA Medical Center                     | CA |                   |
| 94.  | Flaherman             | Valerie    | MD, MPH            | University of California San Francisco         | CA |                   |
| 95.  | Flores                | Katrina    |                    | UC San Diego Department of Pediatrics          | CA |                   |
| 96.  | Flores-Anton          | Beatriz    | MD, IBCLC          | Hospital 12 de Octubre                         |    | Spain             |
| 97.  | Frantz                | Kittie     |                    | Geddes Productions, LLC                        | CA |                   |
| 98.  | Free                  | Jessica    |                    |                                                | NE |                   |
| 99.  | Fusco                 | Tamara     | MD, IBCLC          |                                                | MO |                   |
| 100. | Gadelha Dias Oliveira | Elisiane   |                    |                                                |    | Brazil            |

|      |                 |                 |                       |                                                          |    |                 |
|------|-----------------|-----------------|-----------------------|----------------------------------------------------------|----|-----------------|
| 101. | Gal             | Dana            | MD                    |                                                          | CA |                 |
| 102. | Garbez          | Dan             |                       | Dao Health                                               | CA |                 |
| 103. | Garces Correa   | Patricia        |                       | La Leche League                                          |    | Mexico          |
| 104. | Garcia          | Aurora          |                       |                                                          |    | Mexico          |
| 105. | Gartner         | Lawrence        | MD                    | The University of Chicago                                | CA |                 |
| 106. | Gavurmadzhyan   | Naira           | RD, CLE               | PHFE-WIC Program                                         | CA |                 |
| 107. | Glassman        | Melissa         | MD, MPH               | Columbia University                                      | NY |                 |
| 108. | Golik           | Lisa            | MD                    | Saint Agnes Medical Providers                            | CA |                 |
| 109. | Gordina         | Alla            | MD, IBCLC, FAAP       | Global Pediatrics and Family Medicine                    | NJ |                 |
| 110. | Gordon          | Jessica         | ARNP                  | University of South Florida College of Nursing           | FL |                 |
| 111. | Goulding        | Alison          | MD                    |                                                          | NC |                 |
| 112. | Graham          | Gloria          | MD                    |                                                          | CA |                 |
| 113. | Green           | Akiba           | DO                    |                                                          | CA |                 |
| 114. | Griffith        | Sandra          | MD                    | Allegro Pediatrics                                       | WA |                 |
| 115. | Grizzle         | Lindsay         | MD                    |                                                          | AZ |                 |
| 116. | Grobman         | Lily            | MD                    |                                                          | CA |                 |
| 117. | Groleau         | Danielle        | PhD                   | McGill University                                        |    | Canada          |
| 118. | Gross           | Elizabeth       | RN, IBCLC             |                                                          | CA |                 |
| 119. | Guedes Crozara  | Conceicao Maria |                       |                                                          |    | Brazil          |
| 120. | Guillen Chavez  | Adriana         | IBCLC                 | Instituto Mexicano del Seguro Social                     |    | Mexico          |
| 121. | Gupta           | Ankita          | MD, MPH               |                                                          | PA |                 |
| 122. | Hamilton Spence | Erin            | MD                    | Mednax, LLC                                              | TX |                 |
| 123. | Hanley          | Lauren          | MD                    | Massachusetts General Hospital                           | MA |                 |
| 124. | Hare            | Jolene          | TN, BSN, IBCLC        | Chattanooga Hamilton County Health Dept                  | OH |                 |
| 125. | Hart            | Elaine          | MD                    | Loma Linda University Medical Center                     | CA |                 |
| 126. | Haughey         | Lisa            | RN                    | Kaiser Permanente                                        | CA |                 |
| 127. | Hays            | Haley           | RN, IBCLC             | Lompoc Valley Medical Center                             | CA |                 |
| 128. | Hayward         | Susan           | MD                    | Queen Square Family Health Team                          |    | Canada          |
| 129. | Helland         | Yvonne          | RN, NNP-BC            | Pediatric Medical Group                                  | TX |                 |
| 130. | Hennum          | Jesse           | MD                    |                                                          | MN |                 |
| 131. | Herbers         | Kathleen        | BSN, IBCLC            | Central DuPage Hospital                                  | IL |                 |
| 132. | Herrine         | Gail            | MD                    |                                                          | PA |                 |
| 133. | Hoca            | Renata          |                       | UPMC OB/GYN Associates of Pittsburgh                     | PA |                 |
| 134. | Holtzapple      | John            | MD                    |                                                          | OR |                 |
| 135. | Honey-Jones     | Marissa         | IBCLC                 |                                                          | AZ |                 |
| 136. | Honnali Bannaji | Mallikarjuna    | MBBS, MD, DCH         | M.S.Ramaiah Medical College                              |    | India           |
| 137. | Howard          | Cynthia         | MD, MPH, FABM         | Rochester General Hospital                               | NY |                 |
| 138. | Howland         | Jennie          | MD                    |                                                          | MA |                 |
| 139. | Idrovo          | Alexandra       | MD                    |                                                          | IL |                 |
| 140. | Irving          | Andrea          | DO                    |                                                          | AZ |                 |
| 141. | Isaza           | Natalia         | MD                    | Children's National Health System                        | MD |                 |
| 142. | Jain            | Mamta           | MD                    | San Joaquin General Hospital                             | CA |                 |
| 143. | Jarret          | Cynthia         | MD                    | Doylestown Hospital                                      | PA |                 |
| 144. | Jarvinen-Seppo  | Kirsi           | MD, PhD               | University of Rochester School of Medicine and Dentistry | NY |                 |
| 145. | Jason           | Laura           | IBCLC                 | Clinica Sierra Vista                                     | CA |                 |
| 146. | Jensen          | Charmay         | RD                    | Sigma-Tau Pharmaceuticals                                | CA |                 |
| 147. | Johannson       | Joshua          | MD, IBCLC             |                                                          | AL |                 |
| 148. | Johnson         | Jane            | RN, IBCLC             | Essentia Health, St. Mary's Medical Center               | MN |                 |
| 149. | Johnson         | Christine Cole  | PhD, MPH              | Henry Ford Hospital & Health System                      | MI |                 |
| 150. | Kair            | Laura           | MD                    |                                                          | IA |                 |
| 151. | Kasemsup        | Rachada         | MD                    | Queen Sirikit National Institute of Child Health         |    | Thailand        |
| 152. | Kellams         | Ann             | MD, IBCLC, FAAP, FABM | University of Virginia                                   | VA |                 |
| 153. | Kietzman        | Sara            | RN, IBCLC             | St. Christopher's Center for the Urban Child             | PA |                 |
| 154. | Knox            | Isabella        | MD, EdM               | Seattle Children's Hospital                              | WA |                 |
| 155. | Koopman         | Inez            |                       | Utrecht University, The Netherlands                      |    | The Netherlands |

|      |                  |            |                                    |                                                                       |     |             |
|------|------------------|------------|------------------------------------|-----------------------------------------------------------------------|-----|-------------|
| 156. | Korn             | Raquel     | RN, IBCLC                          | Kaiser Permanente                                                     | CA  |             |
| 157. | Kovarik          | Teresa     | MD                                 | HealthPartners                                                        | MN  |             |
| 158. | Kronborg         | Hanne      | PhD MPH                            | Aarhus University                                                     |     | Denmark     |
| 159. | Kuo              | Sheree     | MD                                 |                                                                       | HI  |             |
| 160. | Labbok           | Miriam     | MD, MPH, IBCLC, FACPM, FABM, FILCA | Carolina Global Breastfeeding Institute, University of North Carolina | NC  |             |
| 161. | Lamond           | Shawna     | MD                                 |                                                                       |     | Canada      |
| 162. | Landers          | Susan      | MD                                 | Pediatrix Medical Group                                               | TX  |             |
| 163. | Langthorn        | Liz        | MPH                                |                                                                       | OK  |             |
| 164. | Lappin           | Susan      | MD                                 |                                                                       |     | Canada      |
| 165. | Larson           | Ilse       | MD                                 | Oregon Health & Science University                                    | OR  |             |
| 166. | Lascheck         | Kayellen   | IBCLC, RLC                         | Riverside County Dept of Public Health                                | CA  |             |
| 167. | Lawrence         | Robert     | MD                                 | University of Florida Pediatrics                                      | FL  |             |
| 168. | Lawrence         | Ruth       | MD, FABM                           |                                                                       | NY  |             |
| 169. | Lee              | David      | MD                                 |                                                                       | CA  |             |
| 170. | Lee              | Lori       |                                    |                                                                       | CA  |             |
| 171. | Leeper           | Kathy      | MD, FAAP, IBCLC, FABM              | Kansas Breastfeeding Coalition                                        | KS  |             |
| 172. | LeFort           | Yvonne     | MD                                 | Milford Family Medical Centre                                         |     | New Zealand |
| 173. | Lehman           | Kristina   | MD                                 | Ohio State University                                                 | OH  |             |
| 174. | Lenssen          | Maureen    | CPNP, IBCLC                        | University of Colorado Denver                                         | CO  |             |
| 175. | Liang            | An Na      |                                    |                                                                       | CA  |             |
| 176. | Lidolph          | Kaye       |                                    | Milkworks                                                             | NE  |             |
| 177. | Logan            | Heather    |                                    | I Nurse My Baby, LLC                                                  | FL  |             |
| 178. | Logan            | Andrea     | MD                                 |                                                                       | MS  |             |
| 179. | Long             | Sahira     | MD                                 |                                                                       | MD  |             |
| 180. | Lopez            | Leslie     | MPH                                | Choose Health LA Moms                                                 | CA  |             |
| 181. | Lori             | Ricke      | MD                                 | HealthPartners                                                        | MN  |             |
| 182. | Luchtefeld       | Cindie     | RN                                 | Children's Mercy Hospital                                             | KS  |             |
| 183. | Luu              | Lisa       | DO                                 | UCSF Fresno Pediatrics                                                | Cal |             |
| 184. | Magloire         | Christ-Ann |                                    | Une Place Pour Les Femmes, LLC                                        | FL  |             |
| 185. | Maldonado-Millan | Monica     | MD                                 | Pro-Lactation Committe Mexican Institue of Social Security            |     | Mexico      |
| 186. | Manson           | Nadine     | MD                                 | McMaster University                                                   |     | Canada      |
| 187. | Marinelli        | Kathleen   | MD, IBCLC, FABM                    | University of CT School of Medicine/Ct Children's Medical Center      | CT  |             |
| 188. | Marshall         | Erin       |                                    | New Mexico Breastfeeding Task Force                                   | NM  |             |
| 189. | Maxwell          | Abigael    | MD                                 |                                                                       | CT  |             |
| 190. | McGrail          | Wendy      | MPH, RD                            | PHFE-WIC Program                                                      | CA  |             |
| 191. | McLaren          | Margaret   | MD                                 | Connecticut Childrens Medical Center                                  | CT  |             |
| 192. | Meek             | Joan       | MD, MS, RD, IBCLC, FAAP, FABM      | Florida State University College of Medicine                          | FL  |             |
| 193. | Mendez           | Mary Helen | IBCLC                              | Clinica Sierra Vista                                                  | CA  |             |
| 194. | Metcalf          | Robin      | RN, IBCLC                          | Kaiser Permanente, Hawaii Region                                      | HI  |             |
| 195. | Miles            | Amy        | DO, IBCLC                          | Cambridge Springs Health Center                                       | PA  |             |
| 196. | Miller           | Brooke     | MD                                 |                                                                       |     | Canada      |
| 197. | Molina           | Hanna      | MD                                 |                                                                       | NC  |             |
| 198. | Montgomery       | Anne       | MD                                 | Eisenhower Medical Center                                             | CA  |             |
| 199. | Moore            | Rene       | IBCLC                              | First Food For Baby                                                   | AZ  |             |
| 200. | Moore            | Jennifer   | MD                                 | Nightingales Breastfeeding Support Center                             | CT  |             |
| 201. | Morad            | Anna       | MD                                 | Vanderbilt University                                                 | TN  |             |
| 202. | Morton           | Jane       | MD, FABM                           | Stanford University                                                   | CA  |             |
| 203. | Mouzoon          | Melanie    | MD                                 | Kelsey-Seybold Clinic                                                 | TX  |             |
| 204. | Mullin           | Suzanne    | MD                                 |                                                                       | NY  |             |
| 205. | Murphy           | James      | MD, FAAP, FABM, IBCLC              | Breastfeeding Fixers                                                  | CA  |             |
| 206. | Musoke           | Rachel     | MB, ChB, MMed, FABM                | University of Nairobi                                                 |     | Kenya       |
| 207. | Narasimhan       | Sudha Rani | MD                                 | Santa Clara Valley Medical Center                                     | CA  |             |
| 208. | Neel             | Kira       |                                    |                                                                       | RI  |             |



|      |                   |                 |                       |                                                                  |    |          |
|------|-------------------|-----------------|-----------------------|------------------------------------------------------------------|----|----------|
| 209. | Neifert           | Marianne        | MD                    | Dr. Mom Presentations, LLC                                       | CO |          |
| 210. | Newton            | Edward          | MD, FABM              | East Carolina University                                         | NC |          |
| 211. | Nichols-Johnson   | Victoria        | MD, FACOG, FABM       | SIU School of Medicine                                           | IL |          |
| 212. | Nishimura         | Midori          | MD, IBCLC             | Family Medicine and Lactation                                    | CA |          |
| 213. | Noble             | Larry           | MD                    | Icahn School of Medicine at Mount Sinai                          | NY |          |
| 214. | Nommsen-Rivers    | Laurie          | PhD, RD, IBCLC        | Cincinnati Children's Hospital                                   | OH |          |
| 215. | Ogg               | Susan           | CRA-RN                | St. Jude Children's Research Hospital                            | TN |          |
| 216. | O'Hara            | Maryann         | MD                    |                                                                  | WA |          |
| 217. | Ohienmhen         | Beatrix         |                       | Children's Hospital of the Kings Daughters                       | VA |          |
| 218. | Oku               | Kikuko          | MD                    |                                                                  |    | Japan    |
| 219. | Orellana          | Josie           |                       | Public Health Foundation Enterprises                             | CA |          |
| 220. | Osborne           | Dahlma          | CNM                   | Memorial Hospital of Gardena                                     | CA |          |
| 221. | Ozawa             | Carol           | MD                    | Packard Children's Hospital                                      | CA |          |
| 222. | Park              | Christine       | MD                    | Northeast Valley Health Corporation                              | CA |          |
| 223. | Parks             | Glenda          |                       | Erlanger Health System                                           | TN |          |
| 224. | Partridge         | Chrissy         | RD, IBCLC             | PHFE-WIC Program                                                 | CA |          |
| 225. | Pasque            | Katie           | MD                    |                                                                  | MI |          |
| 226. | Pham              | Jaime           | MD                    |                                                                  | GA |          |
| 227. | Phillips          | Raylene         | MD, IBCLC, FABM, FAAP | Loma Linda University Children's Hospital                        | CA |          |
| 228. | Piovanetti        | Yvette          | MD, FABM              | University of Puerto Rico School of Medicine                     | PR |          |
| 229. | Powers            | Nancy           | MD                    |                                                                  | KS |          |
| 230. | Rahman            | Fareen          | MD                    |                                                                  | CA |          |
| 231. | Rajska            | Barbara "Basia" | MD                    | Tuality Ob/Gyn                                                   | OR |          |
| 232. | Randolph          | Julianne        | MD                    |                                                                  | CA |          |
| 233. | Reece-Stremtan    | Sarah           | MD                    |                                                                  | DC |          |
| 234. | Ren               | Yuwen           |                       | Yuwen Breastfeeding Promotion Center                             | TX |          |
| 235. | Rhyne             | Elizabeth       | PNP                   | Saint Louis University                                           | MO |          |
| 236. | Rice              | Marion          |                       | Human Milk Banking Association of North America                  | CA |          |
| 237. | Richardson        | Janelle         |                       |                                                                  | OH |          |
| 238. | Richter           | Monica          | MD, PhD, IBCLC        | Valley Children's Clinic                                         | WA |          |
| 239. | Riddle            | Sarah           | MD                    | Cincinnati Children's Hospital Medical Center                    | OH |          |
| 240. | Riek              | Cara            |                       |                                                                  | AZ |          |
| 241. | Robles            | Melissa         | IBCLC                 | Clinica Sierra Vista                                             | CA |          |
| 242. | Rodriguez         | Isabel          | RDN, IBCLC            | Culver City WIC Center                                           | CA |          |
| 243. | Rodríguez-Estrada | Mario           |                       | Universidad Autonoma de Baja California                          |    | Mexico   |
| 244. | Rojas             | Ximena          |                       | Comite Pro Lactancia Tijuana                                     |    | Mexico   |
| 245. | Ropp              | Elizabeth       | DO                    |                                                                  | FL |          |
| 246. | Rose              | Elizabeth       | MD                    |                                                                  | MA |          |
| 247. | Rosen-Carole      | Casey           | MD, MPH               |                                                                  | NY |          |
| 248. | Rothenberg        | Susan           | MD, FACOG             | Mount Sinai Beth Israel                                          | NY |          |
| 249. | Rouw              | Elien           | MD, FABM              |                                                                  |    | Germany  |
| 250. | Rubin             | Zarya           | MD                    |                                                                  | OR |          |
| 251. | Rudesill          | Rebecca         | MD, ALC               | The Ohio State University Drive                                  | OH |          |
| 252. | Ruff              | Sarah           | MD                    |                                                                  | NC |          |
| 253. | Sack              | Elizabeth       | MD                    |                                                                  | LA |          |
| 254. | Sadovnikova       | Anna            | MPH                   | LiquidGoldConcept                                                | CA |          |
| 255. | Sanchez           | Amy             | MD                    | UNC Family Medicine                                              | NC |          |
| 256. | Sandroek          | Deborah         | MD, IBCLC             | Drexel University College of Medicine, St Christopher's Hospital | PA |          |
| 257. | Santoyo           | Bertha          | IBCLC                 | Clinica Sierra Vista                                             | CA |          |
| 258. | Sawasdivorn       | Siraporn        | MD                    | Queen Sirikit National Institute of Child Health                 |    | Thailand |
| 259. | Schanler          | Richard         | MD                    | Hofstra North Shore-LIJ School of Medicine                       | NY |          |
| 260. | Scibetta          | Emily           | MD                    | UCLA Maternal Fetal Medicine                                     | CA |          |
| 261. | Scott             | Julie           |                       |                                                                  |    | Canada   |
| 262. | Seo               | Tomoko          | MD, IBCLC, FABM       |                                                                  |    | Japan    |

|      |                 |               |                       |                                                                   |    |             |
|------|-----------------|---------------|-----------------------|-------------------------------------------------------------------|----|-------------|
| 263. | Shafai          | Touraj        | MD, PhD               | Inland Empire Children's Medical Group and Breastfeeding Med      | CA |             |
| 264. | Sharma          | Abha          | MD                    | Southern California Permanente Medical Group                      | CA |             |
| 265. | Shaw            | Linda         | MD                    |                                                                   | CA |             |
| 266. | Shawn           | Erin          | FNP                   | Providence Health System                                          | OR |             |
| 267. | Shen            | Ye            |                       |                                                                   | OH |             |
| 268. | Shy             | Rosemary      | MD                    | University of Iowa Hospitals and Clinics                          | IA |             |
| 269. | Slat            | Stacy         | MD                    |                                                                   | VA |             |
| 270. | Slyman          | Michelle      | CPNP                  | Rochester General Hospital                                        | NY |             |
| 271. | Smillie         | Christina     | MD, FABM              | Breastfeeding Resources                                           | CT |             |
| 272. | Smith           | Genevieve     | MD                    |                                                                   |    | Canada      |
| 273. | Smith           | Heidi         | MD, MPH               | Rochester Regional Health                                         | NY |             |
| 274. | Smith           | Linda         | MPH                   | Wright State University School of Medicine                        | OH |             |
| 275. | Snyder          | Kailey        | BA                    | University of NE at Omaha                                         | NE |             |
| 276. | Soeichinger     | Ella          | MD                    | Olive View UCLA Medical Center                                    | CA |             |
| 277. | Spieler         | Lauren        | MD                    |                                                                   | CA |             |
| 278. | Springer        | Ellen         | MD, IBCLC             | Center for Breastfeeding Medicine, Cincinnati Children's Hospital | OH |             |
| 279. | Sriraman        | Natasha       | MD, MPH, FAAP, FABM   | Children's Hospital of the King's Daughters                       | VA |             |
| 280. | St. Fleur       | Rose          | MD, FAAP, IBCLC       | Jersey Shore University Medical Center                            | NJ |             |
| 281. | Standish        | Katherine     | MD                    | Yale School of Medicine                                           | CT |             |
| 282. | Stanley         | Mary          | RN, IBCLC             | Central Valley Lactation Association                              | CA |             |
| 283. | Staricka        | Christine     |                       | United States Lactation Consultant Association                    | DC |             |
| 284. | Stellwagen      | Lisa          | MD, FAAP              | University of California, San Diego                               | CA |             |
| 285. | Stewart         | Kristin       | BS, CLC               | Healthy Children Project                                          | MA |             |
| 286. | Stokes-Kuri     | Melissa       |                       |                                                                   | CA |             |
| 287. | Strain          | Heather       |                       | National Breastfeeding Committee Chile                            |    | Chile       |
| 288. | Strassman       | Rima          | MD                    | The Milk Mob                                                      | WI |             |
| 289. | Stuebe          | Alison        | MD                    |                                                                   | NC |             |
| 290. | Sullivan        | Sandra        | MD, FAAP, IBCLC       |                                                                   | FL |             |
| 291. | Swain           | Carole        | RN IBCLC              |                                                                   | CA |             |
| 292. | Sward-Comunelli | Susan         | MD                    |                                                                   | TX |             |
| 293. | Sylla           | Ricci         | MD                    |                                                                   | CA |             |
| 294. | Taylor          | Julie         | MD                    |                                                                   | RI |             |
| 295. | Tcheng          | Barbara       | MD, IBCLC             | Venice Family Clinic, UCLA                                        | CA |             |
| 296. | Tender          | Jennifer      | MD, IBCLC             | Children's National Medical Center                                | MD |             |
| 297. | Terrell         | Mary          | MD, IBCLC             |                                                                   | NC |             |
| 298. | Thompson        | Lindsey       | MS, MPH               | UCLA Pediatrics, Health Services Research Program                 | CA |             |
| 299. | Tobolic         | Tim           | MD                    |                                                                   | MI |             |
| 300. | Trayber         | Ilana         |                       |                                                                   | CA |             |
| 301. | Tzeng           | Yinn          | MD                    |                                                                   | CA |             |
| 302. | Uy              | Ma. Esterlita | MD                    | University of the Philippines Manila                              |    | Philippines |
| 303. | Valadez         | Diana         | IBCLC                 | Clinica Sierra Vista                                              | CA |             |
| 304. | Valdes          | Veronica      | MD                    | Universidad Católica de Chile                                     |    | Chile       |
| 305. | Vaucher         | Yvonne        | MD                    |                                                                   | CA |             |
| 306. | Velazco         | Marco         | MD                    | Institute for Social Security and Services for State Workers      |    | Mexico      |
| 307. | Vickers         | Susan         | MD                    |                                                                   |    | Australia   |
| 308. | Wagner-Davis    | Mary          | NP                    |                                                                   | CA |             |
| 309. | Ward            | Laura         | MD, IBCLC             | Cincinnati Children's Hospital Medical Center                     | OH |             |
| 310. | Ware            | Julie         | MD, FABM              | Cincinnati Children's Hospital Medical Center                     | OH |             |
| 311. | Watkins         | Amanda        | FNP                   | ASU, Southwest Clinical Lactation Education Program               | NC |             |
| 312. | Weissman        | Gina          | DMD                   | HalavM breastfeeding Clinic                                       |    | Israel      |
| 313. | Weldon          | Brittany      | MD                    |                                                                   | CA |             |
| 314. | Wheaton         | Wendy         | MD                    | Kaiser-Permanente                                                 | CA |             |
| 315. | Wight           | Nancy         | MD, IBCLC, FABM, FAAP |                                                                   | CA |             |
| 316. | Wilham          | Sharon        |                       | University of Kentucky HealthCare                                 | KY |             |
| 317. | Williams        | Beth          | MD                    | Palo Alto Medical Foundation                                      | CA |             |

|      |                |                    |                          |                                                     |    |                   |
|------|----------------|--------------------|--------------------------|-----------------------------------------------------|----|-------------------|
| 318. | Wilwerding     | Laura              | MD, IBCLC                | Naturally Healthy Kids                              | NE |                   |
| 319. | Winley         | Amberly            | MD                       |                                                     | TX |                   |
| 320. | Witt           | Ann                | MD                       |                                                     | OH |                   |
| 321. | Woolridge      | Michael<br>William | BSc, Dphil               | University College London Institute of Child Health |    | United<br>Kingdom |
| 322. | Wyble          | Lance              | MD                       |                                                     | FL |                   |
| 323. | Yin            | Connie             |                          | PHFE-WIC Program                                    | CA |                   |
| 324. | Young          | Michal             | MD                       | Howard University College of Medicine               | MD |                   |
| 325. | Young          | Jennifer           | MD, IBCLC, FAAP          | Shoreline Breastfeeding Medicine, LLC               | CT |                   |
| 326. | Zayas Alvarado | Edna L             | MD, FAAP, FABM,<br>IBCLC |                                                     | PR |                   |
| 327. | Zheng          | Cynthia            |                          | Geddes Productions, LLC                             | CA |                   |
| 328. | Zoppi          | Irene              | RN, MSN, IBCLC           | Medela, Inc                                         | MA |                   |



**SATURDAY**



**Tenth Annual Founders' Lecture  
Breastfeeding and the  
Perils of Malpractice**

Lynn Bell, Esq.  
Davies, McFarland & Carroll.





**POWERPOINT CANNOT BE DISTRIBUTED**

**Outline:**

A malpractice case involving breastfeeding issue will be discussed with specific reference to the elements of medical malpractice, the facts involved in the case which was tried, why patients sue, tips on how to avoid suit and what to do if you are sued.



# **Panel Discussion Following Founders' Lecture**

Lynn Bell, Esq.  
Davies, McFarland & Carroll

Nancy Brent, MD  
Kids Plus Pediatrics

Renata Hoca, MD  
University of Pittsburgh Medical Center

Ruth A. Lawrence, MD, FABM  
University of Rochester School of Medicine



**NO POWERPOINT TO SUBMIT**



# **The Challenging Pathway of Baby-Friendly Initiatives in Spain**

Beatriz Flores Anton, MD, IBCLC  
Hospital 12 de Octubre





## The challenging pathway of the Baby Friendly Initiative in Spain

Beatriz Flores Antón, MD, IBCLC  
Neonatologist  
BFI-Spain hospital group coordinator  
Member of the Committee of Breastfeeding of Madrid  
E-mail: befloan@gmail.com



Baby-Friendly Hospital since 2011.

## Disclosures: None.

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

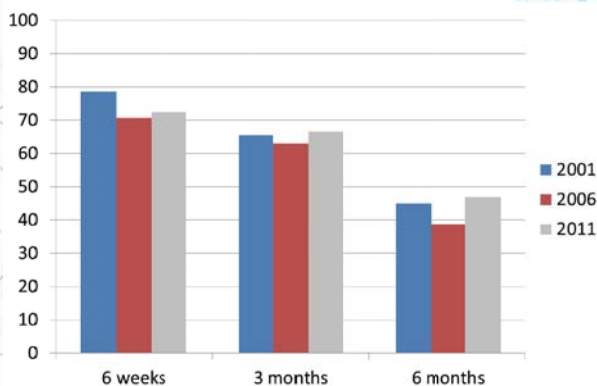
### OUTLINE

- Breastfeeding in Spain.
- History of BFI in Spain.
- Challenges and lessons learned.
- Recent initiatives

## Spanish National Health System

- Primary care: 3000 primary care health centers.
- Specialist care: maternity units: 344 (public centers: 227).
- Births/year: 426.303 (in 2014).
- Average stay in Maternity Units: 2 days.
- 16 weeks paid maternity leave

## Breastfeeding duration in Spain



Data: Spanish National Institute of Statistics

## Promotion of breastfeeding in Spain

- No National Breastfeeding Authority
- No national goals for breastfeeding.
- The Code of Marketing of Breast-Milk Substitutes is partially covered by law.
- 17 regions with local governments.
- There are neither comprehensive or integrated health system nor health worker training policies and plans.



## What is to be a BFI hospital in Spain?



- Recognition of quality care. "We are and we continue to be about the promotion of breastfeeding even if we were not BFI accredited; this doesn't require any medals or awards".
- Improving breastfeeding rates.
- Recovering breastfeeding culture among both professionals and community.

Gómez Papi A. Survey among Spanish BFI Hospitals . IV Spanish BF Congress, Tenerife 2006.

## Changes in exclusive breastfeeding rates at discharge in some BFI Spanish Hospitals



|            | Before BFI accreditation | After BFI accreditation |
|------------|--------------------------|-------------------------|
| Tarragona  | 50%                      | 80-85%                  |
| Granollers | 83%                      | 89%                     |
| Zumárraga  | 75%                      | 82-90%                  |
| C. Narcea  | 51%                      | 88%                     |

### Sociopolitical

- Lack of government support.
- Fragmentation of health services.
- No official Code surveillance in place.
- Cultural norms.
- Inadequate BF education in medical and nursing training.

### Individual

- Inadequate knowledge and skills.
- Negative or conflicting attitudes toward BFI.
- Resistance to change.

## BARRIERS

### Organizational

#### FOR BFHI:

- Scarcity of economic and human resources.
- Little visibility among professionals and mothers.

#### FOR HOSPITALS:

- Lack of funds for costs related with BFI implementation.
- Staff shortages, too busy to provide BF support.
- Lack of BF training program for staff.
- Hospital routines, provision of free supplies of formula.

Hernández-Aguilar MT, Lasarte-Vellilas JJ, Martín-Calama J, Flores-Antón B, Borja-Herrero C, García-Franco M, Navas-Lucena V, Pallás-Alonso CR. The Baby-Friendly Initiative in Spain: A Challenging Pathway. *J Hum Lact*, August 2014; 30(3):276-282.

