



VELB und ILCA Kongress, 1. - 3. Oktober 2008 in Wien  
VELB and ILCA Conference, October 1 - 3, 2008 Vienna

„A World Wide View on Breastfeeding“



**VELB**

Verband Europäischer LaktationsberaterInnen  
European Lactation Consultant Association  
[www.velb.org](http://www.velb.org), [www.ilca.org](http://www.ilca.org)

# 2008 VELB-ILCA Conference, Vienna Program

## PLENARY

### **Randa Saadeh, Switzerland: Welcome Reception, A1, 30.9.08, 18:00**

#### **Global Strategy for Everyone and Every Day**

In the first part, the presenter will summarize the development, aims and objectives of the WHO and UNICEF Global Strategy for Infant and Young Child Feeding as well as the call for action by different actors. In the second part the progress on implementation will be reviewed and attendees invited to a joint analysis of the results to decide on how to contribute to the achievement of UN Millennium Development Goals.

### **Richard Bowlby, UK: Plenary A2, 1.10.08, 09:30**

#### **Fifty Years “Attachment Theory”**

Sir Richard Bowlby will give a personal overview of attachment theory and how bonds are formed. He will examine the influence of a mother’s own attachment to her mother when she was a child, and how the security or insecurity of her attachment usually acts as a model for how she bonds to her baby.

### **Kerstin Uvnäs-Moberg, Sweden: Plenary A3, 1.10.08, 10:15**

#### **How Genes, Oxytocin and Brains Influence Social Bonds in Humans**

In animal experiments oxytocin has been demonstrated to stimulate maternal behavior and bonding to the offspring. Data will be reviewed showing that oxytocin released during labor makes mothers calmer. Short and long-term effects of medical interventions and ward routines during birth and the immediate post partum period will be discussed from this perspective.

### **Barry Keverne, UK: Plenary A4, 1.10.08, 11:30**

#### **Oxytocin and Social Behavior in Animals**

All mammalian brains incorporate features that are common to the formation of social bonds, most of which have their evolutionary origins in maternalism. The brain’s reward system is integral to bond formation, but with increasing brain size has evolved away from the state-dependent hormonal and pheromonal determinants to a greater dependence on the expanded pre-frontal cortex.

**Heidi Keller, Germany: Plenary A5, 1.10.08, 12:15**

**Cultural influences on breast feeding and infant care**

This presentation centers on the analysis of breastfeeding as part of the primary caring system. Interviews with mothers of three month old babies will be presented. Middle class families from Western industrialized/post-industrialized societies emphasize autonomy in their socialization strategies. Rural subsistence based villagers emphasize relatedness as the primary socialization goals. Urban middle class families from traditionally interdependent societies value both dimensions to some degree.

The analysis demonstrates that the same behaviour is differently perceived and can serve different functions across cultural contexts. Implications for counselling and educational practice will be discussed in the sense that the highly esteemed normative view of one cultural context can be the pathological variant of another cultural model.

**Nelson Annunziato, Germany: Plenary A6, 1.10.08, 14:00**

**Effects of Breastfeeding on Brain Development**

All we are and do depends on our nervous system. Our senses, our emotions, our motor skills, our communication and our memory are only activated when nerve cells exchange information. For the nervous system to develop, a genetic program and epigenetic or environmental factors are required. These environmental factors are responsible for further organisation of the nervous system. Gene expression takes place when environmental factors stimulate nerve cells whereby the genetic program is explored.

If children receive insufficient stimulation from their environment, gene expression is sub-optimal which leads to the infamous "deprivation syndrome", restricting exploration of the genetic program.

**Michael Abou Dakn, Germany: Plenary A7, 1.10.08, 14:45**

**The Role of the Maternity Ward in Supporting Early Mother- (Father-) Child Bonding**

The consistent practice of 24-hour rooming-in has short and long-term benefits for mother-(father-)child bonding. Rooming-in decreases the prevalence of breast engorgement and facilitates breastfeeding. Both parents show a higher reliability in caring for and accepting their child when having early skin-to-skin contact and 24-hour-rooming-in, and child-abuse is significantly reduced. The special role of the father is also addressed.