Semenic S, Childerhose JE, Lauziere J, Groleau D. Barriers, facilitators and recommendations related to implementing the Baby-Friendly Initiative (BFI): an integrative review. *J Hum Lact* 2012; 28(3):317-334.

### Sociopolitical

- Funds from National Perinatal Health Strategy and from grants for quality projects could be available.
- BFHI coordinators network.

## STRENGTHS

### Organizational

- Multidisciplinary composition of BFI Committee
- WHO/UNICEF BFI materials
- Biennial BF Spanish Congress since 2000.

### Individual

- Network of committed professionals and mothers.
- Committed members of some of the stakeholder associations volunteering work for BFI.

Hernández-Aguilar MT, Lasarte-Vellilas JJ, Martín-Calama J, Flores-Antón B, Borja-Herrero C, García-Franco M, Navas-Lucena V, Pallás-Alonso CR. The Baby-Friendly Initiative in Spain: A Challenging Pathway. *J Hum Lact*, August 2014; 30(3):276-282.

Semenic S, Childerhose JE, Lauziere J, Groleau D. Barriers, facilitators and recommendations related to implementing the Baby-Friendly Initiative (BFI): an integrative review. *J Hum Lact* 2012; 28(3):317-334.

"Do not let what you cannot do interfere with what you can do."  
John Wooden



## Planning...



## Criteria for BF designation



### HOSPITALS

- Ten Steps for successful breastfeeding
- $\geq 75\%$  of exclusive BF from birth to discharge.
- Adherence to International Code of Marketing of Breast-milk Substitutes.
- **Mother-friendly care.**
- **Caring for the mother who has decided not to breastfeed**

Global criteria

## Mother-friendly care

- encouraging women **to have companions** of their choice\*.
- allowing women **to drink and eat light foods**\*
- considering the use of non-drug methods of **pain relief**\* respecting the personal preferences.
- encouraging women **to walk and move** about during labour and assume positions of their choice while giving birth\*.
- Avoiding **invasive procedures**\*

Strategy for Assistance at Normal Childbirth in the National Health System 2007

Guía de Práctica Clínica sobre la Atención al Parto Normal

\*If desired and/or unless specifically required for a complication

Spanish Ministry of Health. Strategy for Assistance at normal Childbirth in the National Health System. Madrid: Ministry of Health; 2008. Available at: <http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/atencionParto.htm>

## Caring for the mothers who have decided not to breastfeed

- Information about the benefits of skin to skin contact.
- Offering help in preparing and giving their babies feeds.

## The 7 Steps- Community

- **Step 1.** Have a **written breastfeeding policy** and routinely communicate it to all staff.
- **Step 2.** **Train all staff** to ensure adequate implementation of the breastfeeding policy.
- **Step 3.** Ensure that all **pregnant women** and their families receive information about the benefits and management of breastfeeding.
- **Step 4.** Provide **adequate support for breastfeeding mothers** to initiate and sustain breastfeeding, and ensure that all mothers, regardless of feeding method, get the feeding support they need.
- **Step 5.** Encourage **exclusive breastfeeding up to 6 months** of age and continued breastfeeding for 2 years or more, with the introduction of appropriate complementary foods at 6 months.
- **Step 6.** Provide a welcoming **atmosphere** for breastfeeding families.
- **Step 7.** Promote **cooperation with breastfeeding support groups** and the community.

Hernández-Aguilar MT, González-Lombide G, Bustinduy-Bascarán A, et al. The Community Baby-Friendly Initiative: guaranteed quality care. [in Spanish]. Rev Pediatr Aten Primaria. 2009;11(3):513-529. Fifth annual meeting of the Spanish Primary Care Pediatric Association: launching the Community Baby-Friendly Initiative [in Spanish]. Rev Pediatr Aten Primaria. 2009;11(43):709-716.

## Criteria for BF designation

COMMUNITY

- Seven Steps for successful breastfeeding
- To show an increase in BF rates.
- Adherence to International Code of Marketing of Breast-milk Substitutes.
- To promote and spread the adequate birth care information.
- Caring for the mother who has decided not to breastfeed

## WHY DOES SPAIN HAVE SO FEW BFI HOSPITALS?

Flores Antón B, Lasarte Velillas JJ, Hernández Aguilar MT, Martín-Calama Valero J, Navas Lucena V, Arena Ansoategui J. Why does Spain have so few BFI Hospitals? Survey results and implemented strategies. 4th European Regional Meeting of the Academy of Breastfeeding of the Academy of Breastfeeding Medicine, Trieste 2012

## Survey about BFHI among professionals...

- Nine-question poll:
  - Knowledge about the BFHI (4),
  - Barriers (2) and their own difficulties (2) in BFHI implementation.
- Two settings:
  - 1) During BFHI training course: 26 heads of department, supervisors and breastfeeding leaders of health facilities from Castilla-La Mancha region (Spain).
  - 2) In the Spanish BFHI web page ([www.ihan.es](http://www.ihan.es)) for 3 months

## Survey results Professionals



139 health professionals from 14 different regions.

50.3% of them worked in hospitals  
39.2% in community health centers.

Directive staff: 20 (12,9%)

## Survey results Knowledge of BFHI



Close-ended questions:

- "Do you know what is BFHI?" YES 129 (**94.9%**)
- One question about BFHI objectives\*:  
CORRECT: 59 (**43,7%**)
- Two questions about BFHI requirements\*:  
CORRECT: 56 (**41.8%**)

\*Only one valid answer among 6.

## Survey results

"Why do you think there are so few  
BFHI Accredited Hospitals in Spain?"



\* Multioption question

- Difficulties inherent in changing established routines:  
92 (59.4%)
- Not knowing how to implement needed changes:  
90 (58,1%)
- Lack of support (directives, BFHI Spain..):  
85 (54.8%).
- ...

Similar results in both surveys

Flores Antón B, Lasarte Velillas JJ, Hernández Aguilar MT, Martín-Catama Valero J, Navas Lucena V, Arena Ansoategui J. Why does Spain have so few BFHI Hospitals? Survey results and implemented strategies. 4th European Regional Meeting of the Academy of Breastfeeding of the Academy of Breastfeeding Medicine. Trieste 2012

- "Nothing is particularly hard if you divide it into small jobs". **Henry Ford**



Doing...



## Advantages of staged accreditation

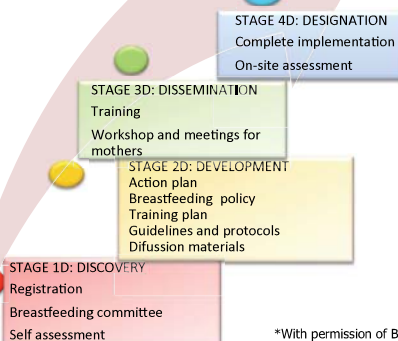


- Recognition of the work already done.
- Institutions feel more supervised during the process.
- Easier to assume the costs...the same price but in installments
- It allows for celebration at every stage achieved.

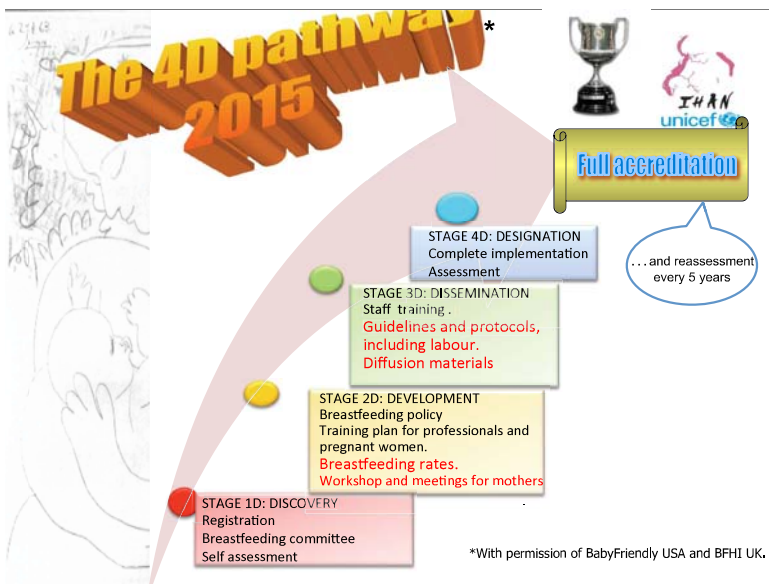
## The 4D pathway\*



Full accreditation



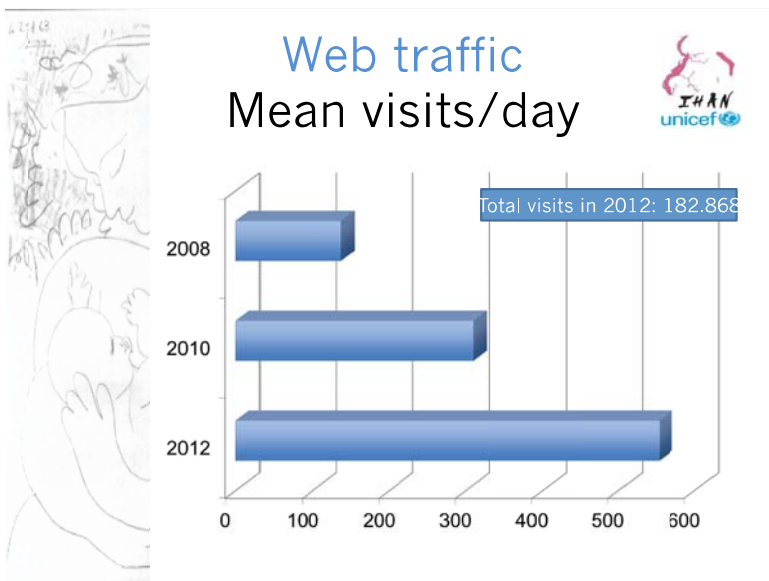
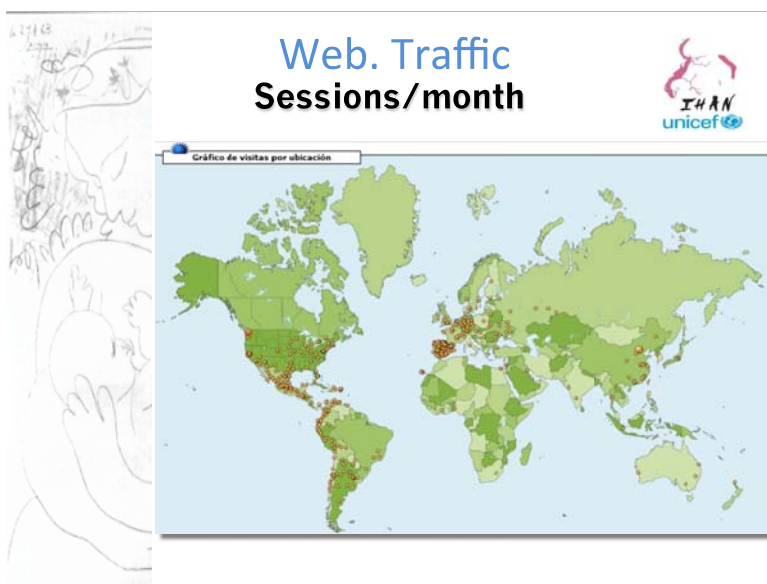
\*With permission of BabyFriendly USA and BFHI UK.



- ## Gaining visibility...
- being a member of the BFHI coordinators network for developed countries.
  - Lectures at different meetings at a national, local and hospital level.
  - Web

## [www.ihan.es](http://www.ihan.es)

- Management of the Congress of Breastfeeding
- Lists of mother to mother support
- Information and documents for hospitals and community.
- List of facilities in process of accreditation.
- Links
- Resources: documents, videos, journals
- Informative leaflets



- ## Strategies to help centers...
- Giving information...
- Documents regarding BFI implementation in the web: free access.
  - By mail.
  - By phone.

## Strategies to help centers...



### Solving doubts...

- Consultants: a failed strategy.
- Technical assistance at demand (by mail, by phone)
- Visiting an accredited BFI hospital.
- Network of hospitals and community health centers. (Google groups)

## How to start the Baby-Friendly way?



...Once the hospital has completed the staff training, the remaining steps are easily implemented.

Flores B, Temborry C, Muñoz MC, Román E. BFIH most important accreditation challenges (in spanish). Rev Calidad Asist. 2008; 23(6):264-270.

García-de-León-González G, Olver-Roig A, Hernandez-Martínez M, et al. Becoming Baby-Friendly in Spain: a quality-improvement process. Acta Paediatr. 2011;108(3):445-450.

- Zakarija-Grkovic I, Šegvić O, Bozinovic T, Čuže A, Lozancic T, Vuckovic A, Burmaz T. Hospital practices and breastfeeding rates before and after the UNICEF/WHO 20-hour course for maternity staff. J Hum Lact. 2012 Aug;28(3):389-99.

## It is important:



- Team work.
- To get support from hospital and community management.
- To collaborate with mother to mother support group.
- To monitor activities.

Flores B, Temborry C, Muñoz MC, Román E. BFIH most important accreditation challenges (in spanish). Rev Calidad Asist. 2008; 23(6):264-270.

Ortiz MM, Flores B y col. "Breastfeeding in Ten Steps" V National Congress of Hospitals. Almeria (Spain), May 2007.

## Other ingredients of the recipe of change...



- DEDICATION: the key of success.
- CONFIDENCE: we will get it!
- OPTIMISM: problems are only areas for improvement.
- PATIENCE: no significant change is made in a few days or weeks.
- FLEXIBILITY: to change the path if it is a dead end.
- CREATIVITY: thinking outside the box to solve problems.
- UNDERSTANDING: sometimes people don't know that they don't know.

"A lot of calm and positive energy"

## Strategies to help centers...



### Training activities...

- Training course for health professionals (different levels).
- Train the trainer courses.
- Workshops about BFI implementation.

## Monitoring the practices is useful...

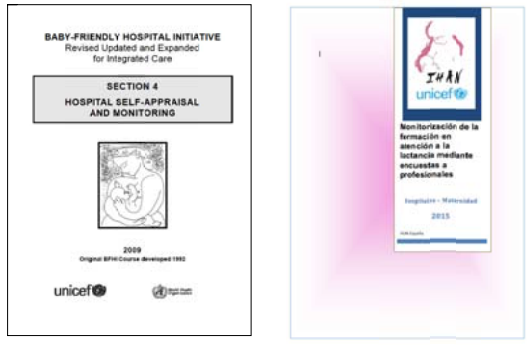


- **To find out** what you are doing (not what you think you are doing).
- **To identify** the areas of improvement, helping you **to focus** only on them.
- **To compare** our results with others.
- **To improve** practices

Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD. Audit and feedback: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD000259. DOI: 10.1002/14651858.CD000259.pub3.

García-de-León-González G, Olver-Roig A, Hernandez-Martínez M, et al. Becoming Baby-Friendly in Spain: a quality-improvement process. Acta Paediatr. 2011;108(3):445-450.

## Monitoring tools



Adaptation to new materials and some new tools

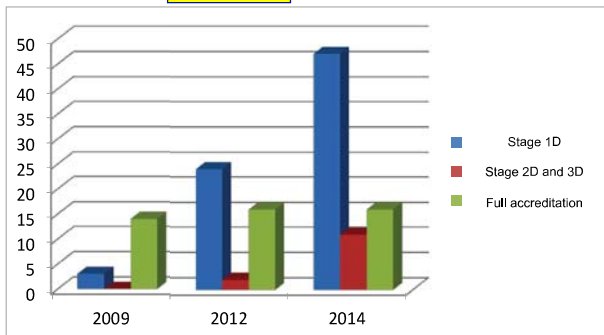
“The only time you should look back in life is to see how far you have reached”.

## Checking...



## BFI expansion in Spain in the last five years

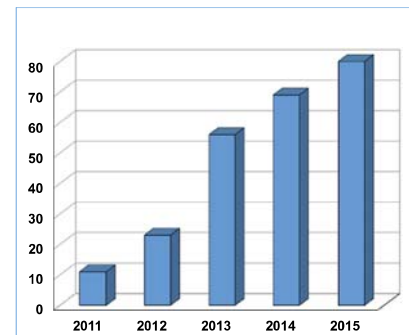
### HOSPITALS



**74 (21%) of the maternity units with > 20 births/year are accredited or in the accreditation process**

## BFI expansion in Spain in the last years

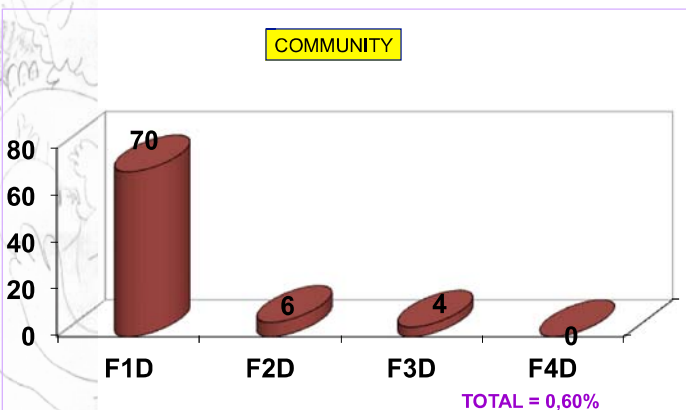
### COMMUNITY



Number of community health centers in process of accreditation

## Current situation (June 2015)

### COMMUNITY



## Regional approach to BFI implementation

- 2009, Madrid/UNICEF plan to promote, improve breastfeeding care in 19 public hospitals
- Creation of breastfeeding committee of Madrid.
- Hospital pre/post self-assessment
- Plan: Breastfeeding committee, information, meetings, trained staff

Flores Antón B, Temboury Molina MC, Ares Segura S, Arana Cañedo C, Nicolás Bueno C, Navarro Royo C, Pardo Hernández A, Pallás Alonso CR. Breastfeeding Promotion Plan in Madrid, Spain. J Hum Lact 2012. 28(3):363-369.



## Regional approach to BFI implementation



- Currently, all public maternity units in Madrid have a BF committee.
- Train the trainer courses reached 271 professionals and basic courses 1423.
- 2 hospitals designated Baby-Friendly
- 53%: some level of accreditation

Flores Antón B, Temborry Molina MC, Ares Segura S, Arana Cañedo C, Nicolás Bueno C, Navarro Royo C, Pardo Hernández A, Pallás Alonso CR. Breastfeeding Promotion Plan in Madrid, Spain. *J Hum Lact* 2012, 28(3):363-369.

## Regional approach to BFI implementation 2012-2015



- Currently, there are 24 public hospitals and 22 (91,7%) have some level of accreditation.
- Breastfeeding policy and protocol for Madrid.
- Collecting breastfeeding data (electronic medical record).
- Regional collaboratives: workshops about BFI implementation.
- Coordination hospitals-community: first visit at 48-72 hours postdischarge.

"With ordinary talent and extraordinary perseverance, all things are attainable".  
**BuxtonThomas Fowell**



Acting...



## BFHI in the Maternity Unit improves BF support in Spanish NICU.



- National survey
- Hospitals with BFI accreditation or in process (N=51) vs 44 hospitals with level II/III NICUs.
- Hospital with full or partial BFI accreditation implemented a higher number of breastfeeding support measures with significant differences in all ten steps of the Neo-BFHI except for steps 3, 6 and 10.

Alonso- Diaz C, Utrera- Torres MI, Alba – Romero C, Flores- Antón B, Escuder- Vieco D, Pallás- Alonso CR. BREASTFEEDING SUPPORT IN SPANISH NICU AND THE BABY-FRIENDLY HOSPITAL INITIATIVE: A NATIONAL SURVEY. Poster presented at 5<sup>th</sup> Congress of the ESPR/EAPS, October 2014, Barcelona.

Merewood A, Philipp BL, Chawla N, Cimo S. The Baby-Friendly Hospital Initiative Increases Breastfeeding Rates in a US Neonatal Intensive Care Unit. *J Hum Lact* 2003;19:166-171.

Vannuchia MT, Monteiro CA, Ferreira Réac M, Maffei de Andraded S, Matsoue T. The Baby-Friendly Hospital Initiative and breastfeeding in a neonatal unit *Rev Saude Publica* 2004;38(3):1-6.

Paes Pedras CT, Mezzacappa MA, Da Costa-Pinto MA. Breastfeeding of Very Low-Weight Infants before and After Implementation of the Baby-Friendly Hospital Initiative. *Journal of Tropical Pediatrics* 2112; 58(4):324-326.

## BFI in Neonatal Units



- It has not been launched in Spain...yet.
- BF Spain has piloted the assessment tool in 2014.

Nyqvist KH, Häggkvist AP, Hansen MN, Kylberg E, Frandsen AL, Maastrup R, Ezeonodo A, Hannula L, Koskinen K, Haiek LN. Expansion of the Ten Steps to Successful Breastfeeding into Neonatal Intensive Care: Expert Group Recommendations for Three Guiding Principles. *J Hum Lact* 2012 28(3) 289–296.

Nyqvist KH, Häggkvist AP, Hansen MN, Kylberg E, Frandsen AL, Maastrup R, Ezeonodo A, Hannula L, Haiek LN. Expansion of the Baby-Friendly Hospital Initiative Ten Steps to Successful Breastfeeding into Neonatal Intensive Care: Expert Group Recommendations. *J Hum Lact* 2013 29: 300-309.

## Survey results

"Why do you think there are so few BFHI Accredited Hospitals in Spain?"



\* Multioption question

-Difficulties inherent in changing established routines: 92 (59.4%)  
 -Not knowing how to implement needed changes: 90 (58,1%)  
 -Lack of support (directives, BFHI Spain..): 85 (54.8%).

- Pressure from the formula manufacturers: 68 (43.9%)  
 -BFI is not worthwhile (!): 62 (40%)

## A “hearts and mind” approach



To change practices we need not only rational (scientific evidence) but emotional engagement.

- Schmied V, Thomson G, Byrom A, Burns E, Sheehan A, Dykes F. A meta-ethnographic study of health care staff perceptions of the WHO/UNICEF Baby Friendly Health Initiative. *Women Birth*. 2014 Dec;27(4): 242-9.

- Thomson G, Bilson A, Dykes F. Implementing the WHO/UNICEF Baby Friendly Initiative in the community: a 'hearts and minds' approach. *Midwifery*. 2012. 28: 258-264.

## Processes of the “hearts and minds” approach



- **Credible leadership:** not only BF knowledge... inspiration, passion and commitment.
- **Engagement of key partners:** not only informed professionals, but assuming and developing their own responsibilities in BF implementation.
- **Changing attitudes and practices.**
  - Give consistent messages (training)
  - Emotional engagement

Thomson G, Bilson A, Dykes F. Implementing the WHO/UNICEF Baby Friendly Initiative in the community: a 'hearts and minds' approach. *Midwifery*. 2012. 28: 258-264.

## Hearts and minds approach: how to get emotional engagement?



- **TRAINING:** “doing my job better”, “not feeling alone”
- **LISTENING TO PROFESSIONALS:** allow them to share and implement their own ideas.

Thomson G, Bilson A, Dykes F. Implementing the WHO/UNICEF Baby Friendly Initiative in the community: a 'hearts and minds' approach. *Midwifery*. 2012. 28: 258-264.

## Hearts and minds approach: how to get emotional engagement?



- **TRAINING:** “doing my job better”, “not feeling alone”
- **LISTENING TO PROFESSIONALS:** allow them to share and implement their own ideas. **Their own breastfeeding experience influences their actions. Give them feedback. Recognition and acknowledgment.**
- **LISTENING TO MOTHERS:** Mothers and children are the BFI heart....
  - Presence of mothers in the activities of the BFHI.
  - Encourage mothers to tell their birth and breastfeeding experiences to professionals.
  - Communication skills.
  - Using donated pictures. Breastfeeding Photo Contest.

## Annual Celebration Event at the Ministry of Health for awarding certificates to Hospitals and Community Health Centers.



**2015:**

39 hospitals y 41 certificates

30 certificates of Stage 1D

9 certificates of Stage 2D


2 certificates of Stage 3D



2013: National agreement supported by the Ministry of Health to promote the humanization of care in pediatric and neonatal ICU of the National Health System

**ACUERDO**


Las Comunidades Autónomas, de su competencia, acuerdan impulsar las siguientes medidas para mejorar la calidad y calidez de la atención a la población menor de 18 años hospitalizada en los centros del SNS, comprendidas en el siguiente decálogo:



1. Establecer una política institucional que garantice que los niños y niñas hospitalizados en las UCIs pediátricas y neonatales puedan estar acompañados por su madre, padre o familia reconociendo el papel esencial que toman durante el ingreso del menor.
2. Promover que la madre/padrastro/a sea 24 horas del día, médicas dolorosas y estresantes interfiera en el trabajo profesional.
3. En los recién nacidos/as se favorece a sus madres y padres el máximo para ambos.
4. Impulsar la creación de Unidades de Neonatos de los principales centros.
5. Ayudar al aprendizaje y participación de decisiones e informarles de las mismas.
6. Promover la sensibilización de la lactancia materna y la profesional asistencial.
7. Garantizar la continuidad asistencial.
8. Ofrecer información y apoyo a los padres.
9. Desarrollar políticas y prácticas hospitalarias que favorezcan la lactancia en hospitales y unidades neonatales amigas de la madre y refuera de acuerdo con UNICEF y OMS, como la IHAN (Iniciativa para la Humanización de la Asistencia al Nacimiento y la Lactancia).
10. Incluir estas medidas en los protocolos de atención de las unidades pediátricas y neonatales del conjunto de hospitales del SNS velando por su cumplimiento.


- 1.- Institutional policy.
- 2.- To allow parents to stay 24 hours/day with their children.
- 3.- To promote skin to skin contact.
- 5.- To promote creation of human milk banks.
- 5.- Family centered care.
- 6.- Training the professionals on breastfeeding.
- 7.- Continuum of care.
- 8.- To give information and support to the parents.
- 9- **Developing hospital policies and practices for the implementation of BFI in hospitals and NICUs.**
- 10.- To develop clinical guidelines and protocols, according with these practices.

# Conclusions...



1. We share the barriers, we are sharing our solutions... Hope it has been useful!
2. BFI accreditation is a quality award, but it should not be the objective but the way of implementing the best breastfeeding care.
3. It is necessary to identify and evaluate the actions and proceedings that hinder this objective and to propose strategies to address them.

## Acknowlegments




- To the mothers, their determination to breastfeed is our stimulus; they make our work worthwhile.
- To the current BFHI team and all the people who worked and work day by day for BFI Spain.



# **Mother to Baby Services for Counselling on Exposures in Breastfeeding**

Christina Chambers, PhD, MPH  
University of California, San Diego





## MotherToBaby Services for Counseling on Exposures in Breastfeeding

Christina Chambers, PhD MPH  
Department of Pediatrics  
University of California San Diego

1

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### Disclosures

- Receive research grant funding from
  - Amgen
  - AbbVie
  - UCB
  - BioCSL
  - Pfizer
  - Celgene
  - Bristol Myers Squibb
  - GSK
  - Janssen
  - Roche Genentech
  - Sanofi/Genzyme
  - Teve
  - Sandoz
  - Novartis

2

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### MotherToBaby Services

- First established 1979
- 14 Services located throughout the U.S. and Canada
- Responded to a need for personalized and extensive education for women about exposures either anticipated or those that have already occurred
- Provide toll-free telephone information to women, health care providers regarding safety of medications and other exposures during pregnancy and breastfeeding; email, chat, text options
- Respond to approximately 80-100,000 contacts in English or Spanish each year using a regional toll-free routing system

3

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## MotherToBaby Services

- Funded by State and regional sources, HRSA
- Partnerships with CDC, FDA and other agencies who have designated MotherToBaby as a trusted resource

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## MotherToBaby Sites

- OB/Gyn, University of Arizona
- Pediatrics, University of North Dakota
- Pediatrics, University of California San Diego, LA Children's Hospital
- Genetics, University of North Texas
- Genetics, University of Connecticut
- University of British Columbia
- Genetics, Northwestern University
- Genetics, University of Texas Health Sciences Houston
- Genetics, Indiana University
- OB/Gyn, Georgetown University
- Boston Children's Hospital
- OB/Gyn, University of New Mexico
- Genetics, University of Nebraska Medical Center
- Genetics, University of Utah and Utah Dept of Health
- Genetics Unit, Binghamton, New York
- Pediatrics, Emory University
- OB/Gyn, University of Rochester Medical Center
- Motherisk Program, Hospital for Sick Children, Toronto
- Genetics, Ashville, North Carolina
- IMAGE Program, St. Justine Hospital, Montreal

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### Valproic acid and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to valproic acid may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

**What is valproic acid?**  
Valproic acid is a medication that has been used to control seizures in the treatment of epilepsy, and to treat bipolar disorder and migraines.

**I have been taking valproic acid for many years. Can this make it harder for me to get pregnant?**  
This is possible. Studies have found that women with seizure disorders and women with bipolar disorder might have menstrual problems and difficulty getting pregnant. In addition, valproic acid might increase the chance of menstrual problems.

**I am taking valproic acid, but I would like to stop taking it before becoming pregnant. How long will valproic acid stay in my body?**  
Each person's ability to break down the medication can be different. Liver disease can affect the amount of time it takes for your body to clear the medication. On average, it takes 2-3 days after your last dose for valproic acid to leave your body.

If possible, women with epilepsy or bipolar disorder who are planning a pregnancy or could become pregnant should discuss their treatment options with their healthcare provider before becoming pregnant.

**What could happen to my baby if I stopped taking my valproic acid and then had a seizure during my pregnancy?**

Pregnant women should not change seizure medications (anticonvulsants) during pregnancy without the advice of a healthcare provider. Having a seizure while pregnant may be harmful to the baby. Complications for your baby depend on many things, such as the type of seizure, how long the seizure lasts, and the number of seizures that happen. Epileptic seizures can cause periods of time when the baby is not getting enough oxygen. Not having enough oxygen could lead to brain damage and problems with development. These seizures could also be life-threatening for both mother and baby. A seizure could cause a mother to fall or have an accident that could injure herself or her baby.