**Round Table Discussion: Plenary A8, 1.10.08, 16:00**

**Women of Dreams „Mother?“ – Motherhood and Breastfeeding in Modern Societies**

We know from brain research how much brain development is dependent on a loving and caring environment and a secure attachment figure. Implementing this during the phase of motherhood and breastfeeding is not made easy in our societies. The speakers of the day will discuss these questions and the audience will be given a chance to ask questions and express their views.

**Gro Nylander: Plenary A9, 1.10.08, 17:15**

**New DVD „Breast is Best“, World Premiere**

The first "Breast is Best" video, produced in 1993, became an international success and was translated into 36 languages. What is new in the completely revised DVD with two-thirds new material? Amongst other things, quite a number of new themes have been added, such as the importance of skin-to-skin contact – after a Caesarean as well –, the father's role, feeding cues, easy to grasp good latch, safe co-sleeping, tongue-tie, carrying, sleepy babies and the like.

**Anne-Marie Kern, Ilse Bichler, Austria: Reception by the Mayor, Vienna City Hall, A10, 1.10.08, 19:00**

**Breastfeeding Mothers in Art**

The act of nursing, human milk and female breasts have been used throughout history as a symbol for “giving life”. This slide-presentation will give insight into the different aspects of breasts and breastfeeding in mythology, religion, culture and arts, and society.

**Sarah Bluffer Hrdy, USA: Plenary A11, 2.10.08, 09:00**

**The Evolutionary Context of Mother-Infant Bonding**

Human offspring rely on others for subsistence far longer than any primates, yet they are weaned earlier than any other ape. Thus human maternal commitment has become more contingent on perceived social support than is the case in most primates, with profound implications for the way that mothers bond to infants, especially in the period just after birth.

**Elizabeth Hormann, Germany: Plenary A12, 2.10.08, 09:45**

**Bonding and Breastfeeding in Adoption**

This talk will examine the emotional issues involved in the separation of a child from his biological family and placement with adoptive or foster parents. Drawing on practical experience and the literature of both pre- and perinatal psychology and bonding and attachment, it will suggest how these insights can be helpful in promoting parent-child attachment when infants, older babies and very young children are adopted or fostered. Breastfeeding as an aid to bonding for some of these families will be touched upon and brief case histories will illustrate how bonding strategies work in practice to establish the foundations essential for creating new families in which both children and parents can thrive.

**Sue Cox, Australia: Plenary A13, 2.10.08, 11:00**

**Hormones and Milk Production after Pre-term Delivery**

Preterm delivery of an infant is a very stressful experience for new mothers and learning the skill of expressing and pumping milk may add to this stress. It is important that the mother be at her infant’s bedside as often as possible for sensory input for her infant – talking and touching and leaving colostrum smells near her infant’s face. Infants are soothed by the presence of their mothers and have lower cortisol levels.

**Nick Conneman, The Netherlands: Plenary A14, 2.10.08, 11:45**

**NIDCAP - Newborn Individualized Developmental Care and Assessment Program**

The numbers of prematurely born children are increasing, and ever-younger children survive premature birth. Long-term follow up of these children reveals a high frequency of developmental disorders – i.e. in vision, hearing, locomotion, cognition, and learning or behaviour. Mounting evidence from scientific research confirms that the sensory information the prematurely born child is exposed to will affect brain and behavioural development. NIDCAP, an intervention program designed to stimulate brain development and thus developmental outcomes of prematurely born children, will be presented.

**Gabriele Nindl, Austria, Verena Marchand, Switzerland: Plenary A15, 2.10.08, 12:30**

**20 Years VELB**

We look back on 20 years of the European Lactation Consultant Association starting with establishing a board and three member countries up to the current fifteen national associations. Tried and tested training programs preparing for the IBLCE-exam, as well as seminars for hospital staff and physicians have been established and are offered in three languages. The first publication of VELB, “Stillnachrichten” has meanwhile been replaced by the well-established journal “Laktation & Stillen”. An important part of VELB’s work has been the bilingual or trilingual in-

ternational conferences taking place every second year.

**Silvia Honigmann, Switzerland: Plenary A16, 3.10.08, 13:00**

**Breastfeeding in Europe**

This presentation invites us to a “journey of breastfeeding” through Europe and the workplaces of IBCLCs. Topics include: breastfeeding in Europe, breastfeeding rates and duration and the different international practices around breastfeeding. The training opportunities for becoming an IBCLC and successful breastfeeding interventions in different European countries will be presented as well.

**Miriam Labbok, USA: Plenary A17, 3.10.08, 13:45**

**Breastfeeding and Women’s Health**

The lecture will provide an introduction to the concept that breastfeeding is a woman's health issue, in addition to being a child health issue. The major negative health impacts on the mother of not breastfeeding will be discussed. In addition, the presentation will outline what health care practices and other issues might be considered to enable optimal maternal reproductive health.

**Rainer Münz, Austria: Plenary A18, 3.10.08: 14:30**

**No Children – No Future!**

The number of children in Europe was never before as low as today. The lecture analyses the cause of this development, describes the effects on the economy and society and discusses possible interventions which could again increase the number of children.

**Sue Cox, Australia: Plenary A19, 3.10.08, 15:15**

**How our Vienna Deliberations Strengthen our Resolve to Ensure that All Hospitals are Baby-friendly**

The change of birth place from home to hospital caused many negative effects on normal infant and maternal physiology. Associated with the altered place of birth were changes in birth practices and the inadequate first “breastfeed.” It is important to ensure that mothers and babies have uninterrupted skin-

to-skin contact (step 4) and 24-hour rooming-in (step 7). When these two steps are instituted then the other eight steps will easily follow.

## WORKSHOPS

**Nikk Conneman, The Netherlands: Workshop WS1, 2.10.08, 14:00**

**NIDCAP – How to Implement Individual Care for Prematures Successfully**

NIDCAP is an intervention program designed to stimulate brain development and thus the developmental outcomes of prematurely born children. Parents in this program are seen as the primary caregivers of their child, and thus we encourage them to take on as many care activities as possible. This is beneficial in the sense that it provides a role for parents in the development of their child, notably during the stressful hospitalization period. More active involvement would seem to diminish feelings of “passiveness” and “uselessness”. The program will be presented in detail.

**Elizabeth Hormann, Germany: Workshop WS2, 2.10.08, 14:00, 3.10.08, 13:00**

**Breastfeeding in Emergencies, Wars and Natural Catastrophes**

This workshop will focus on the needs of breastfeeding infants and their mothers for support, accurate information and a safe haven during emergency situations. It will outline the efforts over the last decade by humanitarian aid agencies to prepare staff to provide what mother-child dyads need and discuss the multiple barriers to implementing that help: environmental conditions, active armed conflicts, inappropriate aid supplies (including infant formula), lack of awareness of or interest in the importance of breastfeeding under such conditions even among health care workers. The role of lactation consultants in emergencies will be explored. This workshop will be conducted in cooperation with the Emergency Nutrition Network (ENN).

**Ute Laves, Germany: Workshop WS3, 2.10.08, 14:00**

**Effects and Advantages of Touch**

For mothers to breastfeed successfully, close contact with the baby is of great importance. To nourish a baby also means to be close to him or her. Touch plays an important role here. Each woman has her own bonding and touching history, which is triggered when her baby is born. The expectations of today's society and our fast-moving life often add to the difficulty of getting close. Getting to know a baby takes time and sometimes other "paths": "Touch with Respect"® through infant massage can be a starting point.

**Richard Bowlby, UK: Workshop WS4, 3.10.08, 09:00 / 13:00**

**"Attachment Theory" and Its Implementation, Workshop on Day-Care for Babies and Toddlers**

Sir Richard Bowlby will focus on one aspect of attachment theory as it applies to the attachment needs of babies and toddlers during non-parental day care. He will examine the traditional role of a day-carer being a secondary attachment figure for a baby or toddler, and look at the range of psychological defenses babies and toddlers use when cared for by unfamiliar caregivers.

**Annette Dobroschke-Bornemann, Germany: Workshop WS5, 3.10.08, 09:00**

**Grieving Mothers – Dependent Infants**

During grieving, the family system is weakened. Children are especially burdened because of their dependence on the grieving mother as their closest attachment figure. Supporting the grieving mother is psycho-prevention - both for the mother and her dependent child.

Theories and the results of research on grief have influenced the concepts behind professional practical counselling for those who are grieving. Particularly useful are theoretical models which recognize "grieving tasks" that need to be accomplished in the course of the grieving process. Task models assume that the grieving process cannot come to an end if one or more "grieving tasks" have not been completed. Thus, the grieving person is encour-

aged to actively shape his grieving process instead of passively enduring it.