**What could happen to my baby if I stopped taking my valproic acid and then had a relapse of bipolar disorder during my pregnancy?**

Pregnant women with bipolar disorder should not stop or change their medications during pregnancy without the advice of a healthcare provider. Women with bipolar disorder who stop taking medication during their pregnancy may be at an increased risk for episodes of depression or mania that could be harmful to both the mother and the baby. Recurrence of depression or mania is very stressful for the mother and her family. During mania or depressive episodes, the pregnant woman may have more trouble taking care of herself and keeping herself safe.

10

### Can taking valproic acid during my pregnancy cause birth defects?

Yes. Studies have found that women who take valproic acid have a greater chance of having a baby with a major birth defect. Birth defects are typically classified as major if they will need surgery to repair the birth defect. The chance of a birth defect seems to be greater with higher doses of valproic acid or with taking more than one seizure medicine. Some birth defects that are more likely to happen if a mom took valproic acid in the first trimester are heart defects, cleft lip, or a neural tube defect (an opening in the baby's spine or brain). The most common neural tube defect associated with valproic acid is spina bifida. The chance of a neural tube defect is approximately 1-2%. Taking extra folic acid before trying to get pregnant and in early pregnancy might help reduce the chance of some birth defects in pregnancies exposed to valproic acid. Talk to your health care provider about how much folic acid you should take. Folic acid is found in foods and in vitamin supplements. Some babies exposed to valproic acid may also have more minor birth defects like facial differences, such as a thin upper lip.

### Will taking valproic acid during my pregnancy affect my baby's development or behavior?

An increased chance for behavior and learning problems has been seen in babies who were exposed to valproic acid during pregnancy.

### Should I stop taking valproic acid during my pregnancy?

You should never stop taking any medication without first discussing it with your health care provider. The possible benefits of taking valproic acid to treat your specific illness must be weighed against the possible risks to the pregnancy.

### I have been taking valproic acid for the last few years and I just found out I am pregnant. What tests are available to see if my baby has spina bifida or other birth defects?

Prenatal testing for neural tube defects is available in pregnancy. A blood test can be done to measure the amount of a substance called alpha fetoprotein (AFP) in the mother's blood. We know that babies with spina bifida have higher levels of AFP. If the AFP is higher than usual, more testing may be offered to you to assess if the baby has birth defects.

An ultrasound that looks at the baby's spine may also detect spina bifida. Ultrasounds can also screen for other structural birth defects like a heart defect or cleft lip. All of these prenatal testing options can be discussed with your healthcare provider. There are no tests available during a pregnancy that can tell if there has been any effect on behavior or ability to learn.

### Is it safe to breastfeed while taking valproic acid?

Yes. Valproic acid is passed into breast milk, but at low levels and seems to be compatible with breastfeeding. There is concern that breastfed infants whose mothers are taking valproic acid are at risk for liver toxicity, so the infants should be monitored for any changes or problems. Be sure to discuss all your choices for breastfeeding with your health care provider.

### What if the father of the baby takes valproic acid?

Valproic acid may have effects on sperm shape and movement that could make it harder to get pregnant. In general, medications that the father takes do not increase risk to a pregnancy. For more information, please see the MotherToBaby fact sheet [Paternal Exposure and Pregnancy](http://www.mothertobaby.org/files/paternal.pdf) at <http://www.mothertobaby.org/files/paternal.pdf>

11

### Can I take fluconazole for a yeast infection in my breast while breastfeeding?

The treatment of choice for a yeast infection of the breast is a topical antifungal. If the topical treatment is not effective, oral fluconazole is usually considered. The minimum time to take this treatment is usually two weeks. Breastfeeding can be continued in this situation.

If you have a yeast infection in your breast, your infant may or may not have oral thrush (a yeast infection in the mouth). In both cases, your infant will have to be treated properly while you take fluconazole, because the amount of fluconazole transferred through breast milk is not enough to treat the infant. Be sure to talk to your health care provider about all your choices for breastfeeding.

### Can I take certolizumab pegol while breastfeeding?

Because certolizumab pegol is a very large protein, it is not likely that very much of the medication would be able to pass into breast milk. Reports on a small number of women who breastfed their infant while using certolizumab pegol has suggested that certolizumab pegol levels in breast milk are very low. Also, certolizumab pegol is not well absorbed from the gut, so any of the medication that gets into breast milk would be unlikely to enter the baby's system. It is possible that premature babies (born before 37 weeks) with digestive systems that are not fully developed may be able to absorb more of the medication in breast milk. Be sure to talk to your health care provider about all your choices for breastfeeding.

### Can I take benzodiazepines while I am breastfeeding?

Some benzodiazepines are not recommended during breastfeeding because they stay in the body a long time and can potentially cause sedation in a breastfed infant. If a benzodiazepine is needed during breastfeeding, it is best to use one that is removed from the body rapidly (such as lorazepam). When using a benzodiazepine during breastfeeding, watch your baby for sleepiness, low energy, or poor suckling which may be signs your baby is getting too much of the drug. If any of these symptoms are seen, discuss them with your pediatrician promptly. Be sure to talk to your health care provider about all your choices for breastfeeding.

12


NIH U.S. National Library of Medicine TOXNET TOXICOLOGY DATA NETWORK

Mobile Help FAQs TOXNET Fact Sheet Training Manual & Schedule

TOXNET Home > LactMed > LactMed App

### LactMed App

Need to know more about drugs/supplements and breastfeeding? LactMed can help. Find information about maternal and infant drug levels, possible effects on lactation and on breastfed infants, and alternative drugs to consider.



#### LactMed App for iPhone/iPod Touch

- Free App at the Apple App Store
- System requirements: iPhone OS 3.0 or higher

**iPhone**  
Download from iTunes

#### LactMed App for Android Devices

- Free App at the Android Market
- System requirements: Android 2.1 or higher

**Android**  
Download from Android Market

If you already installed LactMed app from this page, please uninstall it before installing the latest LactMed from Android Market.

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**Original Research**

## Breastfeeding among Women Exposed to Antidepressants during Pregnancy

Jessica R. Gorman, PhD, MPH,<sup>1</sup> Kelly Kao, BA,<sup>1</sup> and Christina D. Chambers, PhD, MPH<sup>1,2</sup>

Journal of Human Lactation  
38(2), 181-188  
© The Author(s) 2012  
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DOI: 10.1177/0890324111429782  
<http://jhl.sagepub.com>  
SAGE

**Abstract**  
This prospective cohort study compares the breastfeeding outcomes of women exposed to selective serotonin reuptake inhibitor (SSRI) antidepressants at the time of delivery, those who discontinued use prior to delivery, and those not exposed. Participants include 466 pregnant women who enrolled in the California Teratogen Information Service Clinical Research Program (CTIS) over 10 years. In bivariate analyses, breastfeeding rates were significantly different across SSRI exposure groups, with unexposed women having the highest rates. We used logistic regression to examine the relationship between SSRI exposure and breastfeeding outcomes. After adjustment for potential confounders, those exposed to an SSRI both prior to delivery (odds ratio [OR], 0.43; 95% confidence interval [CI], 0.20-0.94) and at the time of delivery (OR, 0.34; 95% CI, 0.16-0.72) were significantly less likely to initiate breastfeeding as compared to unexposed women. Women exposed to an SSRI during pregnancy appear to be at risk for poorer breastfeeding outcomes and may benefit from additional education and support.

14

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## Research Through MotherToBaby

- Collaborative research center established at UC San Diego 1998
- Currently conduct U.S./Canada-wide cohort studies involving over 6,000 women to date
- Recently added two breastfeeding initiatives as standard for all enrolled in pregnancy outcomes studies

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15

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## Breast Milk Tissue Repository

- Initial objectives
  - Measure levels of medications, recreational drugs, environmental exposures in breast milk
  - Evaluate differences in composition/content based on maternal characteristics
    - e.g., oligosaccharide profiles in breast milk samples from diabetic, obese mothers vs. not
  - Microbiome

19

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## Breast Milk Tissue Repository

- Women enrolled at any time during breastfeeding
- Recruited from:
  - Newborn nurseries and NICU at UCSD/Rady Children's Hospital
  - General Pediatrics
  - Direct to consumer through social media
  - WIC
  - U.S. and Canada through MotherToBaby cohort studies

20

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## Breast Milk Tissue Repository

- Women who consent provide 50 ml sample (or as much as they are willing to collect)
- Can contribute multiple samples
- Samples are aliquoted and stored at -80
- Mothers complete an interview at each sample collection
  - Mother's health, characteristics
  - FFQ, exercise and sleep habits
  - Maternal exposures
  - Characteristics of sample collection
  - Infant growth and health
- Mother's release medical records for themselves and their child
- Agree to be re-contacted up to two times per year for additional studies

21

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## Breast Milk Tissue Repository

- Goal is to make this a resource for researchers
- Initial pilot funding obtained to perform untargeted metabolomic analysis and microbiome analysis for first 200 samples

22

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## The Pregnancy and Lactation Labeling Rule (PLLR)



23

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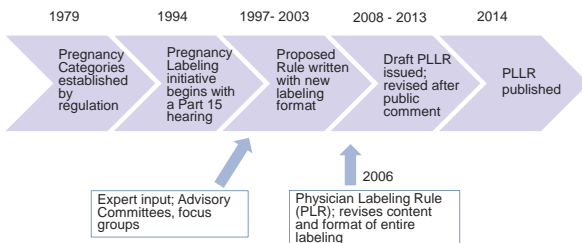
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## PLLR: History



24

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## Pregnancy and Lactation Labeling Rule

- Published on December 4, 2014
- Amends the Physician Labeling Rule (PLR)
  - Pregnancy and Lactation labeling subsection revisions were deferred when PLR was published in 2006
- All prescription drugs approved on or after June 30, 2001 must revise content and format of the Pregnancy and Nursing Mothers (Lactation) subsections of labeling
  - Pregnancy letter categories are replaced with an integrated Risk Summary
- ALL prescription drugs are required to remove pregnancy letter categories
- Staggered implementation over 3-5 years

25

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## Labeling Changes with PLLR

Prescription Drug Labeling Sections 8.1 – 8.3 USE IN SPECIFIC POPULATIONS

### CURRENT LABELING

8.1 Pregnancy

8.2 Labor and Delivery

8.3 Nursing Mothers

### NEW LABELING

(effective June 30, 2015)

8.1 Pregnancy  
includes Labor and Delivery

8.2 Lactation  
includes Nursing Mothers

**NEW**  
8.3 Females and Males of  
Reproductive Potential

26

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## Revised Format

### Lactation (8.2)

Risk Summary

Clinical Considerations

Data

What are the known risks

Minimizing Exposure or Monitoring for Adverse reactions

The data that support the risk summary

27

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## Risk Summary - Lactation

Drug systemically absorbed:

- When use of a drug is contraindicated during lactation, this information must be stated first in the Risk Summary
- Presence of drug in human milk
- Effects of drug on the breastfed child
- Effects of drug on milk production
- Risk and benefit statement

*“The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for (name of drug) and any potential adverse effects on the breastfed infant from (name of drug) or from the underlying maternal condition.”*

28

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## Risk Summary - Lactation

No drug systemic absorption:

“(Drug name) is not absorbed systemically by the mother following (route of administration) and breastfeeding is not expected to result in exposure of the infant to (drug name)”

29

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## Clinical Considerations and Data - Lactation

Clinical Considerations - include only when information available

- Minimizing Exposure
- Monitoring for Adverse Reactions

Data - include only when information are available

- Description of clinical lactation study/data
- Description of animal lactation study (only if there are no human data)

30

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## PLLR Implementation Schedule

|                                                    | NDA, BLA, ESs                                                       | Required Submission Date of PLLR Format                                                 |
|----------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| New Applications (prospective cohort)              | Submitted on or after 6/30/2015                                     | At time of submission                                                                   |
| <b>Start (6/30/15)</b>                             |                                                                     |                                                                                         |
| Older Approved Applications (retrospective cohort) | Approved 6/30/2001 to 6/29/2002                                     | 6/30/2018                                                                               |
|                                                    | Approved 6/30/2005 to 6/29/2007                                     | 6/30/2019                                                                               |
|                                                    | Approved 6/30/2007 to 6/29/2015 or pending on 6/30/2015             | 6/30/2020                                                                               |
|                                                    | Approved 6/30/2002 to 6/29/2005                                     | 6/30/2020                                                                               |
|                                                    | For applications approved prior to 6/30/2001 in old format labeling | Not required to be in PLLR format. However, must remove Pregnancy Category by 6/29/2018 |

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## Older Labeling

- Drugs approved before June 30, 2001 are required to remove the pregnancy letter category by June 30, 2018 (3 yrs after PLLR goes into effect)
- But, the labeling for these drugs is not required to conform to the Physician Labeling Rule (PLR)
  - Consequently are not required to revise the Pregnancy and Nursing Mothers sections under PLLR
- Efforts underway to encourage conversion of the older labeling to the PLR (and PLLR) format

UC San Diego  
SCHOOL OF MEDICINE

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Thanks!



UC San Diego  
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Questions?

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**WORKSHOP A**  
**A Cultural Competency Workshop for**  
**Maternal Child Healthcare Providers**

Kristin Stewart, BS, CLC  
Healthy Children Project

Barbara O'Connor, RN, BSN  
Healthy Children Project



## Disclosures: None

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

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## Objectives

- Investigate from where stereotypes originate
- Explore how stereotypes influence our decision making process
- Develop actions to enhance cultural awareness

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## Ground Rules

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A Step Above

*Let's explore who we are as a group*

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A Step Above

- ▶ Please form in a line in the center of the room with room to move forward and backward.
- ▶ Move forward or backward as instructed in each of the following statements.

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A Step Above

1. What do you see around the room? Who do you see in the front, middle and back?
2. In what ways do the people near you reflect or not reflect your community?
3. How do you feel about where you are relative to the others in the room? How do you feel about where others are in relation to you?
4. What went through your mind as you moved forward and backward?

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## A Step Above

5. Which of the statements did you find most meaningful or eye opening? Why?
6. Which of the statements, if any, hurt? Why?
7. What does your position in the room say about societal messages about your worth and the worth of people with similar privilege levels?
8. How has privilege affected you, your family and your community, in terms of opportunity and access?
9. How are social class and privilege tied to prejudice?

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## What is culture

- ▶ Define the term "culture"



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"Culture is a set of meanings, behavioral norms, and values used by members of a particular society, as they construct their unique view of the world."

Alarcon, Foulks, & Vakkur (1998)

"Culture is conceived as a set of denotative (what is or beliefs), connotative (what should be, or attitudes, norms and values), and pragmatic (how things are done or procedural roles) knowledge, shared by a group of individuals who have a common history and who participate in a social structure."

Basabe, Paez, Valencia, González, Rimé, & Diener (2002)

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"Culture is a system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned and recurrent ways. It encompasses the organization of thinking, feeling, believing, valuing and behaving collectively that differentiates one group from another. Values and beliefs often function on an unconscious level."

Sockalingam (2004)

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## Why do Humans categorize?



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## Humans categorize because:

It is the manner in which our minds process new information utilizing past experience.

Our primitive ancestors learned quickly to only associate with other living beings similar to themselves – otherwise it could cost them their lives.



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## Imagine:

- ▶ An elderly African-American lesbian female artist who raises horses on a ranch
- ▶ A teenage Asian male who skateboards in competition and works in the local grocery store
- ▶ A Caucasian female homeless, living in her car with her 3 children

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## Categorizing

- ▶ This natural manner in which we process our environment often leads to the complication of stereotyping



- ▶ It is necessary for us to be aware of this complication and take action to avoid the negative outcomes of categorizing

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## Cultural Awareness

- ▶ Define the term "cultural awareness"



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## Cultural Awareness

- ▶ The NCCC\* defines "cultural awareness" as being cognizant, observant, and conscious of similarities and differences among and between cultural groups (Goode, 2001, revised 2006).

\*NCCC - National Cultural Competence Center, Georgetown University

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## Cultural Awareness

- ▶ According to Winkelman (2005), awareness of cultural differences and their impact on behavior is the beginning of intercultural effectiveness. He states that "cultural self-awareness includes recognition of one's own cultural influences upon values, beliefs, and judgments, as well as the influences derived from the professional's work culture"

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## Cultural Awareness

### *Cultural awareness includes:*

- ▶ Having a firm grasp of what culture is and what it is not
- ▶ Having insight into *intracultural* variation
- ▶ Understanding how people acquire their cultures and culture's important role in personal identities, life ways, and mental and physical health of individuals and communities
- ▶ Being conscious of one's own culturally shaped values, beliefs, perceptions, and biases
- ▶ Observing one's reactions to people whose cultures differ from one's own and reflecting upon these responses
- ▶ Seeking and participating in meaningful interactions with people of differing cultural backgrounds

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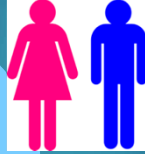
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## Origins of Difference

Please share your own personal experience regarding:  
*When you first become aware of differences between the sexes?*



- ▶ Adapted from: *A Booklet of Interactive Exercises to Explore Our Differences: Origins of Difference exercise*, Created by the College Committee for Diversity, Equity and Affirmative Action; October 14, 2011; Revised
- ▶ [http://www.webct.org/ton.edu/eyos/affirmative\\_action/content/differences/origins%20of%20Diversity%20Booklet%2010-14-2011.pdf](http://www.webct.org/ton.edu/eyos/affirmative_action/content/differences/origins%20of%20Diversity%20Booklet%2010-14-2011.pdf)

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## Origins of Difference

Please share your own personal experience regarding:  
*When you first become aware of differences in race?*



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## Origins of Difference

Please share your own personal experience regarding:  
*When you first become aware of differences in class?*



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## Which Moms?

Please divide into small groups.  
In these groups you will discuss the following problem.

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## Which Moms?

### The Problem:

The local health department received grant funding to offer lactation services free of charge. The funds are limited therefore only three mothers can be serviced by this program. This is a pilot program and the outcome of the lactation support may determine future funding. Your group is charged with selecting the three mothers. Mothers have submitted comments about their current life situations and you must make your choice based on the self-reported comments.

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## Which Moms?

Share with the group which mothers you chose to receive the lactation services at no cost.

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## Define Stereotype



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## Definition of Stereotype

- A widely held but fixed and oversimplified image or idea of a particular type of person or thing

From: <http://www.oxforddictionaries.com/us/definition/american-english/stereotype>

- An often unfair and untrue belief that many people have about all people or things with a particular characteristic.
- Something conforming to a fixed or general pattern.  
*especially*: a standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudiced attitude, or uncritical judgment

From: <http://www.oxforddictionaries.com/us/definition/american-english/stereotype>

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## The Stereotypes We Know

- ▶ Let's explore from where the stereotypes we hold may originate.
- ▶ List all the stereotypes you have heard for each group. After listing the stereotypes, complete the source, how it is enforced and the effect that it has for each group.

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| Stereotypes of:                   | Source of stereotype | How it is reinforced | The effect it has |
|-----------------------------------|----------------------|----------------------|-------------------|
| Teenager Mothers                  |                      |                      |                   |
| Mothers over 40 years of age      |                      |                      |                   |
| Latino Mothers                    |                      |                      |                   |
| African-American Mothers          |                      |                      |                   |
| White Mothers                     |                      |                      |                   |
| Asian Mothers                     |                      |                      |                   |
| Experienced Breastfeeding Mothers |                      |                      |                   |
| First Time Mothers                |                      |                      |                   |
| Pediatricians                     |                      |                      |                   |
| Midwives                          |                      |                      |                   |

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## The Stereotypes We Know

- ▶ Let's share our findings.
- ▶ How might we overcome these stereotypes?

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## Diversity Profile

- ▶ Please take some time now to complete the Diversity Profile exercise based on your own personal information.

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| My environment:                           | White | Black/African American | Hispanic | Asian | Asian/Pacific Islander | American Indian or Alaska Native | Native Hawaiian or Pacific Islander | Other race | Latino | Disabled | Visible | Female | Male |
|-------------------------------------------|-------|------------------------|----------|-------|------------------------|----------------------------------|-------------------------------------|------------|--------|----------|---------|--------|------|
| I am:                                     |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My co-workers are:                        |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My elementary school was predominantly:   |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My high school was predominantly:         |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My friends growing up were predominantly: |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My college was predominantly:             |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| Most of my closest friends are:           |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| People who live in my house are:          |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| People who regularly visit my house are:  |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My neighbors are:                         |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |
| My doctor is:                             |       |                        |          |       |                        |                                  |                                     |            |        |          |         |        |      |

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## Diversity Profile

- ▶ What did you learn about your surroundings?
- ▶ Are your intercultural experiences clustered?
- ▶ Are they more passive than active?
- ▶ How might you enrich your cultural environment and reach out to get to know people who belong to different groups?

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## Steps to Becoming Culturally Competent: *Developing Awareness*

- ▶ Admitting personal biases, stereotypes, and prejudices
- ▶ Becoming aware of cultural norms, attitudes, and beliefs
- ▶ Valuing diversity
- ▶ Willingness to extend oneself psychologically and physically to the client population
- ▶ Recognizing comfort level in different situations

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## Steps to Becoming Culturally Competent: *Acquiring Knowledge*

- ▶ *Knowing how your culture is viewed by others*
- ▶ *Attending classes, workshops, and seminars about other cultures*
- ▶ *Reading about other cultures*
- ▶ *Watching movies and documentaries about other cultures*
- ▶ *Attending cultural events and festivals*
- ▶ *Sharing knowledge and experiences with others*
- ▶ *Visiting other countries*

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## Steps to Becoming Culturally Competent: *Developing and Maintaining Cross-Cultural Skills*

- ▶ *Making friends with people of different cultures*
- ▶ *Establishing professional and working relationships with people of different cultures*
- ▶ *Learning another language*
- ▶ *Learning verbal and nonverbal cues of other cultures*
- ▶ *Becoming more comfortable in cross-cultural situations*

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## Steps to Becoming Culturally Competent: *Developing and Maintaining Cross-Cultural Skills*

- ▶ *Assessing what works and what does not*
- ▶ *Assessing how the beliefs and behaviors of the cultural group affect the client or family*
- ▶ *Learning to negotiate between the person's beliefs and practices and the culture of your profession*
- ▶ *Being more flexible*
- ▶ *Attending continuing education seminars and workshops*

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## Steps to Becoming Culturally Competent: *Developing and Maintaining Cross-Cultural Skills*

- ▶ Learning to develop culturally relevant and appropriate programs, materials, and interventions
- ▶ Learning to evaluate culturally relevant and appropriate programs, materials, and interventions
- ▶ Ongoing evaluation of personal feelings and reactions
- ▶ Overcoming fears, personal biases, stereotypes, and prejudices

From Dolores C.S. James © <http://www.faqs.org/nutrition/Ca-De/Cultural-Competence.html>

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## Wrap Up

- ▶ What is the most important concept you learned today?
- ▶ How might it apply to your work as faculty for this organization?

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**WORKSHOP B**  
**Addressing Breastfeeding Support in  
the Urban Primary Care Setting**

Deborah Sandrock, MD, FAAP, IBCLC  
Drexel University College of Medicine  
St. Christopher's Hospital for Children

Sara Kietzman, RN, IBCLC  
St. Christopher's Hospital for Children



# ADDRESSING BREASTFEEDING SUPPORT in the Urban Primary Care Setting

Deborah A Sandrock MD, IBCLC, FAAP  
Assistant Professor of Pediatrics  
Drexel University College of Medicine  
Sara Kietzman, RN, IBCLC  
St. Christopher's Hospital for Children

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## Disclosures: None

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## OBJECTIVES:

1. Identify creative techniques to support breastfeeding women with poor family support systems
2. Discuss ways to improve breastfeeding support using Health Literacy Guidelines in order to describe concepts in simple terms
3. Determine ways to support the breastfeeding mother who is taking medications that do not necessarily equate with "healthy breastfeeding"

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### LOOKING AT PHILADELPHIA:

• 6 Hospitals:

- Albert Einstein University Hospital
- Temple University Hospital
- Thomas Jefferson University Hospital
- Hahnemann University Hospital
- Hospital of University of Pennsylvania
- Pennsylvania Hospital



- \*Delivering healthy FT or near FT newborns

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### How is Philadelphia doing?

• Number of deliveries in Philadelphia  
23,247 (2014)

• 60% on average **initiate** Breastfeeding in hospital (45%-90%)



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## How Can We Do It?

- 82 Pediatric Residents
- 18 Attendings and Pediatric Nurse Practitioners
- 1800 newborns per year



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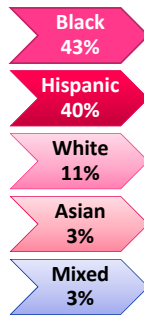
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## Our Patient Population



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## Our Patient Population

- Young
- Single
- Challenged with access to healthcare
- Little to no family support for breastfeeding
- 36% live below the poverty line
- North Philadelphia- 3<sup>rd</sup> most impoverished Congressional District in the U.S.

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We had a vision--



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**A VISION for CARE**



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**Improve ACCESS**

- Expand Availability → “Bring the Babies”
- “The Center for Newborn Care”
  - Get “buy in” from all
  - Schedulers, call center, nursing and providers



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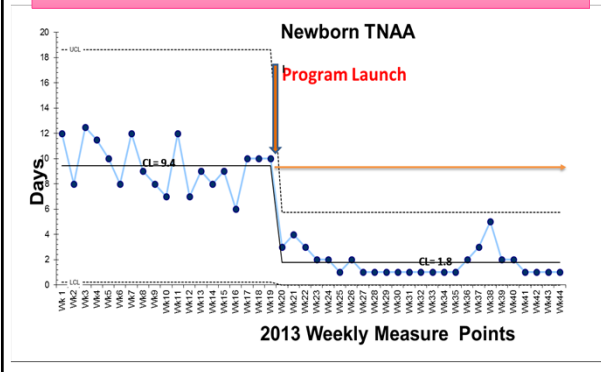
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## IMPROVED ACCESS




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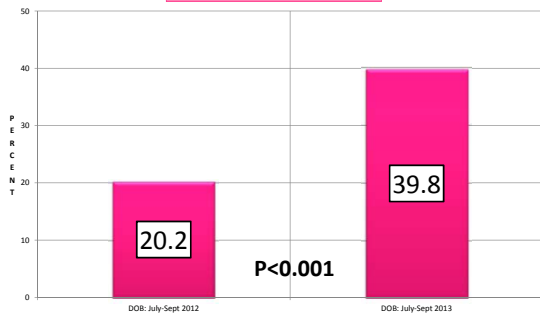
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## Newborn Program First Visit < 6 days




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## WHAT WE DO...

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## TECHNIQUES for Support



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## ACCESS---Use "Proper Channels"

- Phone calls fielded
- "Necessary" 48-72 hour hospital follow up
- Direct access of CALL CENTER to Nursing staff to enable "emergency" next day visits



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## Nursing Staff



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## Reminder Calls



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## “The TEAM”

- Dedicated providers with expertise in Breastfeeding Support
- Allow enough time for visit!



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## MAINTAIN ACCESS

- AM/PM panels 5days per week
- 4 extra panels for follow up
- Saturdays too!



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## PROVIDERS



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## Specialty trained MEDICAL ASSISTANT Staff

- Input data from discharge summaries
- Follow up on newborn and hearing screens
- Use of transcutaneous bilimeter



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## MA Staff at Work

- Distribute social work screening tool
- Provide information packets



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## “CRADLE the NEWBORN”

- Provide medical care
- Provide lactation support and guidance
- Provide social support



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## Medical Providers



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## Return Visits

- Timely necessary follow up visits scheduled by provider at time of visit
- Weight checks
- Breastfeeding support
- Bili checks



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## The EXPANDED Team

- Adding an IBCLC



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## WARM Line

- 215-427-MILK



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## Getting Social Work involved

- Social Screener as a tool
  - Utilities
  - Housing
  - Food insecurity
  - Financial concerns
  - Needs of the newborn



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## Outreach Programs

- Healthy Families America
- Maternity Care Coalition of Philadelphia



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## "Graduation from Newborn Center"

- Transition to other primary care providers



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## WHAT ELSE?

- Train all providers
- Bring residents to Newborn Center as adjunct providers under supervision of NB Team
- Bedside BF education of residents in NB nursery rotation



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## Ongoing Training

- Monthly Breastfeeding “tips” in resident Continuity Care Clinic “huddles”
- Train phone nurses on infant feeding and BF questions



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## Our Own Trifecta



Medical Care  
Provider



Lactation  
Consultant



Social Work



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**HOW WE DO IT...**

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## TEACHING CONCEPTS

Using Simple Terms

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## PROPS



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## TEACHING TOOLS

- Feeding cues



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## Hands On Teaching



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## “Lock her in”

- Proper positioning



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## Hand Expression

- Warm towel or shower
- Massage breasts
- “SQUEEZE it out”



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## “WE work with THAT”

- DUAL feeding
- Cannot force “EXCLUSIVE”



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## The Role of the PUMP

- Consignment pumps



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## WIC as a Partner



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## Get the family involved



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## Encourage Electronics

- Videotaping or pictures



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## Slogans, Rhymes and Simple Statements

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## “Nutritious and Delicious”

- The “**BREAST**”aurant is always OPEN !

“I EAT at MOMs”



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## Breastfeed ANYTIME...



...ANYTIME the baby wants to eat

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## “8 or more in 24”

How Often Should I Breastfeed?



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The baby **DRIVES** the MILK supply



- sometimes you need to “step on the gas”

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Baby **TAKES** so **MOMMY** can **MAKE**



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**DINNER** on first, **DESSERT** on second



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## Milk Storage Guidelines

5-5-5 Rule  
Cream rises to top  
Swirl breastmilk, don't shake it



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## Growth Spurts



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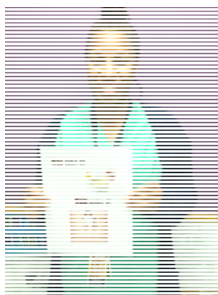
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## Why FAKE it? You MAKE it!



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### Time to SHARE:

- Please take this time to use your worksheet and write down helpful slogans or rhymes that you use to help new moms



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### A Creative Management Plan:

**“16 Times”**

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### The Classic Case

- 3d.o. 39weeks SGA Exclusively breastfeeding since birth
- 9% weight loss
- Stools are brown; 2wet diapers
- TcBilirubin = 14.1



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## Selling a Management Plan...

...In Simple Terms

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## Breastfeed 16 times!!



....A DAY!!!

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## Outcome

- Improved weight gain
- Improvement in jaundice
- Improved Breastfeeding ability
- Improved Milk Supply

• Win, Win, Win, Win!!



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### Special Circumstances

## Medications and Breastfeeding

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### The Importance of the Discharge Summary

- Transfer of care
- What actually took place in the newborn period?
- Where do we take over?
- Communication with Nurseries



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## Outreach

- visiting with “referral hospital”



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## Case Discussion

- 24yo with Sickle Cell Disease
- Pain crisis in pregnancy requiring narcotics
- Newborn with brief stay for NAS



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- Mom chooses breastfeeding
- Pumped milk is stored and labeled (for minimal narcotic exposure)



- Social Service (adult and pediatric)

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## Medication Guides

- Lactmed – NIH Library of Medicine
- Thomas W. Hale “Medications and Mothers’ Milk”
- Infant Risk Center(Texas Tech) app



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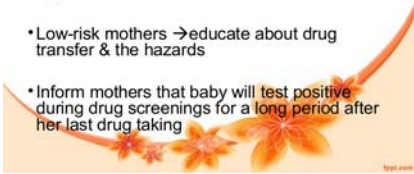
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## Breastfeeding with Methadone

### Mothers on recreational drugs

- Assessment for their dependability
- High-risk mothers →discontinue BF
- Low-risk mothers →educate about drug transfer & the hazards
- Inform mothers that baby will test positive during drug screenings for a long period after her last drug taking



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## ?antidepressants



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## What about marijuana??

- Legalized in 4 states—has minimized effect on human beings
- 8x the concentration in human milk as in serum
- Still unknown bioavailability in breastmilk
- Lipophilic and stored in fat for weeks/months



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## What we do know

- Lower Motor Development Outcomes using Bayley Scales
- Comorbid maternal conditions
- Concurrent use of other illicit
- Parenting impact while using THC



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## Case Discussion

- 4do FT 40weeks
- Mother admits to Marijuana use 2 weeks ago
- Wants to breastfeed
- Was told to “Pump and Dump” for 2 weeks and then may start breastfeeding



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## What would you do

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- ABM Clinical Protocol #18, "Use of Antidepressants in Breastfeeding Mothers" Breastfeeding Medicine 2014;vol 10, (6)
- ABM Clinical Protocol #21, "Guidelines for Breastfeeding and Substance Use or Substance Use Disorder"(revision2015)Breastfeeding Medicine 2015, vol10,(3)
- ABM Clinical Protocol #22, "Guidelines for Management of Jaundice in Breastfeeding Infant Equal or Greater Than 35weeks' Gestation" Breastfeeding Medicine 2012, vol5, (2)

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- Witt AM SS, Mason MJ, Flock SA., Integrating Routine Lactation Consultant Support into a Pediatric Practice. Breastfeeding Medicine 2012;7(1):38-42
- [www.cms.gov/outreach-and-education/outreach/written-materials/Toolkit/Toolkit Part 04.html](http://www.cms.gov/outreach-and-education/outreach/written-materials/Toolkit/Toolkit%20Part%2004.html)
- <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- Drug Facts: Marijuana  
<http://www.drugabuse.gov/publications/drugfacts/marijuana>  
na Accessed April 24, 2015

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### Where were we?

- Initial visit (any) **BREASTFEEDING** rate:
  - 2010 **5%**
  - 2011 **10%**
  - 2012 **18%**



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### Where are we now??

- Most referrals are from 4 of the 6 nurseries
- Breastfeeding rate at first visit=**60%**
  - 40% DUAL feeding; **20%** Exclusive



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**WORKSHOP C**  
**How to Find or Develop a**  
**‘Breastfeeding Friendly’**  
**Training Program**

Karen Bodnar, MD  
Valley Medical Group of Lompoc

Sandra Sullivan, MD, FAAP, IBCLC  
University of Florida College of

Susan Crowe, MD, FACOG  
Stanford University School of Medicine



## How to Create a Breastfeeding Friendly Training Program

Academy of Breastfeeding Medicine 2015

- Karen Bodnar, MD Inova  
Childrens Hospital
- Sandra Sullivan, MD University  
of Florida College of Medicine
- Susan Crowe, MD Stanford  
University

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## DISCLOSURE

- I have no conflicts of interest to disclose.
- No financial support was provided by the makers of breastmilk!

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## WHAT WOULD YOU LIKE TO LEARN TODAY?

Show of hands is you are a:  
In training (student, resident)  
Supervisor (faculty, residency director)  
Supporter (LCs, RNs, mentors)

What is your specialty?

What brought you to ABM?  
Personal experience  
a mentor

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## GOAL

To share practical, easy to implement res

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## Learning objectives

By the end of this workshop you will be able to:

1. Describe common barriers to breastfeeding that trainees face
2. Evaluate your institution's level of support for breastfeeding students, trainees, and faculty
3. Develop multiple effective strategies to influence change

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## AGENDA

1. SHOW AND TELL (brief lecture)  
Physicians at risk  
Identifying barriers & Influencing change  
Ideal support & Case studies
2. PUTTING IT ALL TOGETHER (small groups)  
Review toolkit and brainstorm checklist and policy
3. OVERCOMING BARRIERS TO IMPLEMENTATION  
(large group discussion)  
Design a plan for your home institution and share ideas

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## Background

- Breastfeeding rates have been improving in the US
- Physician mothers initiate breastfeeding more often than the general population
- However, their continuation rates are lower
- Physician mothers' BF behavior impacts their anticipatory guidance to patients

Sattari M et al. Physician Mothers: An Unlikely High Risk Group-Call for Action. *Breastfeeding Medicine*. Feb 2010; 25-29.

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## Why focus on physician breastfeeding rates?

- Physician counseling affects patients' breastfeeding initiation and duration
- Predictor of physicians' BF advocacy is their successful personal or spousal BF experience
- Pyramid effect

Sattari M, Levine D, Neal D. Personal breastfeeding behavior of physician mothers is associated with their clinical breastfeeding advocacy. *Breastfeeding Medicine* 2013; 8: 31-7.

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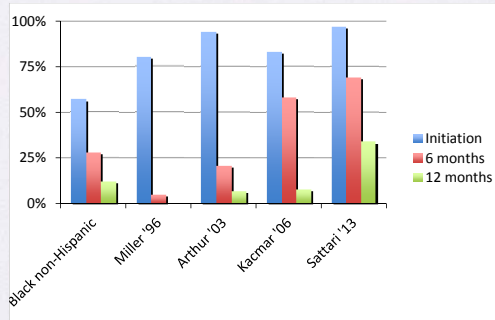
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## Physician moms vs other high risk moms



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## BARRIERS TO SUCCESS

Docs lack time, space, breastfeeding education and workplace

Without support they may delay or skip milk expression

Problems associated with incomplete emptying of the breast  
decreased milk supply and early weaning  
plugged ducts and mastitis

Perceived inadequate supply also leads to early weaning

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## Shared and unique barriers

TABLE 1. RETURN TO WORK BARRIERS TO ACHIEVING BREASTFEEDING GOALS

| Barriers                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shared <sup>18</sup>         | <ul style="list-style-type: none"><li>• Finding time to pump</li><li>• Location to pump</li><li>• Early introduction of solids (lowering of supply)</li><li>• Sleep training (lowering of supply)</li><li>• Short maternity leave</li><li>• Knowledge of relatively constant milk supply over time, storage capacity, supply/demand concepts (Magic Number<sup>19</sup>)</li><li>• Access to outpatient lactation support services</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Unique for physician mothers | <ul style="list-style-type: none"><li>• 80-hour work week for residents</li><li>• Clinical production, research production, teaching, and administrative duties<sup>20</sup></li><li>• Night float weeks or months</li><li>• Physical environment and/or unpredictable daily schedule not conducive to regular pumping breaks<sup>3-7</sup></li><li>• Medical training to precisely measure oral intake can lead to anxiety about milk supply.</li><li>• High levels of maternal control of feeding can lead to need to measure, analyze, and schedule, which leads to shorter duration of breastfeeding.<sup>21</sup></li><li>• Reliance on suboptimal medical education for knowledge related to breastfeeding and breastmilk.<sup>12,22-23</sup></li><li>• Higher rates of pregnancy complications that may contribute to difficulty breastfeeding<sup>24</sup></li></ul> |

Jones L, Mallin E. Dr. MILK: Support Program for Physician Mothers, Breastfeeding Medicine 2013, Vol 8(3):330-2.

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## Why don't mothers in the United States make it to 12 months?

- 57 % not enough milk
- 52% breast milk alone did not satisfy my baby
- 14% I could not pump at work
- 20% pumping not worth effort

Odom E, Ruowel L, Scanlon K. Reasons for Earlier Than Desired Cessation of Breastfeeding, Pediatrics 2013; 131; e726.

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## How physicians are different

- Hours on-call
- Clinical duties can prevent scheduled pumping, new every month
- Culture (male-dominated, team spirit)
- Their own medical training works against them (poor knowledge + anxiety)!

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## Why don't physician mothers make it to a year?

TABLE 4. REASONS FOR BREASTFEEDING CESSATION (n=86)

|                        | ≥12 months | 6-11.9 months | 1-5.9 months | <1 month |
|------------------------|------------|---------------|--------------|----------|
| Other                  | 40%        |               |              |          |
| Infant interest        | 34%        | 33%           |              |          |
| Inadequate milk supply | 17%        | 37%           | 83.3%        |          |
| Inadequate time        | 8.6%       | 44.4%         | 23%          |          |
| Too stressful          | 5.7%       | 7%            |              |          |
| Maternal/infant health | 5.8%       |               | 8%           | 100%     |
| Maternal discomfort    | 2.9%       |               |              |          |
| Maternal interest      | 2.9%       | 7%            |              |          |

Mothers could provide multiple reasons.

Sattai M, Levine D, Breastfeeding Intentions of Female Physicians, Breastfeeding Medicine 2010; Vol 5(6): 297-302.

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## It is not about workplace accommodations

- Space/time to pump is still a concern (15-20% still report barriers)
- **Overwhelmingly, the biggest issues are perceived or true low milk supply**
- No one talks about normal milk supply
- Most people apply cow milk rules to human milk

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## Perceived vs True low milk supply

- Milk supply is relatively stable from 1-6 months and then slow decrease from 6-12 mo (small +/- 60 cc)  
Not taught in residency!  
Kellymom.com has evidence based table
- Some moms develop oversupply (by working on freezer stash) during maternity leave, then interpret lowering supply as drying-up
- Other moms struggle to keep up with demands as bottle feeding increases intake

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## Myth of needing a giant freezer stash

- Creation of MONSTER frozen stash carries risk
- By definition this is oversupply
- Some develop:  
Overactive Milk Ejection Reflex (O-MER)  
Green frothy stools, arching at breast  
Misdiagnosed: reflux, colic, milk protein allergy
- Supply “diminishes” after return to work but really is going from oversupply to normal supply

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## Formula and bottles are different than breasts

- 75% of babies will demand more over time when fed by bottle (no matter what type of milk)
  - See Nancy Mohrbacher’s website handout “Milk Volume Demands Escalate”
- We are all taught kcal/kg/day for cow’s milk
  - Energy requirement less when human milk fed
  - Formula fed babies are bigger at 12 months

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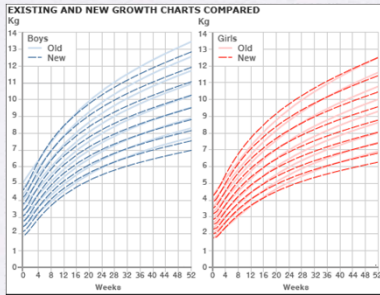
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## Growth curves are different too!



| Age in months | grams gained per day |
|---------------|----------------------|
| 0-3           | 26-31                |
| 3-6           | 17-18                |
| 6-9           | 12-13                |
| 9-12          | 9-13                 |
| 12-36         | 7-9                  |

- Weight gains slows in older infants

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## Magic Number Principles

- Only feed what you made day before
- Calculate your ounces/hour (assuming no freezer-stash driven over supply)
- Number of times you need to pump
- Breast storage capacity is variable
- Teach caregivers paced bottle feeding

Mohrbacher N. The magic number and long term milk production. Clinical Lactation 2011; 2:15-18.

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## Help the physician mother on the FIRST baby!

- 75% who breastfed for 6 weeks or less with the first child also breastfed for 6 weeks or less with second
- 85% who breastfed for more than 6 weeks with first child breast-fed for more than 6 weeks with second

Arthur, 2003

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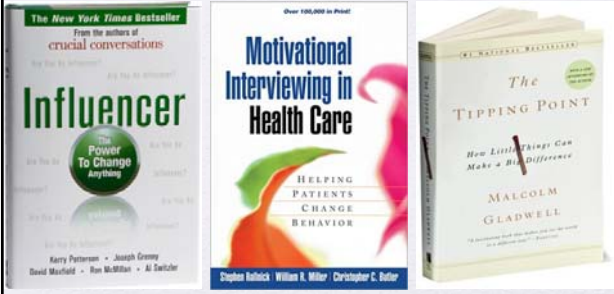
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# How to Influence Change




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# Motivate and Enable Key Behaviors

Identify vital behaviors to change

Sources of influence affect people's behaviors:

- 1) values
- 2) skills
- 3) support
- 4) teamwork
- 5) incentives
- 6) the environment

Use as many as possible!

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# SIX SOURCES OF INFLUENCE

|            | MOTIVATION                                                                                                                                                                       | ABILITY                                                                                                                                                         |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERSONAL   | <p>1 <i>Personal Motivation:</i><br/>Do they want to engage in the behavior?</p> <p><b>MAKE THE UNDESIRABLE, DESIRABLE</b></p>                                                   | <p>2 <i>Personal Ability:</i><br/>Do they have the rights skills and strengths to do the right thing?</p> <p><b>HELPING THEM SURPASS THEIR LIMITS</b></p>       |
| SOCIAL     | <p>3 <i>Social Motivation:</i><br/>Are other people encouraging and/or discouraging behaviors?</p> <p><b>HARNESS PEER PRESSURE</b></p>                                           | <p>4 <i>Social Ability:</i><br/>Do others provide the help, information, and resources required at particular times?</p> <p><b>FIND STRENGTH IN NUMBERS</b></p> |
| STRUCTURAL | <p>5 <i>Structural Motivation:</i><br/>Are systems rewarding the right behavior and discouraging ineffective actions?</p> <p><b>DESIGN REWARDS AND DEMAND ACCOUNTABILITY</b></p> | <p>6 <i>Structural Ability:</i><br/>Are there systems that keep people in place and on progress?</p> <p><b>CHANGE THE ENVIRONMENT</b></p>                       |

From Influencer: The Power to Change Anything designed by helpmhelp.org

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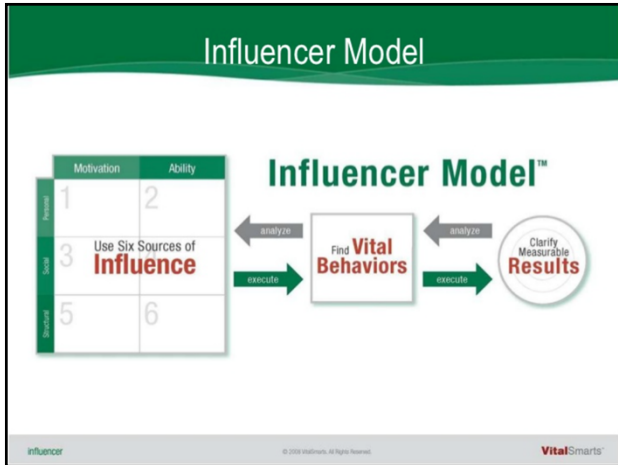
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## IDEAL SUPPORT

TIME  
SPACE  
WORKPLACE SUPPORT  
LACTATION EDUCATION

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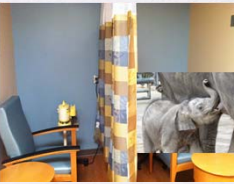
## Time

**Maternity leave**  
The ELEPHANT in the pump-room  
16 weeks ideal (Glatry)  
Consider breastfeeding “elective” time

**Adequate time to pump**  
Talk to program director/HR/supervisors  
Can someone hold your pager?  
Appt slots in clinic to pump

**Missing cases and lectures**

**Do pump break count against work hour restrictions**  
(can I stay/should I have to?)



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## SPACE

Adequate facilities AND close proximity to clinical duties  
Ability to work (hands free/phone/computer)

On-site daycare  
Ability to bring infant to work  
Have child brought for a feeding



Driving while pumping is common

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## DOOR SIGNS



Room in use

UF

www.hr.ufl.edu

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## OR BETTER YET...



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## OR/ER solution?



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## WORKPLACE SUPPORT

Needs Assessment

MD Specific Policy

Co-workers Support

Mother-to-Mother Group

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## Needs Assessment

Survey everyone:

Current and former breastfeeding/pumping moms  
(residents, students, faculty, private docs)

Co-workers:

Program & Clerkship Directors, Supervisors, Seniors

Co-residents, Students, Private Docs, Nurses, IBCLCs

In 2013 Orth found that more than 1 in 3 OBGYN mothers felt they were placing extra demands on their fellow colleagues despite nearly 80% of colleagues reporting that their breastfeeding resident did NOT place extra demands on them.

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## Developing a Breastfeeding Workplace Policy

A Breastfeeding Workplace Policy is **recommended but not required** by law.

- Develop a breastfeeding workplace policy and communicate it to all staff.
- Distribute a copy of the policy to all employees with a cover letter from the CEO, or Director.
- Provide a copy of the policy to all employees at new employee orientation.



**Suggestions for Developing a Breastfeeding Workplace Policy**

<https://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-BF-WorkPolicy.pdf>  
<http://mchb.hrsa.gov/pregnancyandbeyond/breastfeeding/toolkit/policy.pdf>

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## Existing Policies

Google search of "Medical resident policy" pumping revealed:

"The XXX Health System is a supportive workplace for Mothers interested in breastfeeding."

**Routine (or good) Employee Support:**

- private pump sites with electric breast pumps
- monthly orientation / registration sessions
- participation in breastfeeding support groups
- certified Lactation Consultant available for appointment.

No physician, student or resident specific policies

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Section VII: Graduate Medical Education Policies</b></p> <ul style="list-style-type: none"> <li>Accommodations for Disabilities - ADA Policy</li> <li>Away Electives</li> <li>Bylaws</li> <li>Closures and Reductions in Programs and Program Size</li> <li>Code of Conduct</li> <li>Conflict Between Trainees and Their Teachers</li> <li>Confidential Reporting</li> <li>Delinquent Medical Record Policy</li> <li>Extraordinary Circumstances Policy</li> <li>Drug-Free Workplace</li> <li>Drug Tests</li> <li>Emergency Life Support Skills</li> <li>Fatigue Mitigation</li> <li>Fit For Duty/Employee Assistance</li> <li>Fit For Duty Algorithm</li> <li>Graduate Medical Education</li> <li>Inclement Weather</li> <li>Interaction Between University Medical Residents/Fellows &amp; Industry Policy (If of Policy)</li> <li>Monitoring/Quality Control</li> <li>Needlesticks &amp; Other Oozes</li> <li>Occupational Injuring Risks</li> <li>Official Communication with Graduate Medical Education</li> <li>Prescription Writing/Medical</li> <li>Privacy and Confidentiality</li> <li>Professional Abuse/Dress Code</li> <li>Providing Medical Treatment</li> <li>Respected Counselor</li> <li>Security</li> <li>Sexual Harassment</li> <li>Social Networking Policy</li> <li>Supervision, Progressive Authority and Responsibility of Residents/Fellows</li> <li>Transition of Care/Handover</li> </ul> | <p style="text-align: center;"><b>GRADUATE MEDICAL EDUCATION HOTLINE</b></p> <p>A hotline has been established for all residents/fellows to use to report duty hour violations; any kind of harassment, bias or discrimination; code of conduct violations; supervision concerns; patient safety concerns; and any other concerns a resident/fellow may have about his/her training program.</p> <p>Faculty and staff who work with residents/fellows may also use the GME Hotline to report any concerns as outlined above.</p> <p>This hotline is confidential and all follow-up is done with the caller's identity protected, if requested.</p> <p style="text-align: center; color: red;"><b>Hotline: 860-679-4353</b></p> <p>Reviewed 3/15</p> |
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## Model Policy

Might include:

### Pumping

- Clinical responsibilities/handoffs
- Absence from didactics
- Available space and reservations

### Maternity Leave

### Infants in the workplace

### On-site daycare and going to it

### Milk Storage

### Support group attendance

### Resident breastfeeding education 37

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## Lactation education can be combined with peer support

Early education and awareness of local support is key  
(early = before/during pregnancy)

Education in med school and most specialties is lacking

Curriculum development is slow and implementation uneven

Possible alternate models to improve MD education:

### Peer-to-Peer MD Support (Dr. Milk)

### ABM interest groups

- Attract a diverse group of students before they choose specialties
- Help to diversify ABM membership over time
- Increase MD awareness of local resources
- Mentoring related to Breastfeeding Medicine

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## Dr. MILK® peer network

- M. others interested in L. actation K. nowledge
- For pregnant, breastfeeding, or those who have breast milk fed their children
  - Medical students, residents, and those in practice
- Started 2009, Lunch meetings August 2010
- Website and Facebook group 2010
  - 1000+ mentors and members
- Dallas chapter 2012
- ABM publication 2013



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# Effective Intervention

■ Dr. MILK@ members beat the odds!

|                          | 6 months any breastfeeding | 12 months any breastfeeding |
|--------------------------|----------------------------|-----------------------------|
| USA mothers *            | 43%                        | 22%                         |
| Physician mothers USA ** | 21%                        | 7%                          |
| <b>Dr. MILK@ members</b> | <b>82%</b>                 | <b>47%</b>                  |

\* Data from 2010 CDC Breastfeeding report card (CDC 2010 BF Report Card)

\*\* Arthur 2003, Miller 1996, Kacmar 2006 (abstract1, abstract2, abstract3)

Dr. MILK@ member data collected through surveys by Laurie B Jones, MD, IBCLC unpublished

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# Dr. MILK benefits

- Experiential
  - Pump logistics
    - Achieve several let-downs, what to put in your bag
  - Time savers
    - Specific to specialty and environment
  - Rotation preparation
    - Where, best times, predictable barriers
  - Local outpatient lactation support lists
    - Pump rental, IBCLCs, ENT/dentist

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# Dr. MILK benefits

- Educational
  - Milk supply and Magic Number
  - Solids introduction
  - Contraception and breastfeeding
  - Oversupply
  - Low supply
  - Bottle preference, bottle refusal
  - Galactagogues
  - Tandem nursing
  - Nursing while pregnant

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## Dr. MILK benefits

- Emotional support
  - Spousal/partner relationships
  - Validation
  - Self-awareness, reflection
  - Goal-setting (personal and professional)
  - Work-life balance
  - Role models

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## Dr. MILK benefits

- Advocacy
  - Return to work laws (FMLA, FSLA)
  - Right to pump law
  - Bringing baby to work
  - Resident/student right to pump
  - Duty hours and pumping barriers (rotation specific)
  - Night float barriers
  - 30-hour call barriers

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## How to start a Dr. MILK chapter

- Identify a point person to be in charge
  - Both resident and faculty if academic
- Pick a location and date for recurring meeting
  - Email, text, flyers
- Involve an IBCLC leader
- Use office medical education
- Human resources: corporate lactation policy

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## Protected space

- Let your guard down and admit you need help
  - “I don’t know why I don’t know this”
  - “I’m embarrassed to ask this”
- Perception of medical advice given
- Need an IBCLC co-leader so that it is not the blind leading the blind
- If uncomfortable with excluding people
  - Name it university/hospital BF support network

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## What has worked

- Regular meeting time, book conference room
- Meet even when just two people
- Encourage pumping and babies at meeting
- Put on noon conference calendar
- Set up booth at intern orientation
- Lunch hour best time
- Get permission to miss noon conference

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## Case Studies

Stanford University  
Involved OBGYN Faculty Mentor  
Pump rep donated hospital grade pumps

University of Florida  
Peds and OB Breastfeeding Liaisons  
Resident Elective

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## SPECIAL CHALLENGES

Specialty Specific Challenges

Interviews

Away rotations

Board Exams

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## Time Tips and Tricks

Pump tubing, flanges and bottles of expressed milk will fit into a gallon ziplock bag. Otherwise get multiple pump kits.

Reminders (before pain sets in)

Set an alarm

Can a friend/IBCLC page you to remind you to pump?

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## Evaluation and Feedback

Did we meet your goals?

Help us improve this workshop.

Please fill out the evaluation form.

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# Web Resources

- [www.dr milk.org](http://www.dr milk.org)
- <https://www.businessgrouphealth.org/pub/f2ffe4f0-2354-d714-5136-79a21e9327ed>
- Milk intake by age chart:  
<http://kellymom.com/bf/pumpingmoms/pumping/milkcalc/>
- Mohrbacher's magic number:  
[http://www.sentinelsource.com/parent\\_express/pregnancy\\_babies/mohrbacher-s-magic-number/article\\_8039a7dc-a5ca-11e1-938a-001a4bcf887a.html](http://www.sentinelsource.com/parent_express/pregnancy_babies/mohrbacher-s-magic-number/article_8039a7dc-a5ca-11e1-938a-001a4bcf887a.html)

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**WORKSHOP D**  
**Management of Induced Lactation**  
**and Relactation**

Anne Eglash, MD, IBCLC, FABM  
University of Wisconsin  
School of Medicine and Public Health

Pamela Berens MD, IBCLC, FACOG, FABM  
The University of Texas Health Science Center



## NO POWERPOINT TO SUBMIT

### **Outline:**

- Induced Lactation & Relactation
- Important history and physical components
- Setting expectations and offering alternatives
- Potential treatments, contraindications, side effects and existing evidence
  - Herbal galactogogues
  - Metaclopramide
  - Domperidone
- Duration of preparation prior to anticipated delivery and possible alternations in therapy
- Monitoring for success and follow-up





**WORKSHOP E**  
**Appropriate Use of Supplementation in  
the Breastfed Infant**

Casey Rosen-Carole, MD, MPH  
University of Rochester



**NO POWERPOINT TO SUBMIT**

**Outline:**

The workshop will consist of a learner-centered case-based analysis of the issues involved in evaluation and management of a breastfed infant with poor weight gain. We will review causal factors in poor infant weight gain, and have a practical focus on how to appropriately use supplementation to maintain the health of the infant while returning to exclusivity, if possible.




**WORKSHOP F**  
**Skin-to-Skin at C-Section:  
Safe Implementation Using  
Lean Management Principles**


Susan Crowe, MD, FACOG  
Stanford University School of Medicine

Bethan Faulkner, DNP  
Stanford Children's Health

Heather Freeman, RN, MS  
Stanford Children's Health





Lucile Packard  
Children's Hospital  
Stanford



**Skin-To-Skin at C-Section: Safe Implementation**  
**Using Lean Management Principles**

Susan Crowe, MD, FACOG  
 Bethan Faulkner, DNP, CCNS, MN, RNC  
 Heather Freeman, RN, MS



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## Disclosures

- We do not have any financial professional or personal conflicts of interest to disclose today.
- This presentation does not include the discussion of any investigational or off label use(s) of a commercial product or device.