**Paula Meier, USA: Workshop WS6, 3.10.08, 09:00 / 13:00**

**Pumping and Breastfeeding after Preterm Delivery**

'Lacto-Engineering' in the NICU: This workshop will provide a balance of research data, practical application and NICU case scenarios, with a focus on prevention, diagnosis and management of slow weight gain in fortified human milk-fed VLBW infants.

## CONCURRENT LECTURES

**Cyril Lüdin, Switzerland: Concurrent B1, 1.10.08, 14:00**

**Promoting Interdisciplinary Cooperation**

The dominant protective factor for a healthy child is the availability of a reliable attachment figure in early childhood. However, what price do newly delivered mothers pay because communication is lacking in the helping system? Collaboration between paediatrician, breastfeeding counsellor and midwife needs improvement in many places through, for example, mutual referrals and feedback.

**Maryse Arendt, Luxembourg: Concurrent B2, 1.10.08, 14:30**

**Protecting, promoting and supporting breastfeeding when bio-monitoring results undermine confidence**

More than 300 pollutants in breastmilk are a shocking reality which mirrors the accumulation over a lifetime. Repeated bio-monitoring of breastmilk or other body fluids shows that effective legislation achieves results. Long-term breastfeeding counterbalances the effect of prenatal exposure. Therefore caution should be exercised when presenting bio-monitoring results. These should serve as motivation to enact strong legislation, but not

be used to undermine confidence in breast-milk as the optimal food.

**Peter Safar, Austria: Concurrent B3, 1.10.08, 15:00**

**Breastfeeding and Contraception**

Many women make decisions about beginning or resuming contraception after the birth of a child. The knowledge of mothers and personnel about using breastfeeding as a contraceptive method is often very vague and patchy. An overview of breastfeeding as a contraceptive method and other hormonal and hormone-free contraceptive methods in lactation will be presented.

**Ibolya Rozsa, Hungary: Concurrent B4, 1.10.08, 16:00**

**Breastfeeding Myths and Facts: Some are Funny, Some are Dangerous**

Two groups of breastfeeding myths will be presented – funny and dangerous ones. Even a funny myth can cause breastfeeding problems, especially for a worried mother. It will be explained how a breastfeeding consultant can identify and separate different myths and handle them without hurting the mother's feelings.

**Sue Saunders, UK: Concurrent B5, 1.10.08, 16:30**

**Advocacy In Penang: Inaugural WABA / ILCA Fellowship 2007**

The speaker will present her experience of advocacy, capacity building, professional development and training as the recipient of the Inaugural ILCA / WABA Fellowship 2007 with WABA in Penang, Malaysia. Working with the energetic and committed WABA Secretariat proved to be inspiring and rewarding. A flexible approach was necessary to implement several "one-off" projects and activities and one sustainable programme.

**Molly Pessl, USA: Concurrent B6, 1.10.08, 17:00**

**Searching for Excellence: Our Lives in the Workplace**

Right from the beginning in the profession of lactation consulting, there was an attraction to the complex, highly clinical areas of breast-

feeding. Perhaps it is time to return to our origins. Most individuals in healthcare chose their work because they wanted to provide a service of caring and healing. We need to rethink our traditional models of education where we are the experts. The search for excellence requires us to care for ourselves and to listen to the families and to each other and to be open to the change and resulting discomfort.

**Anna-Pia Häggkvist & Mette Ness Hansen, Norway: Concurrent C1, 1.10.08, 14:00**

**The Adaptation of the Baby-friendly Hospital Initiative to Neonatal Units in Norway**

BFHI was launched in 1991 and Norway joined in 1993. In 2007 approximately 90% of all babies in Norway were born in a BFHI hospital. In 2004 The National Resource Centre for Breastfeeding expanded the BFHI assessment to include the NICUs. Adjusted guidelines, based on the original ten steps, were developed and will be presented. All NICUs were invited to send two members to a one day seminar with all expenses paid. The units received support and guidance throughout the process and assessment was free. By now 19 of 21 possible NICUs are designated as Baby-friendly Neonatal Units.

**Erika Nehlsen, Germany: Concurrent C2, 1.10.08, 14:30**

**Bonding, Development and Breastfeeding – 10 Criteria for a Baby-friendly Children's Hospital**

The BFHI "10 BEST Criteria" (Promotion of Bonding and Development including Breastfeeding) for Pediatric Hospitals were developed from the present "Ten Steps" of BFHI to provide better opportunities for disadvantaged, premature and sick infants and toddlers and their parents and to prevent sub-optimal long-term outcomes. The guidelines presented represent minimum standards of care. Breastfeeding is more than just nutrition. It supports bonding and promotes development. Their implementation requires changes in hospital routines.

**Maria Reinert do Nascimento, Brazilia:  
Concurrent C3, 1.10.08, 15:00**

**Breastfeeding in Very Low Birth Weight Infants at the Time of Discharge from a Special Care Neonatal Unit in Brazil**

An observational study was carried out between 2000 and 2007 at a baby-friendly hospital in Joinville, Brazil, which conducts an educational program for mothers of VLBW neonates and encourages mothers to engage in kangarooing. 366 neonates with a birthweight of  $1180 \pm 226$  grams were studied. The observed frequency of exclusive mother's milk use at discharge from the neonatal unit after 17 to 215 days was 56%. The odds of a baby not exclusively breastfeeding at discharge was 2.3 times higher among babies with late initiation of breastfeeding.

**Vicki Bassett & Karen Lalonde, Canada:  
Concurrent C4, 1.10.08, 16:00**

**Supporting Breastfeeding with "Late Pre-term" Infants: A Clinical Pathway to Guide Practice**

A clinical pathway was developed for infants born early between 34 and 36 weeks of gestation specially focusing on the unique needs and risk factors. It includes skin-to-skin, keeping mother and infant together and initiation of breast pumping by six hours if the infant is not feeding. The length of stay in the hospital was adjusted from the typical 48 to 72 hours. Lactation consults are mandatory and a high risk referral to the community nurse is made. Breastfeeding outcomes both in-hospital and post-discharge will be presented.

**Christa Herzog-Isler, Switzerland: Con-  
current C5, 1.10.08, 16:30**

**Born at Home - with a Cleft Palate - A Case History**

A case study is presented from the moment of the ultrasound diagnosis during pregnancy through birth at home, to the many stumbling blocks during breastfeeding with pumping and the help of devices, surgery, and continued breastfeeding without any breastfeeding aids after surgery. The collaboration of midwife, IBCLC, paediatrician, oral surgeon

and parents was essential. Unique video films will illustrate this case history.

**Márta Guóth-Gumberger, Germany: Con-  
current C6, 1.10.08, 17:00**

**Making a Supplemental Feeding Tube Device Work for a Baby with a Cleft Palate**

The model for establishing breastfeeding for a baby with a cleft palate is the healthy term baby. The goal is to compensate just for those aspects of feeding the baby is not able to do himself. Allowing for as much direct breastfeeding as possible and aiding with a supplemental feeding tube device is an excellent way to follow the model of a baby without a cleft. Short videos will show how a nursing supplementer needs to be adjusted to work with a cleft palate. The story of a mother and her baby with a cleft palate, who reinforced her baby's attachment to the breast by shifting to a nursing supplementer will be presented. The baby was able to exclusively breastfeed two weeks after the surgery at the age of five months.

**Mathilde Furtenbach, Austria: Concurrent  
D1, 2.10.08, 09:00**

**Why Must the Frenulum Linguae Be Long Enough?**

The tongue frenulum must be long enough in order to suck, chew, swallow and speak. A dynamic perception asks: For what – for which functions – is the frenulum long enough or too short? After diagnosis, a frenotomy will usually only be performed, if the mother has sore nipples and the baby is not getting enough milk. Thus many short frenula remain unresolved until later problems occur. To avoid these, routine examination and frenotomy are needed even if there are no sucking problems.

**Catherine Watson Genna, USA: Con-  
current D2, 2.10.08, 09:30**

**Partial Ankyloglossia: Ultrasound Examination of Breastfeeding before and after Treatment for Posterior Tongue-Tie**

Infants with tongue tie are unable to perform normal wavelike tongue movements and use compensatory and less efficient strategies to transfer milk. Even when the frenulum does

not extend to the tongue-tip, sucking is affected. Ultrasound submental videos and correlated clinical videos show these compensatory strategies in action and the normalization of sucking motions and rhythms two weeks after frenotomy.