Lucile Packard  
Children's Hospital  
Stanford


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## Objectives

- Participants will be able to identify what is meant by *lean* practices applied to healthcare
- Participants will be able to describe and use basic lean management tools to lead change in their hospitals
- Participants will learn tools to optimize the ability to engage multiple hospital units and physician departments in order to organize change that allows C-section dyads to have continuous skin-to-skin at delivery
- Participants will participate in mapping out the process of safely providing skin-to-skin time with mothers and babies during C-sections in their hospitals using performance improvement principles


Lucile Packard  
Children's Hospital  
Stanford


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### Early Skin-to-Skin & Exclusive Breastfeeding

| Outcome variable                                 | Early-SSC group (n = 20) | Control group (n = 21) | RR/ difference in means <sup>a</sup> | p     |
|--------------------------------------------------|--------------------------|------------------------|--------------------------------------|-------|
| Modified infant BAT score <sup>b</sup>           | 8 (5-10)                 | 9 (5-10)               | 0.9 (0.6 to 1.7)                     | 0.64  |
| Modified BAT score ≥8, n                         | 10 (50%)                 | 11 (52.4%)             | 0.9 (0.6 to 1.7)                     | 0.89  |
| EBF at 48 h, n                                   | 19 (95%)                 | 8 (38.1%)              | 2.5 (1.4 to 4.3)                     | 0.001 |
| EBF at 6 weeks, n                                | 18 (90%)                 | 6 (28.6%)              | 3.2 (1.6 to 6.3)                     | 0.001 |
| Salivary cortisol <sup>c</sup> , µg/dl           | 0.54 (0.25-0.86)         | 0.9 (0.3-2.1)          | -                                    | 0.09  |
| Maternal perception score at 48 h after delivery | 12.5 ± 1.9               | 10.7 ± 1.7             | 1.7 (0.5 to 2.8)                     | 0.005 |
| Infant's weight at 48 h, g                       | 2,714 ± 220              | 2,574 ± 275            | 139 (-18 to 298)                     | 0.11  |

Ref: Thukral A, et al. Neonatology 2012;102:114-119

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Stanford MEDICINE

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### The Toyota Way: World Famous *Lean* Production System

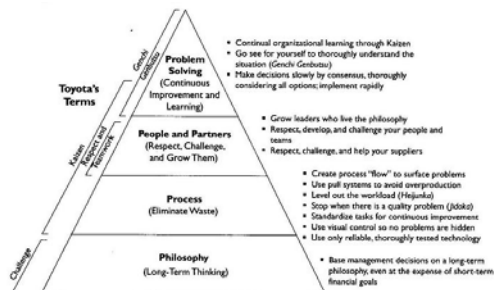


Figure I-1. A "4 P" model of the Toyota Way

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Stanford MEDICINE

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## Traditional/Lean Thinking

| Traditional Thinking                                                                          | Lean Thinking                                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Attack direct labor                                                                           | Attack waste, complexity and variation                                                         |
| Quality, cost and cycle time (speed) are addressed individually and often seen as conflicting | Quality, cost and cycle time (speed) are addressed concurrently and are seen as highly related |
| Optimize subsystems                                                                           | Optimize the whole system (including suppliers and customers)                                  |
| Use information technology as "the answer"                                                    | Use information technology as an enabler of lean processing                                    |

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## Lean Philosophy Applied to Healthcare

- Uses **operational excellence** as a strategic weapon
  - TPS's net profit margin is 8.3 times higher than the industry average
- Seeks to make **value flow** from admission through discharge and beyond
- Creates a **culture** of never-ending **improvement** at all organization levels
- Views patients and families as **customers**
- Staff and physician **engagement** is critical
- Improvement doesn't happen in the conference room, it happens in the workplace... **go to gemba**
- Lean is a **journey**, not an end state

Liker, 2004, The Toyota Way

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$$E = Q \times A$$

Effectiveness of Solution = Quality of Solution × Adoption by Stakeholders

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## Structured Problem Solving

- Structured problem solving is applying the scientific method to a problem.
- Many formats exist to conduct problem solving. We are introducing one powerful method developed at Toyota: A3 problem solving
- A3 refers to the size of paper used (approx. 11x17 inches)
  - This size paper allows for the problem to be succinctly, but thoroughly described on one side and on the other, the plan for how to solve it.
- A3s vary in structure and content, but follow a basic logical format

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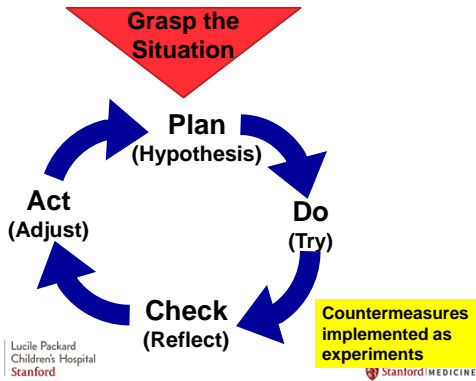
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## Scientific Method (PDCA Cycle)




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|                                                                                                                                                                                   |  |                                                                   |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|---------------------------------|
| Name of Patient: <input type="text" value="New Patient H&amp;P"/>                                                                                                                 |  | Date: <input type="text"/>                                        | Clinician: <input type="text"/> |
| <b>History</b><br>Chief Complaint<br>History of Present Illness<br>Past Medical & Surgical History<br>Medications and Allergies<br>Family and Social History<br>Review of Systems |  | <b>Impression - Diagnoses</b><br>1.<br>2.<br>3.                   |                                 |
| <b>Physical Exam</b><br>General Appearance, Vital Signs<br>HEENT<br>Heart & Lungs<br>Abdomen<br>Extremities<br>Neuro                                                              |  | <b>Plans</b><br>Diagnostic:<br>1, 2, 3,<br>Treatment:<br>1, 2, 3, |                                 |
|                                                                                                                                                                                   |  | <b>Follow - up</b><br>Monitor x, y, z<br>Return visit:            |                                 |

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## The Medical Model & Problem Solving

### Medical Model

Complaint  
History  
Physical Exam  
Tests if needed  

- What data do you need to understand current patient condition?

 Diagnosis  

- What problem(s) will you treat?
- What do you hope to achieve by treating the problem(s)?

 Treatment  
Evaluation



### Structured Problem Solving

**Current State Analysis**  

- Who, what, when, where, how does the problem/process happen?

**Desired Future State**  

- What specific problems will you need to address?

**Measureable goal/outcome**  

- What do you hope to achieve by addressing the problem?
- How much improvement, in what timeframe?




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## The Medical Model & Problem Solving

### Medical Model

Complaint  
History  
Physical Exam  
Tests if needed  
**Diagnosis**  

- What problem(s) will you treat?
- What do you hope to achieve by treating the problem(s)?
- What is causing the problems?

 Treatment  
Evaluation



### Structured Problem Solving

**Measureable Goal/Outcome**  

- What do you hope to achieve by addressing the problem?
- How much improvement, in what timeframe?

**Analysis**  

- What is preventing you from achieving the desired state?
- What are the causes of the problems?




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## The Medical Model & Problem Solving

### Medical Model

Complaint  
History  
Physical Exam  
Tests if needed  
Diagnosis  
**Treatment**  

- What will make the patient better?

 Evaluation



### Structured Problem Solving

**Recommendations**  

- What do you propose?
- What are the key drivers of achieving your desired future state?

**Action Plan**  

- How will you test your recommendations/changes?
- Who will do what by when?




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## The Medical Model & Problem Solving

### Medical Model

Complaint  
History  
Physical Exam  
Tests if needed  
Diagnosis  
Treatment  
Evaluation  

- Was treatment effective?

### Structured Problem Solving

**Measures and Follow up**

- How will you know if
  - The change happened?
  - The change resulted in improvement? If not, what will you try next?
- What is your measurement plan?

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**WORKSHOP G**  
**Educational Advocacy in Breastfeeding  
Medicine – A Roundtable Discussion**

Alla Gordina, MD  
NJ Breastfeeding Medicine Education Initiative

Elien Rouw, MD, FABM  
Well-Baby Clinic

Katherine Leeper, MD, FAAP, IBCLC, FABM  
MilkWorks





## Educational Advocacy in Breastfeeding Medicine – A Roundtable Discussion

Alla Gordina, MD, IBCLC  
Kathy Leeper, MD, FABM  
Elien Rouw, MD, FABM

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### Objectives:

- ▶ Identify the major steps involved in organizing Breastfeeding Medicine Educational Events (BFM EE)
- ▶ Identify ways of securing sponsors for Educational Events
- ▶ Know how to evaluate WHO code compliance in sponsors
- ▶ Recognize avenues of promotion of BFM EE to peers

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### Disclosures: None

- ▶ We have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity
- ▶ We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

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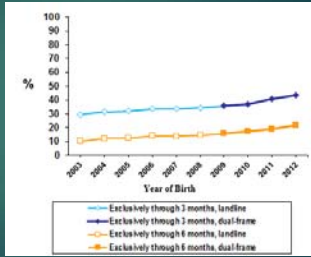
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## Breastfeeding Medicine Education is Important!




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## Things to do:

1. Identify goal(s) of event
2. Identify Audience
3. Secure Support (Community/Academic/Financial)
4. Assess Code Compliance of support
5. Develop Content
6. Secure Educational Credits (If desired)
7. Arrange for food (if desired)
8. Promote to intended audience

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## Identify Audience:

- ▶ *Intimate groups (2-5 people)*
- ▶ *Grand Rounds*
- ▶ *Lecture for Residents*
- ▶ *Departmental Meetings*
- ▶ *Educational Event for multiple specialties with a meal*
- ▶ *Regional meetings - co-sponsored with other organizations*

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## Identify Goals of Event:

- ▶ Educating reluctant physicians?
- ▶ Taking interested physicians to the "next level"?
- ▶ Promoting networking amongst interested physicians?
- ▶ Improving a specific practice in your community?
- ▶ Helping physicians realize how much they do NOT know?
- ▶ Reaching other healthcare providers?

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## Securing Support:

- ▶ Large organizations?
- ▶ Local breastfeeding coalitions?
- ▶ National/regional breastfeeding advocate groups?
- ▶ Hospital?
- ▶ Foundations?
- ▶ Local businesses?

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## Assess WHO Code Compliance:

- ▶ The Code applies to the marketing and related practices of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods; feeding bottles, and teats, and any other products promoted as alternatives to breastfeeding
- ▶ The Code explicitly states that "there should be no advertising or other form of promotion to the general public" and that "manufacturers and distributors should not provide ... to pregnant women, mothers or members of their families, samples of products..."

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## Develop Content:

- ▶ Who is your audience and what is the goal?
- ▶ This step is necessary before you can apply for CME...because you need references

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## Educational Credit:

- ▶ CME/CERPS/CNE
- ▶ Great draw for physicians, midlevels, nurses and IBCLCs
- ▶ Costs \$\$
- ▶ Need to plan ahead

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## Promotion:

- ▶ Newsletter?
- ▶ Posters?
- ▶ Emails/listserves
- ▶ Social Media
- ▶ Twitter?
- ▶ Word-of-mouth?
- ▶ Professional Organizations
- ▶ Event Sponsors
- ▶ Add-on to a routine meeting?

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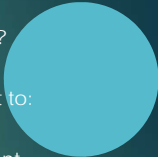
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Sustainability:

- ▶ Can you obtain funding for more events?
- ▶ Depending on format/size...do you want to:
  - ▶ repeat for different audiences?
  - ▶ repeat gathering annually with different content?



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**WORKSHOP H**  
**Breastfeeding and the**  
**Perils of Malpractice**

Lynn Bell, Esq.  
Davies, McFarland & Carroll.

Nancy Brent, MD  
Kids Plus Pediatrics





**Medical malpractice and  
Breastfeeding Medicine; no longer  
an Oxymoron**

Nancy Brent and Lynn Bell  
ABM 2015 annual meeting

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**This doesn't work**



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### Incidence of medical malpractice lawsuits, Jenna 2011, NEJM

- National incidence 7.4%
- 78% did not lead to payment
- Incidence by specialty
  - Neurosurgery 19.1%; General surgery 15.3%
  - OBGYN 11%
  - Family medicine 5.2%; Pediatrics 3.1%; Psychiatry 2.6%
- By age 65, 75% of MDs in low risk and 99% in high risk specialties had faced a claim

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### Elements of a malpractice claim

- A duty was owed.
- A duty was breached.
- The breach caused an injury.
- There was a deviation from the standard of care.
- Damage occurred.

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### Stages of a suit

- Summons
- Discovery
- Depositions
- Settlement
- Trial
- Appeal
- Can last up to 5 years or more

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### Protection from a lawsuit

- Documentation
- Consent to treat
- Informed consent
- Relationship to patients & families

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### Issues specific to Breastfeeding Medicine

- 2 patients/1 specialty
- Malpractice insurance for other patient
- Treatment of other patient must be problem specific
- Consultation with PCP &/or other providers
- Billing & keeping separate charts

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### Medical Malpractice Stress Syndrome (MMSS)

- Similar to PTSD
- Symptoms of anxiety and depression
- Shock
- Isolation
- Shame
- Self doubt
- Anger

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## MMSS, physical symptoms

- Insomnia
- Weight loss or gain
- Self-medication with drugs or alcohol
- Can be incapacitating

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## Kubler-Ross stages of grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

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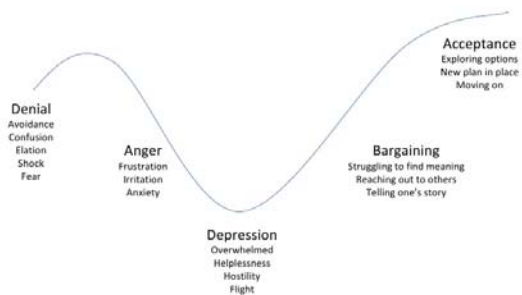
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## Kubler-Ross



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### MMSS Management, Andrew LB:

- Replace mystery with knowledge
- Replace shame with confidence
- Provide insight into players & dramas while being enacted
- Provide tools & strategies for combating emotional & physical stress of litigation

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### Resources

- Family
- Legal counsel
- Malpractice carrier's support resources
- Individual physician
- Referral for counseling &/or pharmacotherapy

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### Need for liability reform?

- AMA report:
- 60% of claims are dropped, withdrawn or dismissed without payment
- In 2008, each of these claims cost an average of > \$22,000.
- 90% of trial verdicts found physicians not liable.
- In 2008, average cost of trial > \$110,000.

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## Tort reform proposals

Medical malpractice courts  
Limits on noneconomic damages  
Reduction in statute of limitations  
California Medical Injury Compensation Reform Act (1975): limits noneconomic damages to \$250,000 & prohibits attorney fees from exceeding 40%.

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## Pregnancy associated breast cancer (PABC)

- Breast cancer during pregnancy and up to 1-2 years postpartum; 2/3 present postpartum
- 75-90% invasive ductal carcinoma, 2<sup>nd</sup> most common invasive lobular carcinoma
- 70% both estrogen & progesterone receptor negative
- Increased incidence BRCA 1 & 2 and HER2 & HER2/neu

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## PABC symptoms on presentation

- 90% present with mass
- Erythema
- Breast enlargement, swelling
- Bloody nipple discharge
- Skin thickening
- Larger, more advanced, more likely to present with metastasis than non-pregnancy associated breast CA

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## PABC

- Dx:
- 90% present with mass
- ultrasound, then mammogram
  - Mass, microcalcification, asymmetric densities, skin thickening, architectural distortion
- Rx: pregnancy termination not associated with increased survival

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## Prognosis

- Delay in diagnosis
- Breast hypervascularity in pregnancy and lactation
- Immune suppression during pregnancy
- Exposure of breast CA cells to hormones of pregnancy
- However, 2012 study found no difference in 10 year survival

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## Conclusions

- Protect yourself as well as you can.
- Documentation
- Informed consent
- Listen to your patients, even when you've heard the same thing a thousand times before.
- Know when & how to refer (appt, letter, phone call, ER).

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## Reflections

- If you get sued anyway,
- Try to not take it personally, “the cost of doing business.”
- Find someone you can confide in, without compromising your case.
- Empower yourself with knowledge, about the case as well as the legal system.

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## Kubler-Ross stages

- Denial: try to advance beyond this quickly; it’s not usually helpful to you.
- Anger: righteous anger can help you keep your sense of self worth, but allowing it free range will hurt you.

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## Kubler-Ross

- Bargaining: an essential part of the process. 90% of claims never go to trial. Work with your lawyer and the insurance agent. Measure your emotional and professional reaction to the idea of a settlement. Measure the pros and cons and then make a decision.

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## Kubler-Ross

- Depression: recognize the likelihood of a lawsuit. When you can't function up to your own standards, get help.
- Acceptance: Use the experience to strengthen yourself, professionally and personally and perhaps to help others in a similar situation.

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**Cultural Panel –  
Universal Issues for Women and Work:  
The Challenges of Breastfeeding**

Natasha Sriraman, MD, MPH, FABM – Moderator  
Children’s Hospital of The King’s Daughters

Tomoko Seo, MD, IBCLC, FABM – Japan  
Hoshigaoka Maternity Hospital

Elien Rouw, MD, FABM – Germany  
Well-Baby Clinic

Rachel Musoke, MB, ChB, MMed, FABM – Kenya  
University of Nairobi

Yvette Piovanetti, MD, FABM – Puerto Rico  
University of Puerto Rico School of Medicine





## Challenges of Breastfeeding for working mothers in Japan

Tomoko Seo, MD, IBCLC, FABM

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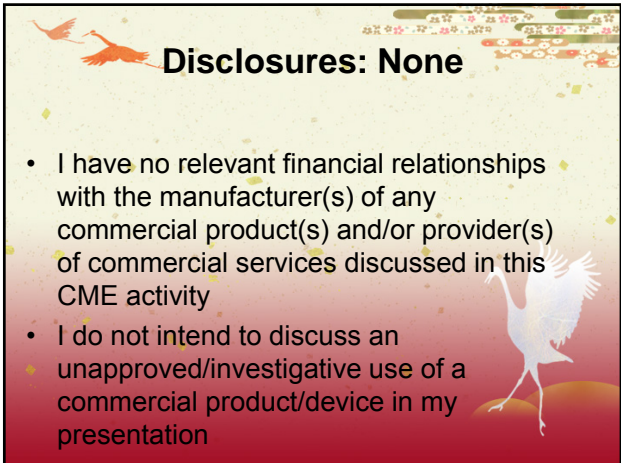
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### Breastfeeding status in Japan

- ◆ Most Japanese mothers wish to breastfeed their children.
- ◆ Regular employees can have paid maternity leave up to 12 months after birth.
- ◆ Majority of women are non-regular employees, especially after childbirth.
- ◆ Mothers often quit breastfeeding because of lack of support for breastfeeding at workplaces.

Regular employee: full time workers without limited term  
Non-regular employee: part-time and contract workers

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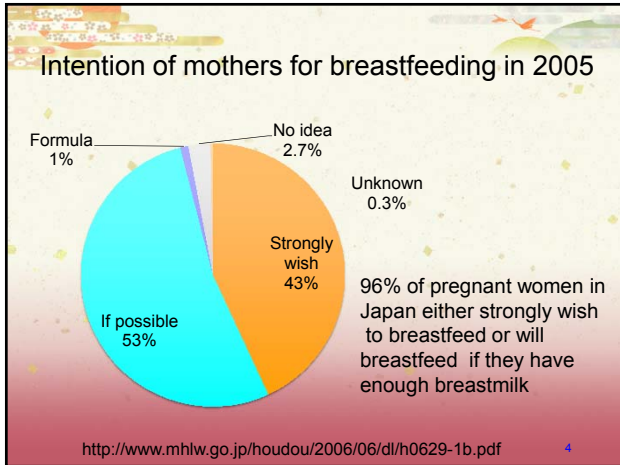
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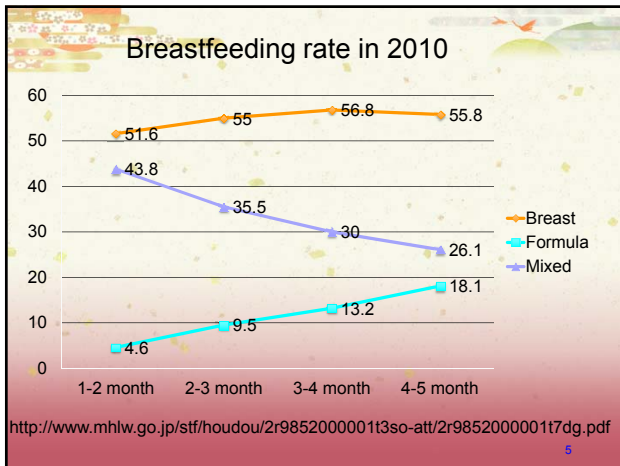
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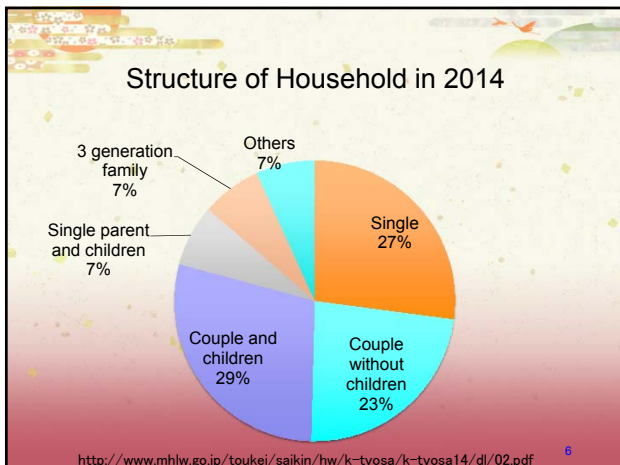
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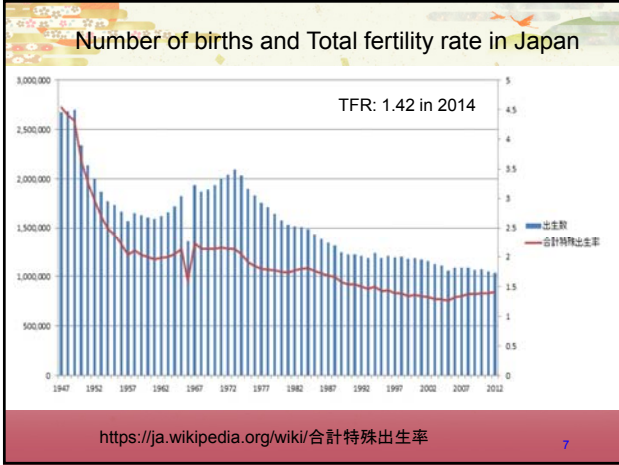
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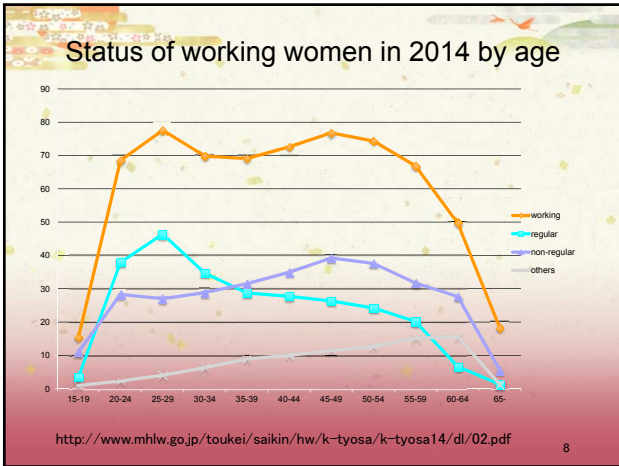
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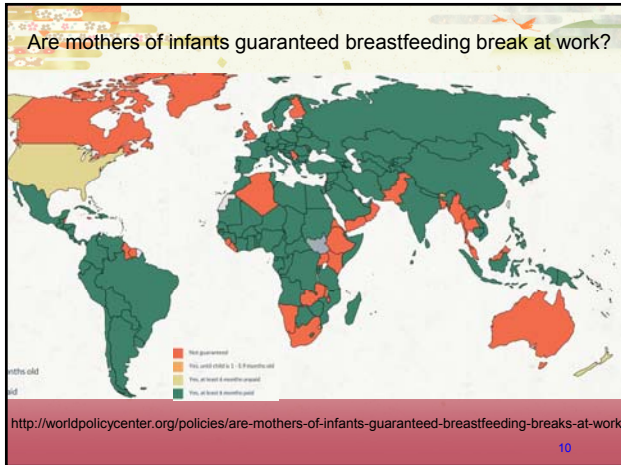
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### Paid maternity leave in Japan

- ◆ A woman can have maternity leave for 6 weeks before due date as requested and mandatory 8 weeks leave after childbirth.
- ◆ During maternity leave, 2/3 of basic salary will be paid from health insurance society.
- ◆ If a woman has been employed more than 1 year before childbirth, regardless of regular or non-regular, she will be paid 67% of basic salary up to 6 months after maternity leave.
- ◆ Either of parents can have child care leave, and 50% of basic salary will be paid up to 1 year after childbirth.

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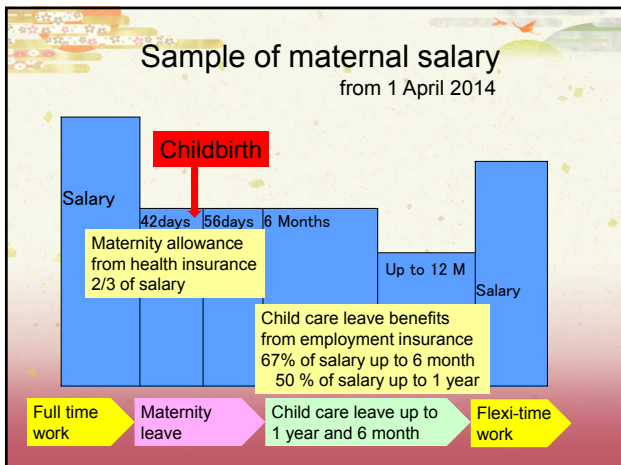
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**Reality of maternity and child care leave**

- ◆ Paid maternity leave is given to only “employed women” by companies. Self-employed women or women without insurance are not covered.
- ◆ 86.6% of employed women took child care leave in 2014. Child care leave is allowed to parents who have been employed more than 1 year before childbirth. Very few fathers (2.3%) took leave in 2014.
- ◆ These systems do not work for underserved women, such as domestic or self-employed workers without health or employment insurance.

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**Day care centres and workplaces**

- ◆ Many mothers go back to work when their children become 1 year old.
- ◆ Although caregivers in day care centres should consider to give expressed breastmilk to infants according to legislation in 2000, many are reluctant because they have little experience.
- ◆ There are very few workplaces which have facilities for expressing breastmilk.

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**Challenges of continuing breastfeeding for working (and non-working) women**

- ◆ All health care providers should make the public and companies aware of importance and value of breastfeeding.
- ◆ All mothers should be assured of maternity and childcare leave with some payment, so that they do not need to go back to work too soon.
- ◆ All health care providers should inform mothers how to continue breastfeeding after coming back to the workplace, and caregivers of the value of breastmilk and how to handle expressed milk.

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# Cultural Panel – Universal Issues for Women and Work: The Challenges of Breastfeeding in Europe

10/2015

Academy of Breastfeeding Medicine



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I have no actual or potential declarations to make in relation to this programme

10/2015

Academy of Breastfeeding Medicine



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## Breastfeeding and work in Europe??

- 47 Countries
- More than 100 Languages
- Diversity in
  - Population density
  - Culture
  - Gross Domestic Product
  - Laws and regulations

10/2015

Academy of Breastfeeding Medicine



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## Germany

- Initiation of BF: 90%
- Around 6 Months: 22% exclusively BF
- Any BF at 12 months: 28%
- 92 BFHI Hospitals (17% of hospitals)

10/2015

Academy of Breastfeeding Medicine



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## Maternity leave

- 14 weeks fully paid maternity leave (6 weeks before, 8 weeks after birth)
- 12 months paid maternal leave (65% of the last earned salary)
- 2 months of paternal leave possible
- Unpaid maternal leave until child is 3 years old
- Guarantee, that same or similar position has to be offered

10/2015

Academy of Breastfeeding Medicine



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## Regulations employers

- 2x30 minutes break for breastfeeding or pumping
- Break is counted as working time
- No night shift
- No specific recommendations about private places to pump
- No specific recommendations for storage of milk

10/2015

Academy of Breastfeeding Medicine



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## Culture

- Tradition of long maternity leave and part time working for German mothers
- Short tradition of daycare in the western part of Germany, longer in the eastern part of Germany
- Positive attitude to breastfeeding
- Economical constraints and/or fear for career dip urge many mothers to start earlier

10/2015

Academy of Breastfeeding Medicine



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## Positive

- Almost all mothers take at least 6 months of maternal leave
- Most mothers start to work after 1 year
- Pumping or feeding at work is possible

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## Negative

- Especially low-income, single mothers may need to work early
- Mother has to negotiate with employer about place and equipment
- Mother has to deal with colleagues about breastfeeding
- Career threat
- Threat for retirement pension

10/2015

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## France

- Very low breastfeeding rates
  - Initiation: 67%
  - 25% any bf at 4 months
- 18 weeks maternity leave with 100% payment (6 weeks before, 12 weeks after birth)
- A very long tradition of daycare and wet nurses
- A negative attitude of women towards breastfeeding

10/2015

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## Breastfeeding in Kenya

Rachel Musoke  
University of Nairobi

Rachel Musoke: 20th ABM conference 2015

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Rachel Musoke: 20th ABM conference 2015

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## The culture

- “We survived because we were special fellows - because we were not fed on baby food that look and taste like sweetened sawdust. We grew up on the real stuff of life – Our mothers were not mean with their ‘depots’
- I had this feeling that mother’s milk is the best so I drank it for quite a while”

‘Whispers’ Wahome Mutahi :The Sunday Nation Aug 4,1996

Rachel Musoke: 20th ABM conference 2015

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**The culture:  
Feeding someone's else  
baby**

•Two month old baby  
found by the riverside

•Breastfeeding the baby at  
the chief's camp Mrs  
Nthenya said:  
" I was touched because I  
have a small baby and I  
could not watch him cry"



Rachel Musoke: 20th ABM conference 2015

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**The culture: We breastfeed anywhere**

Attending a public meeting



Time to vote! (Burundi)



Rachel Musoke: 20th ABM conference 2015

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**The culture: Feeding double - twins**



Rachel Musoke: 20th ABM conference 2015

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**What about Quadruplets?**

•Quadruplets who arrived on Fool's Day (1<sup>st</sup> April)

•Mother "When they all cried I had to calm them down through breastfeeding, I took two at a time"



Six years ago: The quadruplets arrived on Fool's Day, but there was no fooling anybody: for this was no joke.

Rachel Musoke: 20th ABM conference 2015

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**The quadruplets at 6yrs**



The four-year-old quadruplets from left to right: Joseph, Thomas, David, Joseph, Kenneth, Robert and Mark. (Picture by Victoria Woodhead)

four fooled nobody

Rachel Musoke: 20th ABM conference 2015

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**Women and Work**

Rachel Musoke: 20th ABM conference 2015

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## Cultural loss

- Kenyan women, like their mothers & grandmothers know that a breastfed baby makes a better child
- Why it's so difficult to achieve what everybody agrees is best for babies

Miriam Kahiga The Sunday Nation Oct 24, 1993

Rachel Musoke: 20th ABM conference 2015

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## Maternity protection: Earlier years

- The country's law was one month paid leave plus annual leave
- Reluctance of law makers to change
- If you were an employed woman chances of being laid off if you asked for extension of maternity leave was high

Rachel Musoke: 20th ABM conference 2015

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## Breastfeeding while working

- Carry the baby to work & everywhere
- Feed early morning & night
- Baby brought to work place
- Train the baby to fit into mother's schedule
- *Some give up (no support from employer)*

Rachel Musoke: 20th ABM conference 2015

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## Women's burdens: rural

Women carrying water & their babies



Famine hit area - breast only food for baby



Rachel Musoko: 20th ABM conference 2015

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## Maternity protection: where are we now?