**Jo Watson, Canada: Concurrent D3, 2.10.08, 10:00**

**Protecting Breastfeeding by Using Age-Appropriate Volumes to Supplement with Artificial Baby Milk during Postpartum Hospitalization**

While every effort is made to support the initiation of breastfeeding (over 95% in the Sunnybrook Health Sciences Centre) few parents make an informed decision to introduce artificial milk for non-medical reasons. A protocol was introduced decanting 15 ml of formula into containers instead of the typical prepared 90 ml bottle. Pre and post protocol audits of total volumes of formula were conducted. The difference in the total number of infants supplemented pre and post practice change was statistically significant, thus more babies were exclusively breastfed during the first twenty-four hours.

**Daniela Karall, Austria: Concurrent D4, 2.10.08, 11:00**

**Breastfeeding in Children with Inherited Metabolic Disorders**

With the introduction of broader newborn screening, babies with inherited metabolic disorders are picked up in the asymptomatic, clinically healthy state far more often and thus nutrition has become more important. We collected experience with (partial) breastfeeding and/or nutrition with breast milk in five children with PKU, PA, VLCAD and arginase deficiency. All five developed normally and had no metabolic decompensations. Breastmilk is well suited for defined dietary treatments in babies with inherited metabolic disorders and through (partial) breastfeeding the babies can receive its benefits.

**Maureen Luther & Dorothy Dougherty, Canada: Concurrent D5, 2.10.08, 11:30**

**Birth to Breast Feeding Care Map: Helping the Extremely Low Birth Weight Infant Navigate the Course**

It is crucial that the ELBW infant receive his mother's colostrum as a first feed followed by EBM for as long as possible. A Neonatal Intensive Care Feeding map with descriptors was developed for the bedside nurse in the NICU at Sunnybrook Health Sciences Centre based on literature, research and expertise with visual depiction and developmental milestones. The aim is promote breastfeeding on discharge from the NICU. The feeding care map and a retrospective chart review after its introduction will be presented.

**Marta Muresan, Romania: Concurrent D6, 2.10.08, 12:00**

**Successful Relactation after 7 Weeks of Maternal Hospitalization – A Case History**

A healthy, 3600 g term infant was weaned at ten days postpartum because his mother was hospitalized for seven weeks due to pyoderma gangrenosum which developed four days after an emergency Caesarean. Relactation began at nine weeks postpartum with an SNS from week 9 to 11, frequent suckling, supplementation by bottle from week 9 to 13, breast pumping, Domperidon and strong family support. Milk appeared four days after relactation began; the baby was fully breastfed after one month. Problems which emerged were breast refusal and low weight gain. The baby was exclusively breastfed until six months and continues to be breastfed at one year.

**Ragnhild Maastrup, Denmark: Concurrent D7, 2.10.08, 12:30**

**Optimizing Breastfeeding for Infants with Limited Physical Capacity**

Premature infants, ill newborns and infants and babies with neurological impairments have a limited physical ability to breastfeed. The aim of this project is to ensure that they get the necessary help so that they can achieve their potential. The guidelines of the "Knowledge Centre for Breastfeeding Infants with Special Needs" in Denmark, based on literature and international practices, include early breastfeeding initiation, optimizing milk flow, enhancing the sucking reflex, optimizing latch

and positioning and using the infant's alert periods. The hospital's "Breastfeeding Group" and staff of the "Women and Child Centre" received special training which leads to better breastfeeding help for this group.

**Bärbel Basters-Hoffmann, Germany: Concurrent E1, 2.10.08, 09:00**

**Does it Matter How We Are Born?**

Obstetrical practice has been very safe for the last 20 years. What is it, then, that drives us to cut more and more often, and how has the willingness of women to accept this come about? Caesarean section is routine, nevertheless compared to spontaneous birth there are increased risks for mother and baby. Does the need for control over this elemental process motivate us? Do we cut because of fear of birth? We relinquish – unnecessarily – that which is so deeply human to high-tech obstetrics.

**Gro Nylander, Norway: Concurrent E2, 2.10.08, 09:30**

**Skin-to-skin Contact during Caesarean Section and the First Postoperative Hours**

A "Caesarean-STS" project was developed in Rikshospitalet, Norway, in 2007. Following delivery the baby is placed across the mother's chest where he stays in skin-to-skin contact for the next two hours. The father is responsible for checking the baby. Preparation of staff went on for months and they were given a number of lectures. Parents are prepared during a consultation and in writing. All mothers were enthusiastic. Fathers were satisfied, staff mainly positive. "Caesarean-STS" has become the standard procedure for planned sections with an expected normal outcome. A brief video will be presented.