- **National Law: The employment Act No 11 of 2007**
- Female employee:
  - Three months maternity leave with full pay
  - Plus annual leave for that year
  - **Extension allowable on medical grounds**
- Male employee 2wk paternity leave with full pay

Rachel Musoko: 20th ABM conference 2015

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## Employers

**Employers stretch ideas to retain more female staff**

- Flexi time or work from home
- Provisions for baby/child at the workplace
- “An employee with a baby less than 6 months brings her baby plus a baby minder if training outside of normal working place at the company’s expense” C. Wahome HR director Deloitte E. Africa

Rachel Musoko: 20th ABM conference 2015

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## Role of health workers

- Ms Nafula: “I learnt the advantages of breast-feeding the child for the stated time while attending an antenatal clinic at Mbagathi Hospital”
- Ms Mwangeli: “I suffered until a nurse at the clinic showed me how to do it. When we finally got it right I started enjoying breastfeeding and we are still at it 28 months later”

Rachel Musoke: 20th ABM conference 2015

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## The trends (DHS): exclusive BF

| AGE (months) | 1998 | 2003  | 2008/09 | 2014 |
|--------------|------|-------|---------|------|
| <2           | 28%  | 29.3% | 51%     | 84%  |
| 2 - 3        | 8%   | 9.3%  | 34%     | 63%  |
| 4 - 5        | 3.5% | 2.6%  | 13%     | 42%  |
| Overall      | 13%  | 13%   | 32%     | 62%  |

Rachel Musoke: 20th ABM conference 2015

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## Some of our posters

Baby & mum



Thank you mum, I can now go to sleep



Rachel Musoke: 20th ABM conference 2015

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## Acknowledgement

- ABM for part sponsorship for this trip
- Mr Joseph Kinyanjui  
Nation Media Group for most of the pictures used in this presentation as well as all the men & women who gave their stories to the media

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UNIVERSAL ISSUES FOR WOMEN AND  
WORK:  
THE CHALLENGES OF BREASTFEEDING  
IN PUERTO RICO

Yvette Piovanetti MD FAAB FABM



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**Office of Labor and Human resources PR 2013,**  
 Nationally women **45 % work force**  
 -401,000, representing 47 % of the salaried vs.  
 hourly  
 54 % Government workers  
 46 % Private sectors  
 Latin America - 44% of the work force are women

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Legislation and Public policies  
 for breastfeeding 20 YEARS

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**Public policy on breastfeeding-1995**

Led to >15 laws to protect the rights of breastfeeding mothers in all segments of community from workplace to public spaces to schools and excused from jury duty - 1995-2015

**Law 79-** Provided a safety network in health facilities where artificial formula could only be given to infants with mother's consent .(3/13/2004)

**Law 427-** Fines \$ up to 3 x wages /employee/ day that she was denied her prescribed 1 hr period to extract her milk or breastfeed her infant for 12 months after she initiates her work postpartum, 12/16/2004, amended 01/6/2006 as Law 239. Amendment 1451 presented to PR SENATE on 8/13/2015 to include part-time workers (for 4hrs allowance of 30 min. pending vote).

**Law 456-** to regulate designated lactation spaces for safety and hygiene. (9/23/2004)

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**Maternity leave- benefits worldwide comparison**

| Country                             | Maternity leave- # days-<br>wage benefits |
|-------------------------------------|-------------------------------------------|
| United Kingdom                      | 315 (42 days with 90% wages)              |
| Norway                              | 315 d (245 with 100% salary)              |
| Sweden                              | 240 d with 80% salary                     |
| Montenegro, Bosnia and Albania      | 365 d (180 d with 100% salary)            |
| Venezuela                           | 182 d 100% wages                          |
| Chile, Cuba                         | 156 d 100% wages                          |
| Brasil, Costa Rica                  | 120 - 100%                                |
| Colombia                            | 98 d with 100% salary                     |
| Argentina, Bolivia y Perú           | 90 d                                      |
| Paraguay, Ecuador, México           | 84 d                                      |
| Estados Unidos                      | 84 days w/o pay                           |
| Puerto Rico                         | 56 d with 100% of benefits                |
| ** NETFLIX**Maternity and Paternity | 365 d with 100% of salary                 |

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**Health Dept- Administrative order 336-**

- to enforce uniform evidence based practice (Ten Steps) in all maternity hospital settings.
- Signed by Secretary of Health as a new hospital regulation on March 2015 and effective for implementation on May 2015

ORDEN ADMINISTRATIVA NÚM. 336

PARA ORDENAR A TODA INSTITUCION HOSPITALARIA EN PUERTO RICO A ESTABLECER UN PROGRAMA DE LACTANCIA Y ACOMPAÑAMIENTO DURANTE EL TRABAJO DE PARTO, NACIMIENTO Y POST-PARTO SEGÚN LA POLÍTICA DE LOS DIEZ PASOS HACIA UNA FELIZ LACTANCIA NATURAL PROMOVIDA POR LA ORGANIZACIÓN MUNDIAL DE LA SALUD Y LA LEY PARA PROHIBIR EL SUMINISTRO DE SUCEDANEOS DE LA LECHE MATERNA A LOS RECIEN NACIDOS Y LA LEY DE ACOMPAÑAMIENTO DURANTE EL TRABAJO DE PARTO, NACIMIENTO Y POST PARTO.

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**SUNDAY**



# **Breastfeeding, the Environment & the Infant Gut Microbiome**

Christine Cole Johnson, PhD, MPH  
Henry Ford Hospital & Health System, Detroit



Breast Feeding, the Environment &  
the Infant Gut Microbiome  
~Impact on Allergy & Asthma~

Academy of Breastfeeding Medicine  
Los Angeles CA October 2015

Christine Cole Johnson, PhD, MPH  
Henry Ford Health System  
&  
the MAAP Research Team

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Disclosures  
Christine C Johnson, PhD

No relevant financial relationships.

Personal financial interests in commercial entities that are relevant to my presentation: None

No discussion of off label drug use

Research Support: National Institutes of Health, Fund for Henry Ford Hospital

Legal Fees: None

Gifts: None

Other potential conflicts: None

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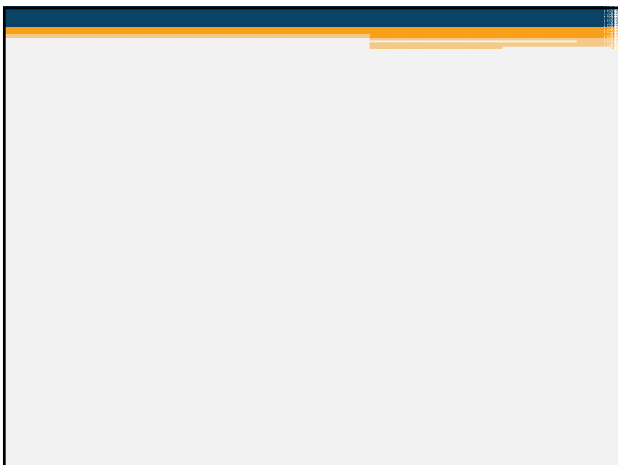
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## Outline

- Increasing prevalence of allergic diseases
- Hygiene Hypothesis
- Microbiome Hypothesis
- Breast-feeding, the infant microbiome and allergic disorders

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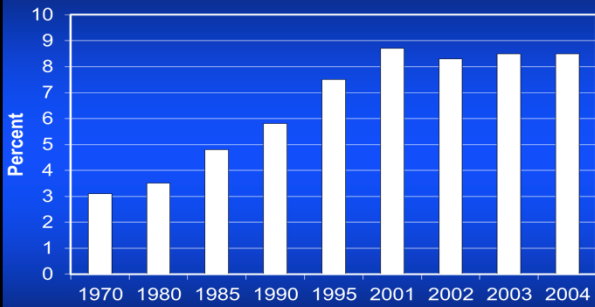
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## Prevalence of Pediatric Asthma <18 yrs 1970-2004



CDC: Surveillance for Asthma—United States 1980-1995;  
National Surveillance for Asthma—United States 1980-2004

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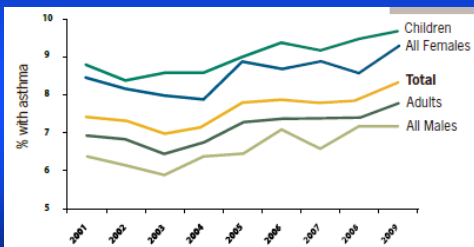
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## US Asthma Prevalence by Age and Sex 2001-2009, CDC



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## 1980s: Major Theories on Increase in Asthma & Allergy Prevalence

### Exposure to pollutants

- smog
- diesel exhaust particles
- proximity to traffic
- environmental contaminants, including environmental tobacco smoke

### Tighter homes

- more allergen exposure
- increased moisture
- more time indoors

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## Risk of Hay Fever Inversely Related to Number of Older Siblings



*Strachan, BMJ 1989; 299: 1259-60*

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## Hygiene Factors

- Decreased family size
- Increased standard of living
- Suburbanization
- Less exposure to animals
- More immunizations
- More antibiotics use

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## The Evolution of Ideas

**1980s:** Hypothesis: Is it an increase in early childhood exposure to outdoor/indoor pollution or allergens such as dust mites due to tighter homes, more time inside, etc?



**1990s:** Hypothesis: Maybe other environmental factors contributing besides allergens, perhaps early respiratory infections or early immune stimulation?

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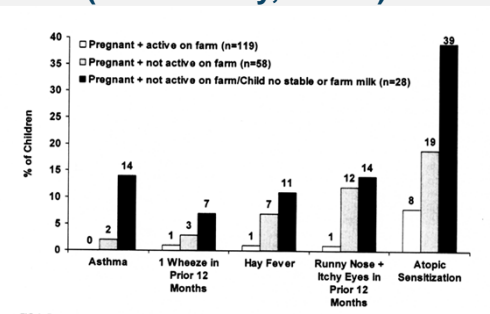
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## Pregnant Mothers Living on Farms (ALEX Study, n=901)



Riedler J, et al. Lancet 2001;358:1129-33

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## Growing up on a Farm Bavarian Style




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Children from inner cities have increased asthma.

*Kattan M, Pediatric Pulmonology, 1997*

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**Dogs and cats in the house are bad for allergies, right?**



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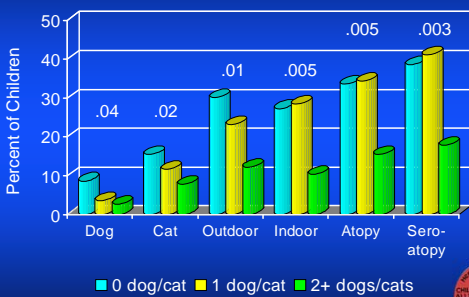
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### Pets Inversely Associated with Allergic Sensitivity at age 6 yrs



Ownby et al. JAMA 2002

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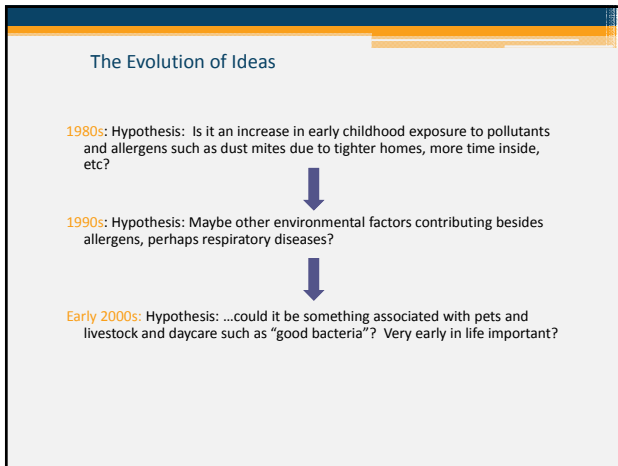
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### Drinking Water, Microbes, and Atopy

- 563 children, 7-16 years, living in Finnish- and Russian- Karelia
- Skin prick tested with 14 common allergens and foods
- Finnish children more often sensitized – 48% vs 16%
- Greater bacterial contamination of drinking water in Russian Karelia.

Von Hertzen et al. Allergy 2007

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## Risk factors for High IgE and Allergy/Asthma

- Pets ↓
- Farming ↓
- Unpasteurized milk ↓
- Day Care ↓
- Contaminated Water ↓
- Antibiotic Use, C-sections ↑
- Breast feeding ↓ ↑




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## The Evolution of Ideas

**1980s:** Hypothesis: Is it an increase in early childhood exposure to allergens such as dust mites due to tighter homes, more time inside, etc?

**1990s:** Hypothesis: Maybe other environmental factors contributing besides allergens?

**Early 2000s:** Hypothesis: Something in the environment related to pets is associated with allergies...could it be something associated with lower "Hygiene" such as "good bacteria"?



**Late 2000s:** Hypothesis: Is it the microbial balance/patterns in the mother and child's environment & child's gut and/or skin and lung that impacts immune development and atopic disorders/asthma?

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Sue Lynch

Homer Boushey

Chris Johnson

Nick Lukacs

Kei Fujimura

Dennis Ownby

Haejin Kim

Ganesa Wegienka

Kim Woodcroft

Ed Zoratti

Al Levin

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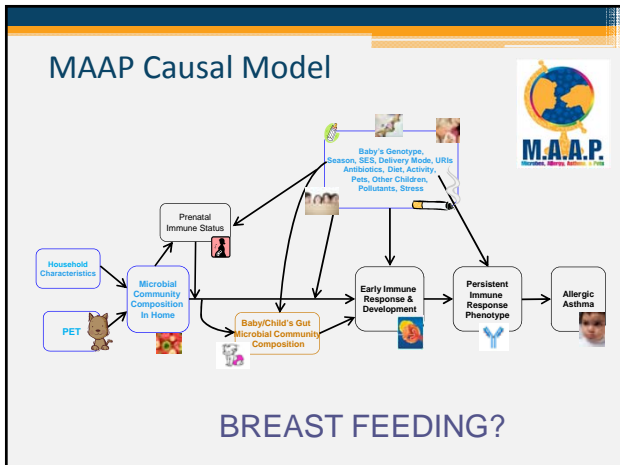
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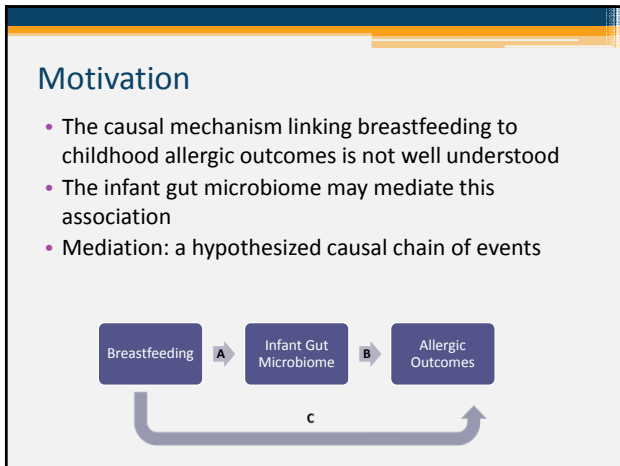
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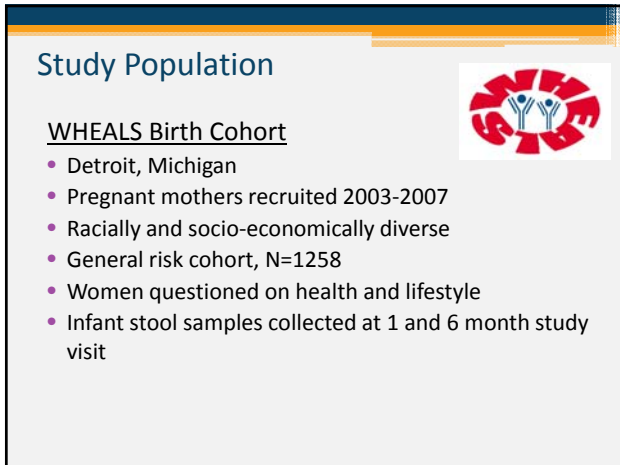
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## Analytic Sample



- Drawn from WHEALS
- 298 stool samples met inclusion criteria and had sufficient DNA load for sequencing
  - 1 month study visit: N=130, Median=35 days, IQR=17 days
  - 6 month study visit: N=168, Median=201 days, IQR=37 days
- MAAP Sample representative of WHEALS in terms of:
  - Race
  - Pet ownership
  - Gender
  - Family history of allergic disease
  - Mode of Delivery
- Tended to be higher income participants

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## Data Collection and Measurement

| Type               | Variable              | Time                           | Measurement                                                                                                                                                                                                                                         |
|--------------------|-----------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exposure           | Breastfeeding         | 1 and 6 Months Study Visit     | Mom Report of Current/Exclusive Breastfeeding                                                                                                                                                                                                       |
| Potential Mediator | Infant Gut Microbiome | 1 and 6 Month Study Visit      | Tag sequencing of the 16S rRNA gene (v4 region) <ul style="list-style-type: none"> <li>• Illumina MiSeq Sequencing platform</li> </ul>                                                                                                              |
| Outcome            | Allergic Outcomes     | 4 Year Telephone Questionnaire | Parental report of any diagnoses/symptoms : <ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• Tightness</li> <li>• Shortness of breath</li> <li>• Runny/stuffy nose/sneezing</li> <li>• Itchy/watery eyes</li> </ul> |

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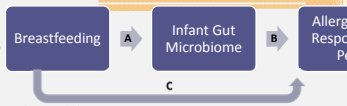
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## Statistical Analysis



- 1.) Establish mediation is plausible
  - Exposure to Outcome (C)
    - Logistic Regression
  - Compositional differences in the microbiome (A,B)
    - PERMANOVA
- 2.) Identify specific Operational Taxonomic Units (OTUs) that are potential mediators
  - Tests of differential abundance (A,B)
    - Zero-inflated negative binomial regression
    - FDR adjustment (q-value<0.05 considered significant)
  - Functional Analysis of potentially mediating OTUs
    - PICRUST

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## Breastfeeding and Allergic-Like Response to Pets

- In WHEALS, breastfed babies were less likely to have an allergic-like response to pets at age 4
  - OR (95% CI) = 0.58 (0.36, 0.94)
  - p-value = 0.028

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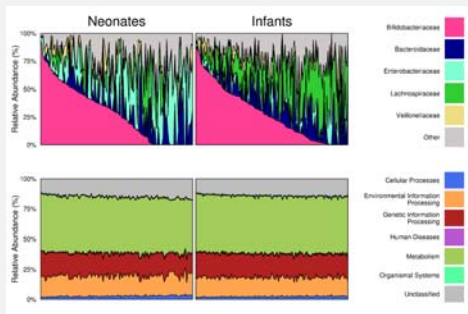
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## Relative Abundances of the 5 most abundant families and KEGG functional categories




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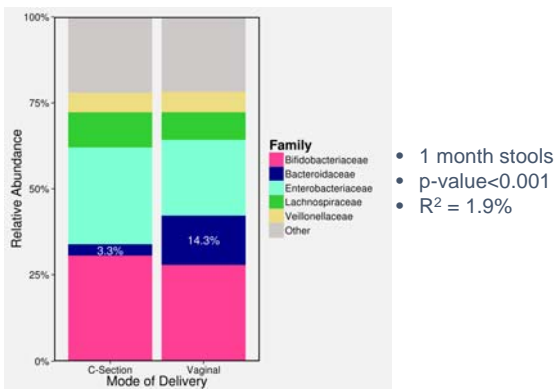
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## Baby Stool Univariate Compositional Differences: by Mode of Delivery




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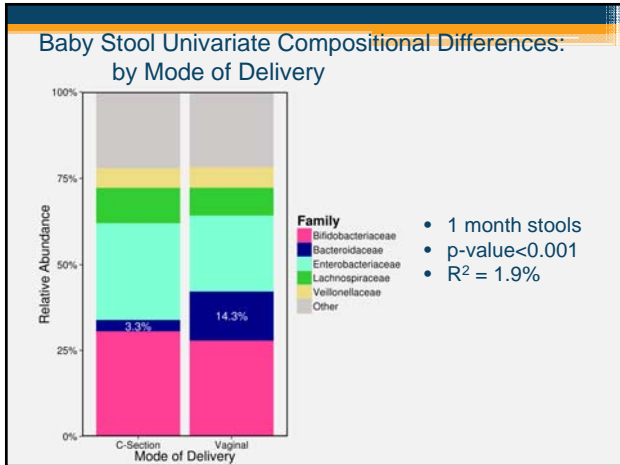
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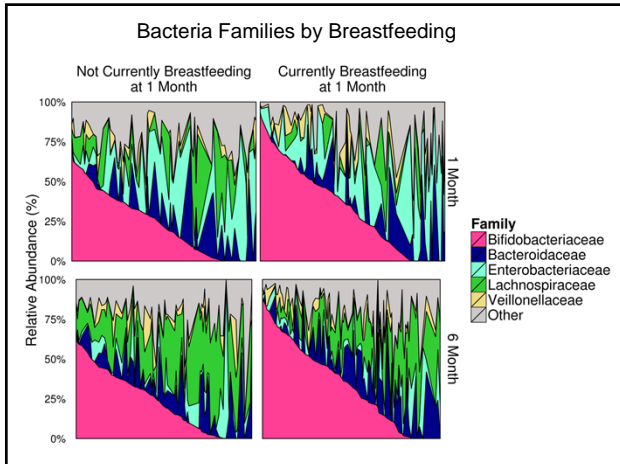
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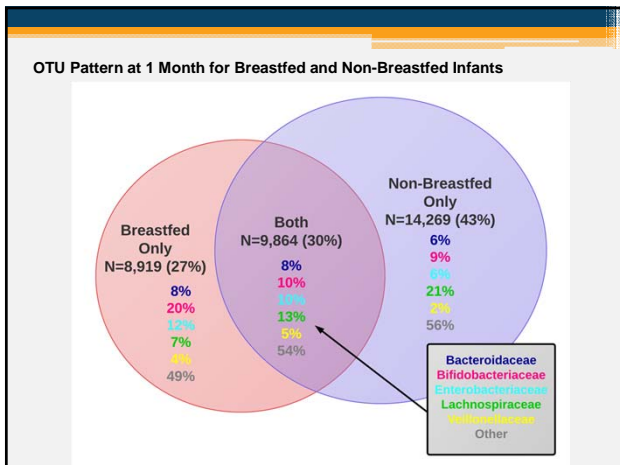
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## Conclusions

- Breastfeeding may protect against colonization of specific Lachnospiraceae bacteria at 1 month of age
  - Associated with increased risk of allergic-like response to pets at age 4
  - Demonstrated significant functional differences that may contribute to differential immune response
- Lachnospiraceae: common adult gut colonizers
  - Newborns (1%) → Infants (10%) → Adults (17%)
  - In terms of gut microbiome, does breastfeeding prevent a premature shift to adulthood?

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What factors contribute to the infant's gut microbiome?

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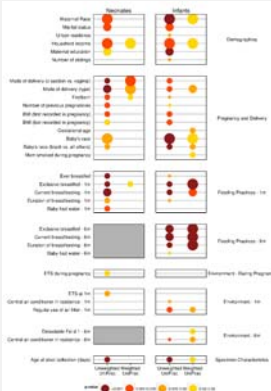
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Univariate gut microbiome compositional analyses. Only displays factors significantly associated with composition (p-value<0.05)

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QUESTIONS?

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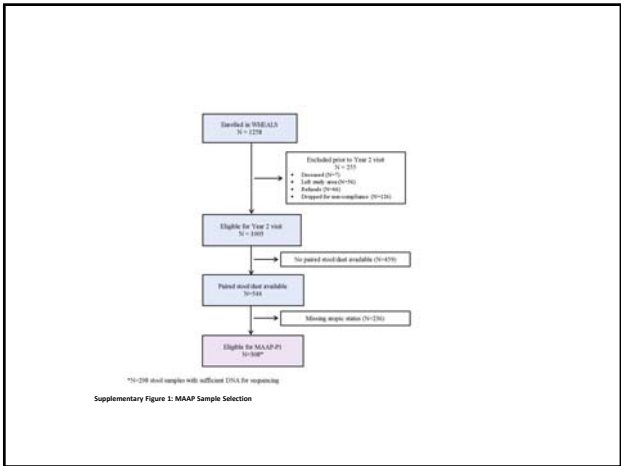
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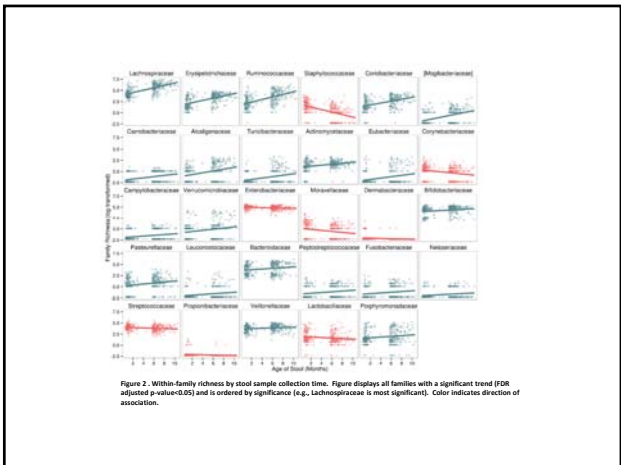
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## MAAP – Stool Samples

Selection criteria:

- Needed to have 2 year outcome data
- Needed a "paired" dust and stool sample available in our repository for microbiome analyses at either the 1 month or 6 month visit
- Family still in study so eligible for future visits

**N=308 stool/dust pairs sent to Univ California-San Francisco laboratory (Susan Lynch's lab) for processing**

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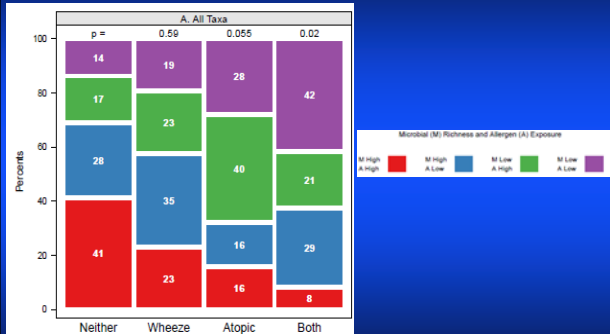


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Distribution of House Dust Allergen & Bacterial Exposures by Disease Outcomes at 3 yrs, URECA Cohort



Lynch, JACI 2014

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**Embodied Experiences of  
Breastfeeding:  
When Social Space, Power, Identity and  
Services Make a Difference**

Danielle Groleau, PhD  
McGill University, Montreal



Embodied experiences of breastfeeding: when social space, power, identity and services make a difference.

**Danielle Groleau PhD**

Associate Professor, Department of Psychiatry & Family Medicine, McGill University  
Senior investigator, Jewish General Hospital  
Fonds de Recherche Québec - Société & Culture



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### Disclosures: None

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

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Today's reflections will build from different studies

- Why do women living in poverty BF than others in Québec (Canada)?
- How can health services address these underlying social process ?
- Do BFI services really make a difference in women's experience of BF & services?

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**First study:**  
Social determinants of breastfeeding  
among French-Canadians living in  
context of poverty.  
FQRSC

PI: Danielle Groleau PhD  
Co-investigator: Phyllis Zelkowitz PhD  
Research assistants: Marguerite Soulière & Catherine Sigouin

Departements of Psychiatry & Family Medicine

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## Problem

- Health benefits of breastfeeding are numerous
- Disadvantaged children benefit most from the protection of exclusive breastfeeding. Why?
  - Sick more often, less access to a nutritious diet, use more health services
- Despite a recent improvement in the provincial average of breastfeeding, poor F-C Quebec mothers continue to have lower breastfeeding rates (initiation and duration).
- Over represented in the clinical group of mothers that give birth to LBW babies.

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## Goal

**Identify sociocultural determinants of breastfeeding among Quebec Francophones living in context of poverty.**




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- **Population:** Disadvantaged French-Canadian mothers

- n= 62: 31 Breastfed & 31 bottle-fed



- 50% first time mothers
- Mean age of mothers : 23
- Ethnographic interviews completed at one month after delivery
- Validation with mothers and professionals

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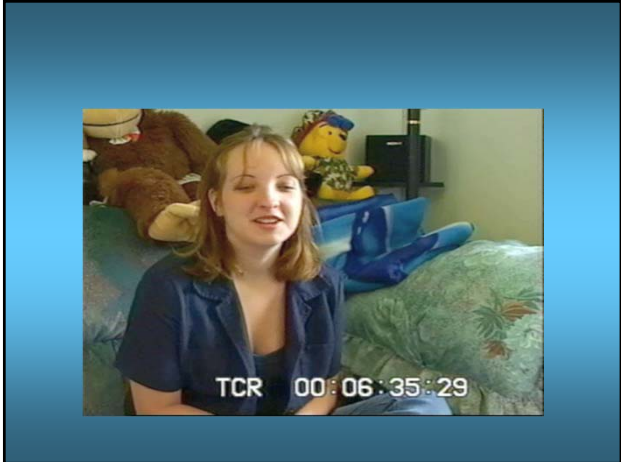
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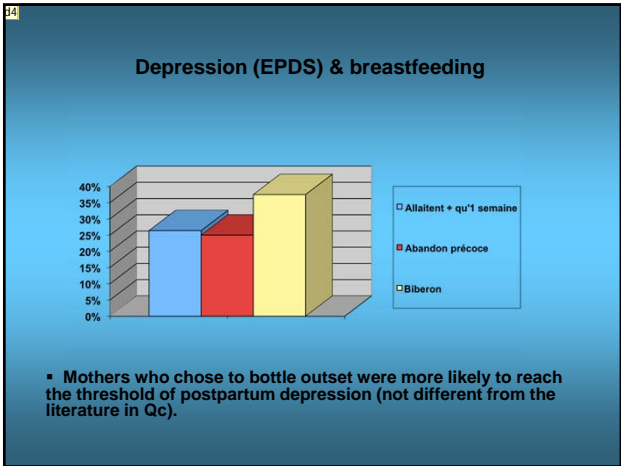
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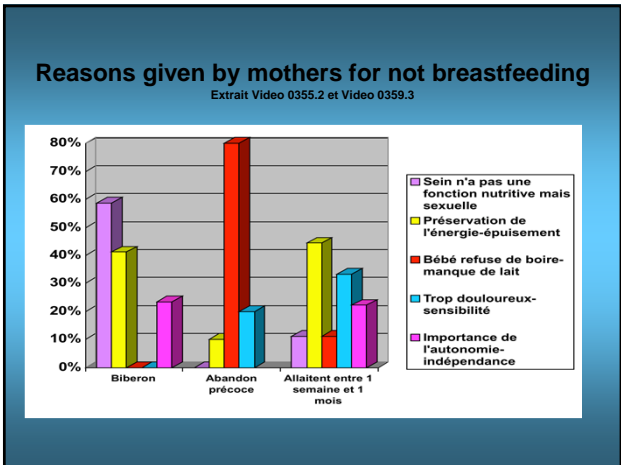
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### And the support of partners?

Extrait Video 0224.4

- Choosing the bottle does not seem to be related to the lack of spousal support because bottle feeders were more satisfied in average with the support from their spouse (80% satisfied) than those who chose to breastfeed.
- However, women who abandon breastfeeding felt, on average, slightly less supported by their spouse (36.3%) than those who continued (25.8%).



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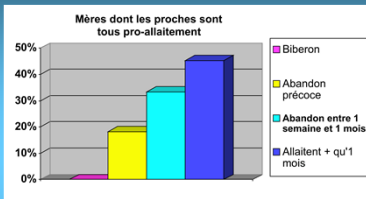
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### Negotiating with close ones the infant feeding choice : a challenge



- Women who chose to bottle-feed are those whose loved ones have the most unanimous pro-bottle discourse.
- The persistence of the duration of breastfeeding is more often associated with a pro-breastfeeding discourse in relatives..
- The more mothers abandoned BF early on, the more relatives had divergent opinions on the best choice of infant feeding.

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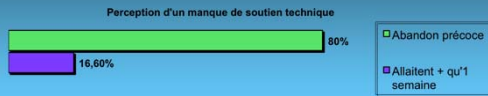
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### And the support of nurses?



Mothers who abandoned nursing received, on average, less support and breastfeeding advice from nurses than those who persisted.



Support from nurses from birth on was a key factor in mothers' persistence to breastfeed. It made a big difference between those who dropped out early and those who were able to continue.

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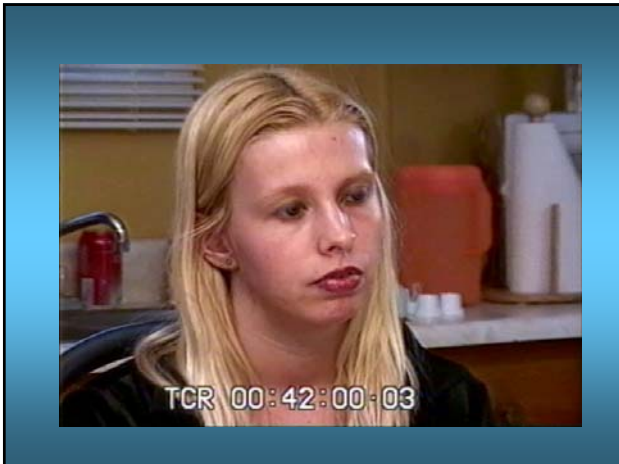
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### Breasts? What are they for?

- 59% of women who chose the bottle did not see the its nutritional function.
  - It's not natural to breastfeed. Breasts are sexual.
- 68% of women who breastfeed for longer than one month, considered it natural to BF.

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### Breast? What are they for?

- Symbol of mother's sexual attraction and capacity to seduce for young mothers.
- Fear BF will deform their body
- Thus, breastfeeding interferes with their symbolic capital.

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### What's symbolic capital?

- Bourdieu was an ethnologist and sociologist from the post-structuralist school, professor at College de France.
- One of his main interest was to explore by which process social classes reproduce themselves.
- He argued that access to power is governed by overall capital which is not only economic but also social, cultural and symbolic.

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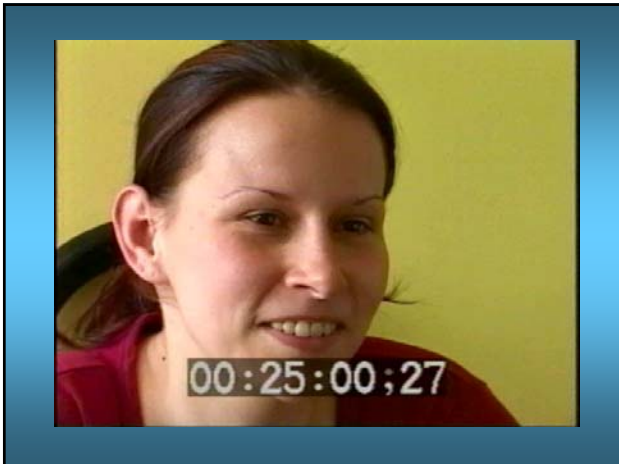
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### Breastfeeding in public space

Mother uncomfortable with breastfeeding in public spaces

| BF > 1 week | Abandon BF < 1 week | Bottle from birth on |
|-------------|---------------------|----------------------|
| 19,3%       | 54,5%               | 65%                  |

Mothers giving the bottle: are the most uncomfortable with of breastfeeding in public

While bottle feeders find it sexual to BF in front of others, 46% find it acceptable for OTHER women to do so.

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Translation:  
Wouach this is discusting!



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Wow to make sense of these  
results?

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- Why are mothers living in poverty can not overcome these barriers while middle class women can?
- Little education, younger = less critical of the hypersexualisation.
  - What Foucault call disciplinary power/interiorization of oppression.
- They have less sources of symbolic capital: attractiveness & good mother .
- They rely more on the symbolic capital provided by the 'good mother' produced by the judgement of their close ones.
- Middle class women have more sources of symbolic power: like social class & their work.
- Scientific knowledge that favors the choice of BF is less valued than experiential knowledge their close ones and women of the family.




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**Publications**

2013 **Groleau, D.**, Sigouin C, N. D'Souza Power to negotiate spatial barriers to breastfeeding in a western context: when motherhood meets poverty. *Health & Place* 24: 250–259.

2012 **Groleau, D.**, Sibeko, L. Infant feeding in the margins: navigating through the conflicts of social and moral order. *Beyond Health, Beyond Choice. Breastfeeding Constraints and Realities*. Chap 17: 203-214. Eds. M. Labbok, P. H. Smith, B. Haussman. Rutgers University Press.

2009 **Groleau, D.**, & Cabral, I.E., Zekowitz, P. Enhancing generalizability : moving from an intimate to a political voice. *Qualitative Health Research*. 9 (3):416-26.

2009 **Groleau, D.** & Rodriguez, C. Breastfeeding and poverty : Negotiating cultural change and symbolic capital of motherhood in Québec, Canada. pp. 80-98. *In* Eds. Dykes F & Hall Moran V. (2009) *Infant and Yound Child Feeding: Challenges to implementing a Global Strategy*. Pg. 240. Wiley-Blackwell: Oxford.

2006 **Groleau, D.** "Psycho-cultural determinants of low breastfeeding rates and duration in French-canadians living in context of poverty and marginality " *Public Health Nutrition*, 9,7(A): 166.

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**Second study:  
Process evaluation of the  
Quebec breastfeeding policy  
FQRSC**

Co-Pi's: Danielle Groleau PhD & Sonia Semenic PhD

Co-investigators: Rosario Rodriguez, Ph.D.  
Katherine Gray-Donald, Ph.D.

Collaborators: Laura Haiek, MD, M.Sc.  
Lindiwe Sibeko, Ph.D.





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## Context

- Project developed in response to a call for proposals by FQRSC & MSSS
- Concerted action program
- Baby Friendly Initiative: Quebec is recognized as a leader in Canada
- Process evaluation, not an outcome evaluation.
- Formative vs Summative

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## POLICY: 'Allaitement maternel au Québec'

- 4 strategies in the Quebec policy, including implementing the Baby Friendly Initiative (BFI) province wide.
- Objective of breastfeeding initiation is reached.
- Exclusive BF far from being achieved
- Significant regional variations
- Disadvantaged mothers and LBW babies remain a challenge!

(Neil et al., 2006; PHAC, 2008; MSSS, 2001)

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## Baby Friendly Initiative (BFI)

**Aim** Transform maternity services and community health clinics to provide care to support and not undermine breastfeeding

- BFI approval requires:
  - Compliance with the Ten Steps to Successful Breastfeeding
  - Compliance with the International Code of Marketing of Breast-milk Substitutes
- Positive impacts of BFI practices include:
  - ++ rates of breastfeeding
  - ++ rates duration of breastfeeding
  - ++ rates of exclusive breastfeeding

(Forster & McLachlan, 2007; Hanula et al., 2008)

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## What do we know of BFI?

Aside from the performance in terms of breastfeeding rates, does BFI benefit mothers?

Guilt health services imposed on mothers was criticized in Quebec medias ...

So what are experiences of mothers exposed to BFI and non BFI services?

-experience of services?

- is the embodied and social experience of breastfeeding the same ?

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## Conceptuel framework

- **Bourdieu** on power and the body (Bourdieu, 1990; Groleau et al, 2013;., 2012; 2009)
- **Field**: hierarchical systems of social positions in which social workers are waging a struggle for them to dominate the resources, issues.
- **Habitus**: ways a person disposes of her body that is expected and feels natural. (table manners, breastfeeding in Africa)
- **Symbolic capital**: a source of non-economic power that provides prestige & respect.
- **Social capital**: people one can rely on as a source of support, sense of community, safety.

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## Methodology: multiple case-study (6)

- Design: compare mothers of High vs Low BFI

|                                     | CSSS < 1000<br>birth/year | CSSS > 1000<br>birth/year | University<br>hospital |
|-------------------------------------|---------------------------|---------------------------|------------------------|
| High level of BFI<br>implementation | Small CSSS<br>High BFI    | Big CSSS<br>High BFI      | UH<br>High BFI         |
| Low level of BFI<br>implementation  | Small CSSS<br>Low BFI     | Big CSSS<br>Low BFI       | UH<br>Low BFI          |

- Data Collection method:
  - Focus group with mothers using services from these CSSS and University hospitals.

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## Objectives

- We aim to understand the experiences of mothers of promotion and support services.
- Does BFI change the **fields of power** of women and their capacity to negotiate BF in various **social spaces** ?
- With our high initiation rates, has BF become an **habitus** in Québec?
- Does BFI change the **embodied** experience of BF?

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## Mothers from high BFI

- Tend to share the decision to breastfeed with partner
- Spouse: source of emotional & domestic support
- Have better access to support when problems arise.
  
- Their breastfeeding experience focuses on:
  - - less of a performance in terms of duration
  - - more on positive experience of motherhood compared to guilt
- Approach duration of BF with flexibility & not as a measure of their maternal competency (good mother)

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## Mothers from high BFI

- Better prepared to negotiate hypersexualisation with self & others:
- **Self**: can rationalize their embodied discomfort by 'making the switch' from discomfort to comfort with their body
- **Family**: breastfeeding played down with men of their family
- **Public**: discreet & empowered (potential reaction of others is not their problem)

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### Does BFI empower BF women?

- Recognizes that breastfeeding is not a habitus, despite the high rates of initiation:
- requires some habituation of self & others
- requires assertiveness of their free choice.

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### BFI & BF mothers

- BF mothers seemed to have:
  - developed critical thinking: hypersexualisation
  - downplayed the reaction of others
  - prepared mothers to access support
  - equipped mothers to cope with stigma in various social spaces (fields).
  - Interiorize the idea that success of breastfeeding is not an indicator of their maternal competence.

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- Mothers of our sample are educated....
- Mothers living in poverty have less education and less sources of symbolic :
  - Less critical towards hypersexualization
  - More vulnerable to judgement of others toward their competency as 'good mother' because have less source of gratification and status
  - Need more support
  - Are more sensitive to stigma in social and public spaces

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The ideal would be to study the experience of the IAB disadvantaged mothers ... but in the meantime ..

- Involve partner in decision and support should follow!
- Inform mothers on clinical & community support.
- Discuss hypersexualisation critically: role playing
- Dedramatize embodied discomfort

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- Provide discursive tools to negotiate BF in social spaces (family and public):  
' You'll have to get used to it Dad, because I, ll be BF for the next 6 months'
- LOBBY in local public spaces (shopping center)

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## Publications

- 2013 **Groleau, D.**, S.Semenic, L. Molino, K. Gray-Donald, J. Lauzière The breastfeeding experience of Quebec (Canada) mothers using health services with various levels of BFI: Discussing the expected and unexpected. *Maternal and Child Nutrition* 3: 36.
- 2012 Semenic, S., J.E Childerhouse, J.Lauzière, **D. Groleau**. Barriers, facilitators, and recommendations related to implementing the Baby-Friendly Initiative (BFI) : an integrative review. *Journal of Human Lactation*. 28 (3) : 317-34.
- (In writing) **Groleau, D.**, S.Semenic, L. Molino, K. Gray-Donald, J. Lauzière. BFI and women's empowerment to breastfeed: using Bourdieu to understand the embodied and health service experience.

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## Thank you!

FRQSC & Ministry of Health and Social  
Services, Government of Québec

- To the hundreds of women in Québec  
that participated in these studies...

[danielle.groleau@mcgill.ca](mailto:danielle.groleau@mcgill.ca)

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# **Establishing the Fourth Trimester**

Alison M. Stuebe, MD  
University of North Carolina School of Medicine,  
Chapel Hill





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## Establishing the 4<sup>th</sup> Trimester

Alison Stuebe, MD  
Associate Professor  
Division of Maternal-Fetal Medicine  
University of North Carolina

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### Disclosure

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

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### Overview

- ✓ Why the 4<sup>th</sup> Trimester?
- ✓ What challenges are mothers navigating in the weeks following birth?
- ✓ What support do we provide?
- ✓ What could we do better?

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## Why the 4<sup>th</sup> trimester?

Evolution and Expectation

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### THE POWER OF THE FIRST 1,000 DAYS

The right nutrition in the 1,000 days between a woman's pregnancy and her child's second birthday builds the foundation for a child's ability to grow, learn and thrive.

**1** **Pregnancy:** Pre-pregnancy to birth

Babies developing in the womb draw all of their nutrients from their mother. If mom lacks key nutrients, so will her baby, putting the child's future health and development at risk.

**0** **Infancy:** Birth to 6 months

Breast milk is superfood for babies. Not only is it the best nutrition an infant can get, but it also serves as the first immunization against illness and disease.

**0** **Toddlerhood:** 6 months to 2 years

Nutrients from a variety of healthy foods are an essential complement to breast milk to ensure healthy growth and brain development.

**The impact of good nutrition early in life can reach far into the future. Children who get the right nutrition in their first 1,000 days:**

**ARE 10x MORE** likely to overcome the most life-threatening childhood diseases\*

**COMPLETE 4.6 more** grades of school\*\*

Go on to earn **21% more** in wages as adults\*\*\*

\*\*More likely as adults to have healthier families\*

SOURCE: 1. Save the Children, Nutrition in the First 1,000 Days, State of the World's Mothers 2012. 10 | 0

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Editorial

## Pregnancy as a Window to Future Health



George R. Saade, MD

In this issue of *Obstetrics & Gynecology*, Magnussen and colleagues<sup>1</sup> provide us with compelling evidence that hypertensive disorders in pregnancy are associated with cardiovascular risk factors. Between 1995 and 1997, residents in one county in Norway participated in a health survey, physical examination, and nonfasting measurement of serum lipids and glucose. Data from the participating patients were linked to the Medical Birth Registry of Norway to obtain information on births that occurred from 1967 until the survey. A total of 15,065 women were analyzed. The researchers found that women with a history of hypertensive disorders, including preeclampsia or gestational hypertension, were more likely to have developed diabetes, an unfavorable lipid profile, and higher blood pressure compared with women who did not have hypertension during their pregnancies. This association was attenuated when body mass index was adjusted for and was more pronounced in women with repeated pregnancy-related hypertension.

This is not the first study to report on the association between hypertensive disorders in pregnancy and long-term maternal outcomes, and many of the prior studies were included in two recent meta-analyses.<sup>2</sup> This study is unique, however, in its size and design. The women were

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Robert Martin

InterScience®

YEARBOOK OF PHYSICAL ANTHROPOLOGY 2020-04 (2021)

**The Evolution of Human Reproduction:  
A Primatological Perspective**

Robert D. Martin\*

*Department of Anthropology, The Field Museum, Chicago, IL 60605-2496*

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<https://www.isisonline.org.uk/>

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Secondarily Articial



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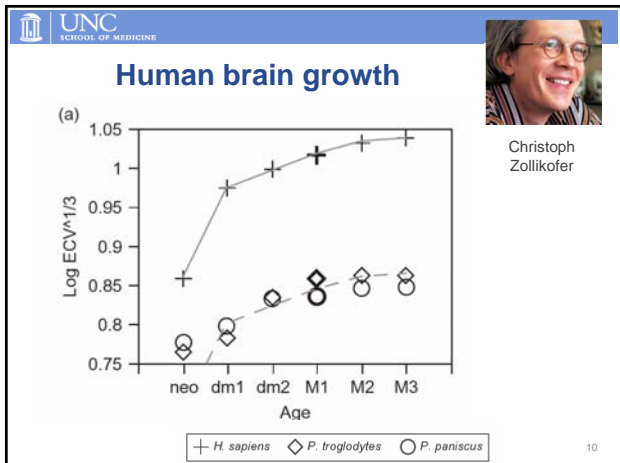
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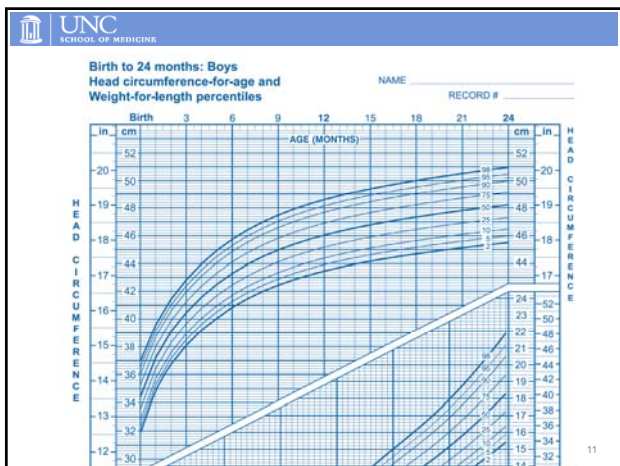
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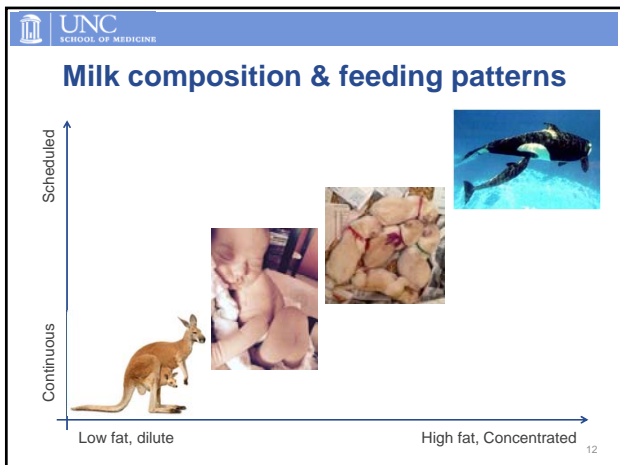
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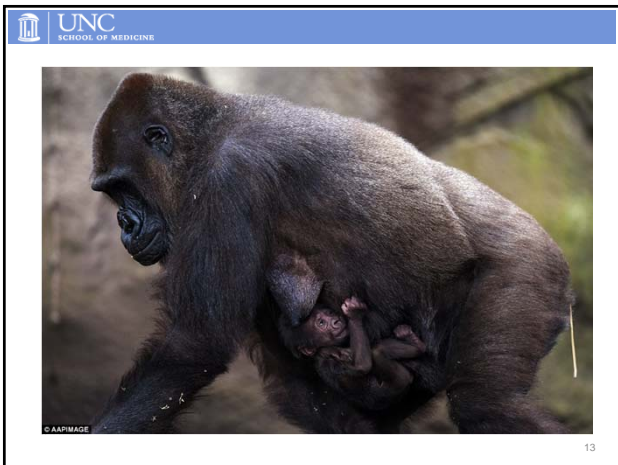
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Robert Martin

“At some stage, infant carriage in humans must have undergone modification of some kind, due to the combined effect of extensive reduction of body hair and suppression of the grasping ability of the foot. However, the most likely sequel was development of some alternative means of infant carriage (e.g. with a sling) to maintain close mother-infant contact, rather than deposition of the infant and secondary development of suckling on schedule.”

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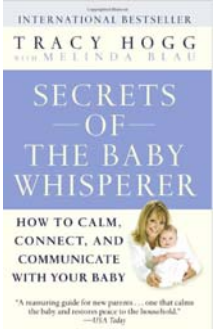
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### Mothers' expectations



- Eat
- Activity
- Sleep
- You

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## Needs in Postpartum Period

*“There is a fourth trimester to pregnancy, and we neglect it at our peril. It is a transitional period of approximately three months after birth, particularly marked after first babies, when many women are emotionally highly vulnerable, when they experience confusion and recurrent despair, and during which anxiety is normal and states of reactive depression commonplace.”*



- Kitzinger S (1975). The fourth trimester? Midwife Health Visit Community Nurse, Apr;11(4), 118-121.

Sheila Kitzinger holds her twin daughters in 1958

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## What challenges do mothers face?

Breastfeeding and Beyond




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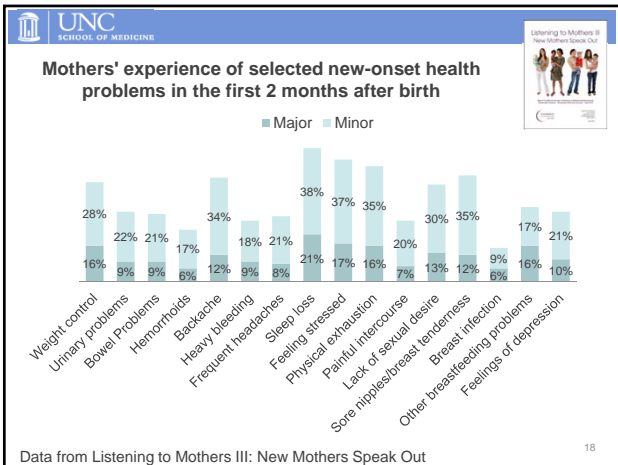
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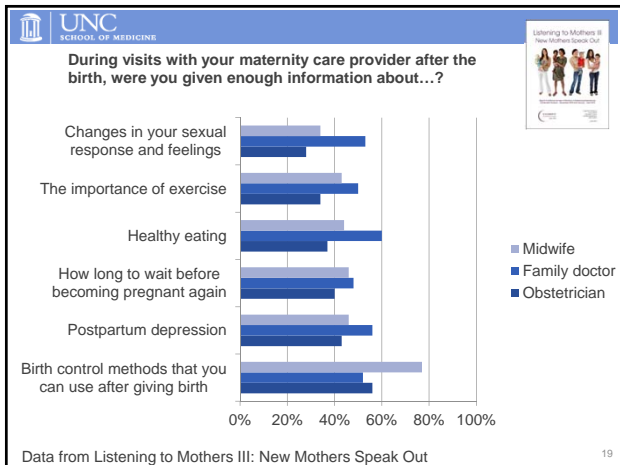
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**Needs in Postpartum Period: Moms feel unprepared**

In a survey of 724 postpartum women in New York, women reported feeling unprepared for common symptoms.

Elizabeth Howell

**Table 2. Postpartum Physical and Emotional Symptom Prevalence and Preparation**

| Common Symptoms                          | n   | Symptom Prevalence (%) | Prepared for Symptom (%) |
|------------------------------------------|-----|------------------------|--------------------------|
| <b>Physical symptoms</b>                 |     |                        |                          |
| Vaginal bleeding                         | 711 | 97                     | 86                       |
| Breast pain                              | 708 | 82                     | 60                       |
| Pain (cesarean delivery/episiotomy site) | 719 | 79                     | 79                       |
| Breastfeeding problems                   | 594 | 60                     | 37                       |
| Hemorrhoids                              | 711 | 35                     | 49                       |
| Urinary incontinence                     | 697 | 32                     | 24                       |
| Hair loss                                | 691 | 18                     | 18                       |
| <b>Emotional symptoms</b>                |     |                        |                          |
| Large mood swings                        | 710 | 69                     | 45                       |
| Anxiety about taking care of baby        | 718 | 62                     | 41                       |
| Bothered by physical appearance          | 718 | 61                     | 18                       |
| Screen positive for depression           | 714 | 39                     | 63                       |

Howell EA (2010). "Lack of Patient Preparation for the Postpartum Period and Patients' Satisfaction With Their Obstetric Clinicians." *Obstetrics & Gynecology* 115(2, Part 1): 284-289.

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**What support do we provide?**

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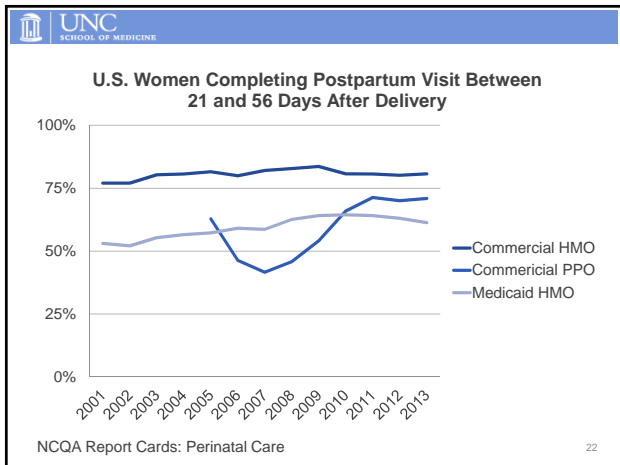
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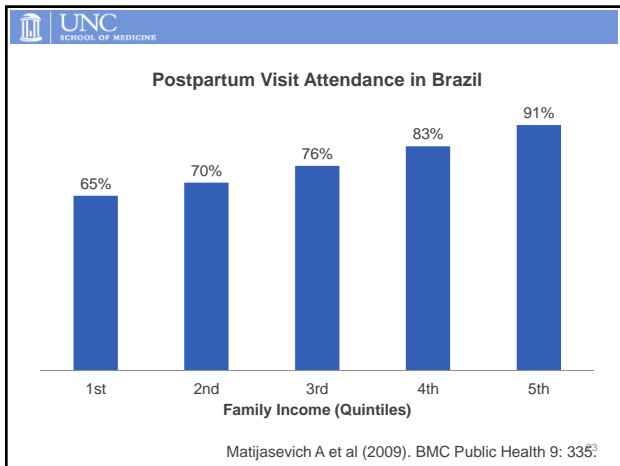
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**RESEARCH ARTICLE** Open Access

**Clinical guidelines for postpartum women and infants in primary care—a systematic review**

Grishan Haran, Mieke van Driel, Benjamin L. Mitchell and Wendy E Brodrigg\*

**Wendy Brodrigg**

- Sought to review, scope, content, and quality of published guidelines around routine postpartum care in primary care
- Found only six guidelines that met inclusion criteria
- Scope and levels of evidence varied considerably

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 Haran et al. BMC Pregnancy and Childbirth 2014, 14:51  
<http://www.biomedcentral.com/1471-2393/14/51>

BMC Pregnancy & Childbirth

RESEARCH ARTICLE Open Access Wendy Brodribb

### Clinical guidelines for postpartum women and infants in primary care—a systematic review

Orshan Haran, Mieke van Driel, Benjamin L. Mitchell and Wendy E. Brodribb\*

“...this finding may be a reflection of a lack of high quality research into the most effective care for postpartum women and their infants in the community, especially as the level of evidence for many of the recommendations in the NICE guidelines was ‘good practice points.’”

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 Brodribb et al. BMC Family Practice 2013, 14:139  
<http://www.biomedcentral.com/1471-2296/14/139>

BMC Family Practice

RESEARCH ARTICLE Open Access Wendy Brodribb

### The views of mothers and GPs about postpartum care in Australian general practice

Wendy Brodribb<sup>1\*</sup>, Maria Zadoroznyj<sup>2</sup> and Aimée Darné<sup>3</sup>

*I really had a very hard time with him [the baby] so I was really kind of dumped, just left to my own devices. (RM age 27)*

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 Centers for Medicare & Medicaid Services  
 MATERNAL & INFANT HEALTH INITIATIVE  
**TECHNICAL ASSISTANCE RESOURCE**  
 February 2015

### Resources on Strategies to Improve Postpartum Care Among Medicaid and CHIP Populations

**Introduction**

To support states participating in the Postpartum Care Action Learning Series, the Centers for Medicare & Medicaid Services (CMS) developed a resource for strategies that may be effective in increasing the postpartum care visit rate and improving the content of the visit among states' Medicaid and CHIP populations. The information presented in this resource reflects materials gathered from the peer-reviewed literature; reports from state Medicaid programs and Medicaid managed care organizations (MCOs); and materials for providers and patients produced by health plans, MCOs, and other organizations.

While not exhaustive, the resource includes a range of evidence-based strategies, best practices, and advice to

**Using Quality Improvement Strategies in Postpartum Care**

The Centers for Medicaid and CHIP Services (CMCS) has established the Maternal and Infant Health Initiative to improve the postpartum visit rate by 10 percentage points in at least 20 states over 3 years (among other goals). The Improving Postpartum Care Action Learning Series is one of the Initiative's projects, in which 11 states are using quality improvement (QI) strategies to identify changes and test them in a Plan, Do, Study, Act cycle. By employing the QI process in a variety of settings, the series will increase knowledge about how to improve the postpartum care visit rate and also inform state policies to support CMCS in achieving its goals.

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## Engagement Strategies

- ✓ Postpartum care patient education and outreach
  - High risk OB case management, with personalized care plans, educational materials for members, and phone calls to reach women after delivery, have proven effective in multiple settings

| State    | 2007  | 2009  |
|----------|-------|-------|
| Maryland | 60.3% | 72.2% |
| Delaware | 59.8% | 67.2% |
| Missouri | 70.8% | 72.2% |
| Arizona  | 58.1% | 68.9% |

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## Engagement Strategies

- A Hawaii intervention scheduled postpartum visit during the hospital stay and provided an appointment card with a congratulatory letter. Mom and baby were photographed at the first PP visit and given a photo album at the second visit

| Category      | Pre | Post |
|---------------|-----|------|
| PP Visits     | 72% | 86%  |
| Breastfeeding | 12% | 29%  |
| Contraception | 71% | 84%  |

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*One thing I found with all the advice is there was not a holistic approach to [baby's] health, my health and the breastfeeding. I could get advice for [baby] from [the paediatrician], I could get help from the GP about my mental health, but the GP didn't offer any advice about breastfeeding. I saw the maternal and child health nurse about breastfeeding. ... I would have been really appreciative to see a doctor who could have given me comprehensive advice on the whole problem rather than just part of the problem. It would have been helpful to have a bit more support as a mother trying to breastfeed a sick baby.*

(RM aged 28, infant w/ pyloric stenosis).

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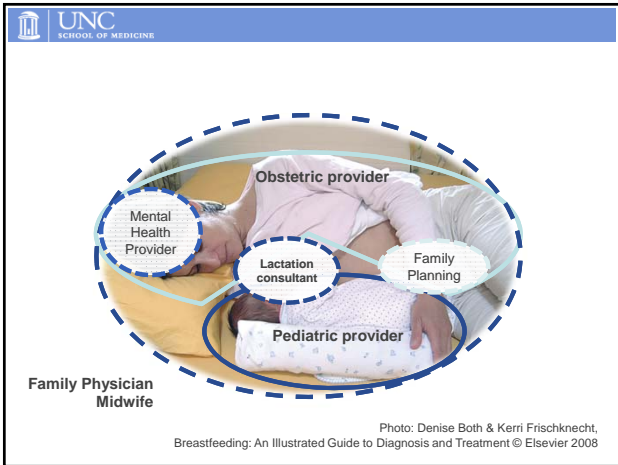
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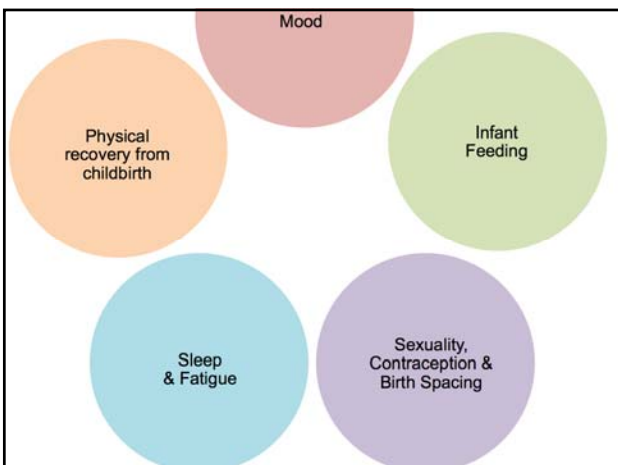
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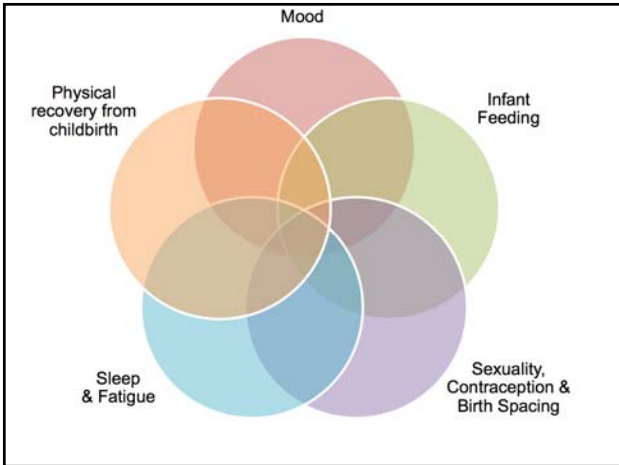
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### How might we provide better care?

Engage women, identify a care team, and integrate services

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### Engage women in their care

What will you be using for birth control?

When do you want to have another another baby?

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## Preparing mothers reduces depression symptoms...

| Time Point | Intervention (%) | Control (%) |
|------------|------------------|-------------|
| 3 weeks    | 8.8%             | 15.3%       |
| 3 months   | 8.4%             | 13.2%       |
| 6 months   | 8.9%             | 13.7%       |

Elizabeth Howell

Howell EA, Balbierz A, Wang J, Parides M, Zlotnick C and Leventhal H (2012). "Reducing postpartum depressive symptoms among black and Latina mothers: a randomized controlled trial." *Obstet Gynecol* 119(5): 942-9.

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## ... and increases breastfeeding duration

Control group (median duration 6.5 wks)  
Intervention group (median duration 12.0 wks)  
○ Censored  
Log-Rank p = 0.019

Elizabeth Howell

Howell. Extending breastfeeding among minority mothers. *Am J Obstet Gynecol* 2014.

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## Create a Postpartum Care Team

- Primary Maternal Care Provider (Obstetrician-gynecologist or other obstetric provider- CNM, FP)
- Infant's Pediatrician, Family Physician, Pediatric Nurse Practitioner
- Primary Care Provider (May also be the obstetric provider)
- Lactation peer counselor / Lactation consultant
- Care Coordinator / Case Manager
- Home Visitor (e.g., Nurse Family Partnership, Health Start)
- Specialty Consultants (i.e. Maternal-Fetal Medicine, Internal Medicine subspecialist, Behavioral Health provider)

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## Make a Postpartum Care Plan

- Care Team
- Postpartum visits
- Reproductive life plan
- Infant feeding plan
- Contraceptive plan
- Pregnancy complications
- Mental health
- Postpartum problems
- Chronic health conditions

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## Integrate Care



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## UNC Perinatal Team



- **Pediatrics**
  - » LCs see infants at well-baby visits up to two months for proactive breastfeeding support
  - » LCs and pediatricians see referrals for tongue tie, latch problems, poor weight gain, or other concerns
- **Obstetrics**
  - » Prenatal consults for multiples, prenatally diagnosed anomalies
  - » Same-day appointments for mastitis
  - » LCs and OB providers see referrals for complicated lactation cases, such as refractory pain and low milk production
- **Psychiatry nurse practitioner embedded in both clinics for warm hand-off, when needed**

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## Breastfeeding



The mission of UNC's Lactation Program is to provide integrated, evidence-based lactation care for the mom-baby dyad, thereby empowering all mothers to meet their breastfeeding goals.

**Clinical Protocols**

The UNC Lactation Program is continuously evaluating and updating our management protocols. Our current protocols, posted on this site, reflect our interdisciplinary team's consensus on the limited literature on management of breastfeeding-associated pain.

Available resources include:

**Management Protocols**

- Abscess / Recurrent Mastitis
- Breastfeeding-Associated Pain Protocol
- Medications in Lactation

**Phone Triage**

- Pain Phone Triage Protocol
- Mastitis Phone Triage Protocol

**Referrals and Requisitions**

- Breast Imaging Order Form
- Culture
  - Culture Collection Protocol
  - UNC hospitals breast milk / nipple culture order form
- Outpatient Lactation Scheduling for OLI Clinics




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## Newborn Care Center



- Newborn checks by newborn nursery providers
- Routine lactation visits
- Breastfeeding walk-in clinic
  - » 12:30-3 pm, M-F
  - » Breast pump rentals & sales
  - » bras, slings, pillows & supplies
  - » Weight checks
- Mommy and Me Network
  - » Free weekly drop in group, led by CLE

Kaiser Permanente, South Sacramento Medical Center

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Maya Bunik

## Breastfeeding Management Clinic

Children's Hospital Colorado supports moms coping with breastfeeding difficulties. We provide lactation follow-up for all infants. In some cases NICU graduates may have specific medical concerns - our staff of experts knows how to help.

**Why Children's Colorado?**

In addition to our expertise in caring for breastfeeding moms and their babies, we take a family-centered approach to care. This means we find solutions that work specifically for each family.

**Services Available:**

Milk supply and support; Feeding assessment/evaluation; Transitioning to increased feedings at breast; Weaning infant from shields and bottles, pumping or breastfeeding; Back-to-work planning; Optimal nutritional management for growth

**Times and Locations Available in the Metro Area**

For questions please call: 720-777-3605 To schedule an appointment: 720-777-2740

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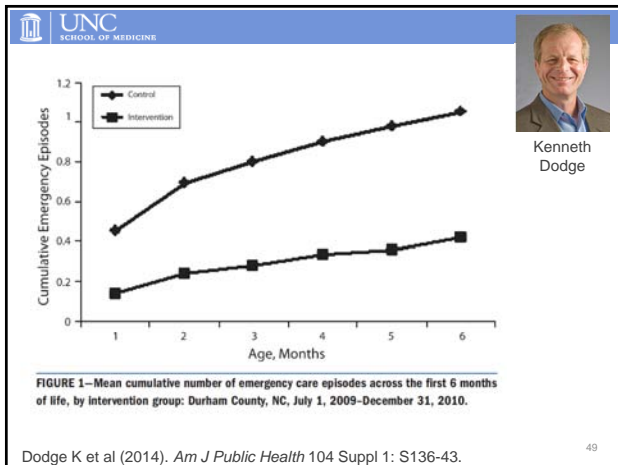
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### Establishing the 4<sup>th</sup> Trimester

- The weeks following birth are a critical period for maternal and child health
- Current systems of care do not meet the needs of mothers
- Engaging women in high quality, patient-centered postpartum care can improve outcomes for mothers and infants
- Infant feeding is one component of a broad movement to reinvent the Fourth Trimester
- By aligning our work in breastfeeding medicine with this broader movement, we can improve outcomes across two generations

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### Resources

- ✓ Resources on Strategies to Improve Postpartum Care Among Medicaid and CHIP Populations: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/strategies-to-improve-postpartum-care.pdf>
- ✓ Kitzinger S (1975). The fourth trimester? *Midwife Health Visit Community Nurse*, Apr;11(4), 118-121.
- ✓ North Carolina recently created a pathway for postpartum care: <https://www.communitycarenc.org/population-management/pregnancy-home/pmh-pathways/pmh-care-pathways-postpartum-care-and-transition-w/>

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# **Milk and Marijuana – 'First Do No Harm'**

Lisa Stellwagen, MD  
UC San Diego Medical Center





**Milk and Marijuana - "First Do No Harm"**

Lisa Stellwagen MD, FAAP  
UC San Diego Medical Center  
Division of Neonatology



Where discoveries are delivered.™

<http://ldestranfuser.wordpress.com/2013/11/12/marijuana-legalization-is-not-a-free-for-all-good-times-smoke-test-bonzai/>

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**FACULTY DISCLOSURE INFORMATION**

*I have a relevant financial relationship to disclose:  
Medela: speaker*



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**ADDITIONAL DISCLOSURE INFORMATION**

*I do not smoke Marijuana  
I discourage its use in women who are pregnant or  
breastfeeding!!*



<http://www.theweedblog.com/city-in-oregon-seeks-to-ban-all-outdoor-marijuana-growing/>

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## Milk and Marijuana - "First Do No Harm"

- Prevalence and patterns of THC use
- Accuracy of self reporting
- Known effects of THC exposure to the newborn
- Quantity of THC in human milk
- Professional organizations statements
- Risk of withholding human milk from at risk infants
- Suggested recommendations

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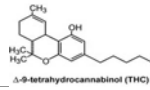
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## Marijuana and THC



- Marijuana: leaves and flowers of *Cannabis sativa*
- $\Delta$ -9-tetrahydrocannabinol is the psychoactive ingredient
  - Highly lipophilic
  - Half life of 20-36 hours (up to 5 days in heavy use)
  - Acts via cannabinoid receptors (present in brain and placenta)
  - Passes into fetus and breastmilk
- Endogenous cannabinoids involved in development of the nervous system
  - **Involved in neuronal proliferation, migration, and synaptogenesis**

Djulius J et al. Marijuana and breastfeeding. *Can Fam Physician* 2005  
Warner TD, et al. *Clin Perinatol*. 2014

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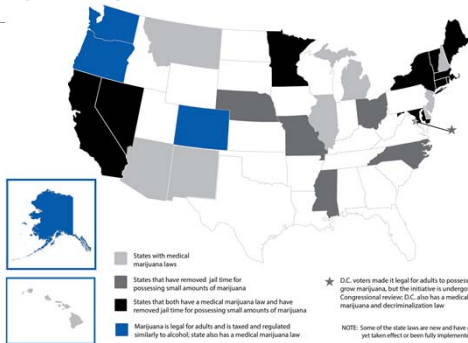
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## Marijuana legal issues: all over the map



<http://makemarijuanalegal.org>

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## US data shows that THC use is high

National Survey on Drug Use and Health: Trends in Prevalence of Marijuana/ Hashish for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2013 (in percent)\*

| Drug               | Time Period | Ages 12 or Older | Ages 12 to 17 | Ages 18 to 25 | Ages 26 or Older |
|--------------------|-------------|------------------|---------------|---------------|------------------|
| Marijuana/ Hashish | Lifetime    | 43.70            | 16.40         | 51.90         | 45.70            |
|                    | Past Year   | 12.60            | 13.40         | 31.60         | 9.20             |
|                    | Past Month  | 7.50             | 7.10          | 19.10         | 5.60             |

<http://www.drugabuse.gov/drugs-abuse/marijuana>

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|                    | Past Month  | 7.50             | 7.10          | 19.10         | 5.60             |

<http://www.drugabuse.gov/drugs-abuse/marijuana>

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## Emerging Public Health Problem

- 5% of pregnant women likely use THC (2011-2012)
- And it varies by age
  - 16.5% (15-17 yrs)
  - 7.5% (18-25 yrs)
  - 3.3% (26-44 yrs)
- Alcohol (8.5%) and cigarettes (15.9%) are more common
- Know that most illicit drug use is not reported to health care workers
- Many women cut down their use during pregnancy, as they do with other illicit drugs
- THC potency has increased 6-7x over the past 40 yrs
- Edibles, blunts (marijuana filled cigars) also increasing in use

'It's not your mother's marijuana'. Warner TD, et al. Clin Perinatol. 2014

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### How accurate is mother's self report?

- Study of 7470 pregnant women in 5 centers in 1984-9
- All women were asked about drug use and tested by serum analysis
- 2% used cocaine
- 11% used marijuana
- 35% smoked cigarettes
- When confirmed with serum testing, only:
  - 9% of cocaine + women admitted to use
  - 31% of marijuana + women admitted to use



Shiono et al. Am J Obstet Gynecol. 1993

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### Maternal marijuana use and neonatal mortality

- Prenatal use of THC by report or positive Utox
- 8138 women in St Louis
- 8.4% marijuana use, more likely to be younger, African American
- More inadequate prenatal care (29.6 vs. 17%)
- More cigarette smoking (58 vs. 14%)
- More 'other' drug use (10 vs. 2%)
- More alcohol (7.5 vs. 0.8%)
- Was not a risk factor for poor neonatal outcomes in term infants



Connor SN et al. Am J of Ob Gyn. 2015

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### Effects of prenatal Marijuana exposure

- Fetal effects:
  - Small decrease in growth (100 grams vs 400 grams for cigarette smoke)
  - 2x increase in stillbirth
  - No association with birth defects
  - Unclear risk of prematurity
- Neurodevelopment:
  - Inconsistent effect on newborn behavior
  - Transient abnormalities in verbal, visual, memory, behavior at 4-6 years
  - At adolescence one study found increased attention difficulties and hyperactivity, school problems, and earlier age of onset of drug use
  - A pattern of abnormal neurodevelopment with early, heavy maternal use\*
- However, many studies are dated, with maternal self report of THC use, with small numbers, and old statistical methods. Quantitating cannabis use is difficult.

Warner TD, et al. Clin Perinatol. 2014  
ACOG committee on obstetric practice. 2015  
\*Metz TD, et al. Am J Obstet Gynecol. 2015



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### Maternal marijuana use during lactation and infant development at one year

- Attempt to look at postnatal marijuana exposure in 1982-4 in Seattle
- Self reported use of marijuana
- Compared 1 year developmental testing with days of postnatal exposure if breastfeeding
- 38% of breastfeeding mothers also used formula up to 480 mls per day
- 84% used marijuana during and after pregnancy
- 68 mothers in each group
- 14 case mothers used marijuana only after delivery
- 10 control mothers used marijuana only before delivery
- Infant's daily exposure to marijuana in the first month was associated with a 14% decrease in Bayley motor scores, mental scores were not affected.

Astley and Little. Neurotoxicology and Teratology. 1990



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### Does THC exposure increase risk of SIDS?



- 239 SIDS cases and matched controls (SoCal)
- Parents interviewed
- THC, Methamphetamine, cocaine, LSD (mostly during pregnancy not BF)
- After adjusting for risk factors no association with SIDS for maternal recreational drug use
- Paternal use of marijuana was associated with SIDS (x2)

Klonoff-Cohen et al. Arch Pediatr Adolesc Med 2001



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### Presence of $\Delta^9$ -tetrahydrocannabinol in human milk Perez-Reyes M and Wall ME. NEJM 1982

- This was a correspondence; not peer reviewed but has been quoted repeatedly
- 2 mothers who self reported smoking marijuana brought in milk samples and infant urine samples
- Mother 1 milk: 105 ng/ml
- Mother 2 milk: 340 ng/ml
- Neither urine was positive for THC
- Mother 2 declined to stop using THC and agreed to have her blood and milk and baby's stool tested again



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### Milk levels of THC of 4 milk samples

| Source           | THC use                                    | Maternal blood level | Maternal milk level     | Infant urine level     | Infant stool level |
|------------------|--------------------------------------------|----------------------|-------------------------|------------------------|--------------------|
| Perez/Reyes 1982 | 1x day                                     |                      | 105 mcg/L (one sample)  | No metabolite detected |                    |
| Perez/Reyes 1982 | 7-8x day                                   |                      | 340 mcg/L (one sample)  | No metabolite detected |                    |
| Perez/Reyes 1982 | 7-8 x day (level taken 1 hr after smoking) | 7.2 mcg/L            | 60.3 mcg/L (one sample) |                        | 347 mcg/L          |
| Marchei 2011     | Not stated                                 |                      | 86 mcg/L (one sample)   |                        |                    |

Marchei, E et al. J Pharm Biomed Anal. 2011




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### Milk levels of THC (from LactMed) of 4 milk samples

| Source           | THC use                                    | Maternal blood level | Maternal milk level     | Infant urine level     | Infant stool level |
|------------------|--------------------------------------------|----------------------|-------------------------|------------------------|--------------------|
| Perez/Reyes 1982 | 1x day                                     |                      | 105 mcg/L (one sample)  | No metabolite detected |                    |
| Perez/Reyes 1982 | 7-8x day                                   |                      | 340 mcg/L (one sample)  | No metabolite detected |                    |
| Perez/Reyes 1982 | 7-8 x day (level taken 1 hr after smoking) | 7.2 mcg/L            | 60.3 mcg/L (one sample) |                        | 347 mcg/L          |
| Marchei 2011     | Not stated                                 |                      | 86 mcg/L (one sample)   |                        |                    |

- estimated 0.8% of weight adjusted maternal dose
- milk has 8x the level of maternal blood




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### Maternal weight adjusted dose of common maternal medications

|            | Milk level          | % weight adjusted maternal dose |
|------------|---------------------|---------------------------------|
| Lorazepam  | 35 mcg/L            | 8.5%                            |
| Prozac     | 23-189 mcg/L        | 2.4-7%                          |
| Vicodin    | 9-127 mcg/L         | 3.1-3.7%                        |
| Methadone  | Up to 600 mcg/L     | 1-6%                            |
| Nicotine   | 200 mcg/L           | 1.9%                            |
| <b>THC</b> | <b>60-340 mcg/L</b> | <b>0.8%</b>                     |
| Zoloft     | 7-207 mcg/L         | 0.5%                            |




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What are current standards from our professional organizations?

**Do not use THC if you BF**      **Do not BF if you use THC**

- LactMed 2015
- ACOG 2015
- MotherRisk 2015
- ABM 2015
- Colorado Dept Public Health & Environment 2015
- Hale 2014
- AAP 2012



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Medications and Mother's Milk 2014  
Thomas W Hale, PhD & Hilary E Rowe PharmD

Marijuana: L5

- studies concerning the use of cannabis in pregnant women appear to be inconsistent in their results. Cannabis should not be used during pregnancy or breastfeeding
- this drug should not be used by nursing mothers
- while the data on neurobehavioral effects of cannabis on infants from breastfeeding mothers is limited, cannabis use in breastfeeding mothers should be strongly discouraged. For daily continued use, mothers should be advised not to breastfeed

L5 = CONTRAINDICATED: Studies in breastfeeding mothers have demonstrated that there is significant and documented risk to the infant based on human experience, or it is a medication that has a high risk of causing significant damage to an infant. The risk of using the drug in breastfeeding women clearly outweighs any possible benefit from breastfeeding. The drug is contraindicated in women who are breastfeeding an infant.



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Breastfeeding and the use of human milk  
AAP Policy Statement 2012

"Street drugs such as PCP (phencyclidine), cocaine, and cannabis can be detected in human milk, and their use by breastfeeding mothers is of concern, particularly with regard to the infant's long-term neurobehavioral development and thus are contraindicated."<sup>97</sup>

Pediatrics 2012



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Reference 97: cannabis and breastfeeding  
Garry et al. Journal of toxicology 2009

- Review article from France
- Authors quote Hale and AAP regarding contraindication to BF
- "THC can accumulate in human milk to high concentrations"(Perez-Reyes)
- "therefore, cannabis use and abuse of other drugs like alcohol, tobacco, or cocaine must be contraindicated during breastfeeding. Mothers who use cannabis must stop breastfeeding, or ask for medical assistance to stop cannabis use in order to provide her baby with all the benefits of human milk."



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U.S. National Library of Medicine TOXNET Data Network:  
LactMed 2015

- Although published data are limited, it appears that active components of marijuana are excreted into breastmilk in small quantities. ...
- Marijuana use should be minimized or avoided by nursing mothers because it may impair their judgment and child care abilities.
- Because breastfeeding can mitigate some of the effects of smoking and little evidence of serious infant harm has been seen, it appears preferable to encourage mothers who use marijuana to continue breastfeeding while minimizing infant exposure to marijuana smoke and reducing marijuana use.



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ACOG Committee on Obstetric Practice  
July 2015

- During pregnancy, all women should be asked about their use of tobacco, alcohol, marijuana and other drugs
- Women who are pregnant should be encouraged to discontinue marijuana use
- There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged

Committee on Obstetric Practice.  
Marijuana use during pregnancy and lactation.  
OB & Gyn. July 2015;637:234-238



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Academy of Breastfeeding Medicine 2015  
 ABM Clinical Protocol #21:  
 Guidelines for breastfeeding and substance use or  
 substance use disorder

Information regarding long-term effects of marijuana use by the breastfeeding mother on the infant remains insufficient to recommend complete abstinence from breastfeeding initiation or continuation based on the scientific evidence at this time. However, extrapolation from in utero exposure and the limited data available helps to inform the following recommendations (III):

- a. Counsel mothers who admit to occasional or rare use to avoid further use or reduce their use as much as possible while breastfeeding, advise them as to its possible long-term neurobehavioral effects, and instruct them to avoid direct exposure of the infant to marijuana and its smoke.
- b. Strongly advise mothers found with a positive urine screen for THC to discontinue exposure while breastfeeding and counsel them as to its possible long-term neurobehavioral effects.
- c. When advising mothers on the medicinal use of marijuana during lactation, one must take into careful consideration and counsel on the potential risks of exposure of marijuana and benefits of breastfeeding to the infant.
- d. The lack of long-term follow-up data on infants exposed to varying amounts of marijuana via human milk, coupled with concerns over negative neurodevelopmental outcomes in children with in utero exposure, should prompt extremely careful consideration of the risks versus benefits of breastfeeding in the setting of moderate or chronic marijuana use. A recommendation of abstaining from any marijuana use is warranted.
- e. **At this time, although the data are not strong enough to recommend not breastfeeding with any marijuana use, we urge caution.**

Reece-Stremtan S, et al. ABM clinical protocol #21. Breastfeeding Medicine. 2015;10:135-141




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MOTHERISK

(Josephine Djulus, MD Myla Moretti, MSC Gideon Koren, MD, FRCPC 2005)

- Despite abundant recreational use of cannabinoids by women of reproductive age, very little is known about marijuana use and lactation.
- Lactating mothers should refrain from consuming cannabinoids. **Advising mothers to discontinue breastfeeding if they cannot stop using cannabinoids must incorporate the known risks of formula feeding.** Cannabinoid exposure through milk has not been shown to increase neonatal risk, but there are no appropriate studies of this. In every case, nursing babies should be closely monitored.



[http://www.motherisk.org/prof/updatesDetail.jsp?content\\_id=724](http://www.motherisk.org/prof/updatesDetail.jsp?content_id=724)




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Benefits of breastmilk for the neonate that may be of specific significance to the illicit drug exposed infant

- Reduction in SIDS
- Decreased risk of neglect\*
- Neurodevelopmental effects
- Benefits for the preterm infant
  - Less NEC
  - Less infection
  - Better neurodevelopmental outcomes
  - Shorter NICU stay



\*Strathearn et al. Pediatrics 2009  
 AAP Breastfeeding and the use of human milk. Pediatrics 2012




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## How does newborn risk change if mother does not breastfeed?



- Infant will:
  - Have intrauterine exposure to THC
  - Not receive THC in the diet
  - Be exposed to THC that mother uses
  - Be exposed to THC in the home
  - If father smokes THC infant has an increased risk of SIDS
  - Not have the benefits of mother's milk
    - Double risk of SIDS
    - Increased risk of neglect
    - Potential impact on neurodevelopment

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## So what should we tell mothers?



- THC gets into the baby and your milk
- THC is stored in fat and brain
- Pregnancy and the months after birth are when the baby's brain is growing rapidly
- THC could change the baby's brain development
- Breastfeeding is great for baby's brain
- Pumping and dumping won't work for THC- because it is in your milk a long time
- Please do not use THC when you are pregnant or breastfeeding!
- Others should be available to care for your baby if you use THC
- If you do use THC, smoke outside and use a 'smoking jacket' to minimize baby exposure

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### PREGNANCY, BREASTFEEDING AND USING MARIJUANA

Using Marijuana (cannabis or THC) during your pregnancy or while breastfeeding may affect your baby's brain



#### Here are the facts:

THC is the active chemical in marijuana; it can be smoked or eaten. When a pregnant mother uses THC, it goes into the baby's body and brain. In your placenta and baby's brain there are THC receptors - places that the THC attaches. This could affect the way your placenta nourishes your baby. Also, during pregnancy a baby's brain is growing very fast and we think THC changes the way your baby's brain develops.

Mothers who use THC during pregnancy run the risk of having a stillborn baby, a premature baby, or a baby who is smaller than normal. Children who are exposed to THC during pregnancy may have more problems in school and may have poor attention. We do not know if there is a safe time to use THC during pregnancy.

#### Marijuana and breastfeeding:

When a mother uses THC, it gets into her milk. This THC will get into the baby's body and brain. There is concern that this may affect the rapidly growing baby brain. Using THC may also affect the way a mother cares for her baby.

#### Our recommendations:

- Don't use THC during your pregnancy
- Keep your baby away from marijuana smoke (they can breathe it in)
- Do not use THC when you are breastfeeding
- Don't stop breastfeeding (it is so important for the health of your baby!)
- If you use THC, be sure that someone else is available to take care of your baby
- Never let your baby sleep in bed with you- it increases the risk of SIDS

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## MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE FOR COLORADO HEALTH CARE PROVIDERS



- Breastfeeding has many health benefits for both the baby and the mother.
- THC in marijuana gets into breast milk and may affect your baby.
- THC is stored in body fat. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are breastfeeding.
- Because of the potential risks to the baby, the American Academy of Pediatrics states that marijuana should not be used while breastfeeding.
- Because THC is stored in body fat, it stays in your body for a long time. This means that "pumping and dumping" your breast milk will not work the same way it does with alcohol. Alcohol is not stored in fat so it leaves the body faster.



<https://www.colorado.gov/cdphe/marijuana-clinical-guidelines>  
Courtesy of Dr. Mary O'Connor

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## Primum no nocere; First, do no harm



- Sometimes it is better to do nothing rather than something which may be harmful
- We do not currently have the science to back up the L5 designation
- It is best to encourage all mothers to breastfeed and at the same time, discourage them from using marijuana, and focus on safety issues
- Because only those mothers who are identifiable to us as using THC will be screened and subjected to our restrictions: women who are honest with us, women of color, young mothers, low SES, a history of illicit drug use, no prenatal care, babies in the NICU.



[https://en.wikipedia.org/wiki/Primum\\_non\\_nocere](https://en.wikipedia.org/wiki/Primum_non_nocere)

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## Thank you! Questions?



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**Embodied Experiences  
To Be or Not to Be Baby Friendly:  
Point Counterpoint**

Edward R. Newton, MD, FABM – Moderator  
East Carolina University

Ruth A. Lawrence, MD, FABM  
University of Rochester School of Medicine

Lawrence Gartner, MD  
The University of Chicago, Emeritus



**POWERPOINTS CANNOT BE DISTRIBUTED**

**Outlines:**

*Gartner:* Analyze the goals, principles and methods of the Baby Friendly Hospital Initiative and the benefits to the hospital, patients and society becoming Baby Friendly certified.

*Lawrence:* While acknowledging the benefits of the Baby Friendly Hospital Initiative, I will describe the drawbacks of the process of becoming baby-friendly. I will review the outcome of the process.







# Academy of Breastfeeding Medicine

The 20<sup>th</sup> Annual International Meeting  
Los Angeles, California  
October 16–18, 2015



## Jointly Provided by

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California Community Foundation  
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**Los Angeles**

October 16–18, 2015

292  
As of 9/11/2015



**Academy of Breastfeeding Medicine**  
The 20<sup>th</sup> Annual International Meeting  
Los Angeles, California  
October 16–18, 2015



# Exhibitors

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Breastfeed LA  
Danish Woolen Delight  
Dao Health-Freemie Breast Pumps  
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Geddes Productions, LLC  
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