**Achim Wöckel, Germany: Concurrent E3, 2.10.08, 10:00**

**The Partner in the Delivery Room - Impact on the Birth-Experience and on Bonding**

Fathers in a study group were prepared by a male obstetrician with a special psychological concept especially for the delivery room. In a control group, men did not receive any special preparation. The first group felt better prepared and evaluated the experience more posi-

tively. The women evaluated the support of their partners as better. Such an intervention reduces men's anxiety about the exceptional circumstances, leads to better support for the mothers and optimizes the foundation for bonding.

**Heike Strube, Germany: Concurrent E4, 2.10.08, 11:00**

**The Way to an Integrated Ward Consisting of Neonatology and Maternity from the Perspective of a Paediatric Nurse**

The process of change from two separate units, the maternity unit and neonatology, into one integrated maternity unit will be presented. Premature infants and sick newborns with non life-threatening status need and also may have their mothers. The new structures for the team, daily routines, the personal transformation process including anxiety that occurs and the goals of such a unit will be presented.

**Barbara Królak-Olejnik, Poland: Concurrent E5, 2.10.08, 11:30**

**Breastfeeding Newborns with Birth Weights between 1001-2500g – Five Years' Experience**

From 2000 to 2005 1006 LBW infants were born at the Medical University of Silesia, Poland, after the hospital became Baby-friendly in 2000. About 60 medical staff members underwent the 18-hour BFHI training. Mothers received information and help to express breastmilk and breastfeed early. Kangarooing was done from several minutes to several hours per day. At the time of discharge over 80% were fed with the mothers' own milk exclusively (breast and cup or bottle).

**Erica Post, The Netherlands: Concurrent E6, 2.10.08, 12:00**

**Mothers Rooming-in on the Neonatal Ward, Effects on Breastfeeding and Self-Assurance**

In 2003, a project for "24-hour rooming-in facilities" was created in the Mesos Medical Centre Utrecht, The Netherlands, to re-unite mothers and their sick babies, at least 35 weeks old, when monitoring and incubator are no longer necessary. Discharge follows within

a week. Mother and child stay in the same room, supervised by the paediatric nurse. Mothers felt stronger and demand feeding was established in a large number of babies.

**Joan Meek, USA: Concurrent E7, 2.10.08, 12:30**

**Applying Breastfeeding Research in Clinical Practice**

Strategies for selecting and evaluating the medical literature, in order to apply that knowledge to implement changes in breastfeeding practice, will be discussed. Several topics will be used to illustrate methods for translating research into clinical practice and hospital policy.

**Suzanne Hetzel Campbell, USA: Concurrent F1, 2.10.08, 14:00**

**Health Inequities for the Provision of Care for Breastfeeding Women**

The breastfeeding support services available to two different groups in Connecticut, USA, will be compared. Low income women, participants in the Women, Infant and Children's program (WIC), typically receive 30 minutes initial counseling and 15 minutes follow-up by Registered Dietitians, CLCs, – rarely IBCLCs – at no charge in place of free formula, with increased food coverage and token gifts. Women in a private breastfeeding medical practice receive 1½ to 2 hours initial counseling with 40 minutes follow up with co-pay and third-party reimbursement by MDs, Nurse Practitioners and RNs, all IBCLCs. Potential effect on breastfeeding outcomes and health will be outlined.

**Ellen McIntyre, Australia: Concurrent F2, 2.10.08, 14:30**

**How IBCLCs Can Plan and Implement Their Own Research Projects**

This presentation will provide targeted and practical information about planning and implementing research projects with particular reference to IBCLCs, including the benefits of and barriers to doing research and a list of useful websites. The key components of conducting and disseminating research will be presented in a practical way.

**Chris Mulford, USA: Concurrent F3, 2.10.08, 15:00**

**The Breastfeeding Budget: A Tool for the Empowerment of Women**

Gender budget analysis is one tool to track the current use of resources. It looks at existing budgets to see how women are affected by the financial inputs, the activities financed and the outputs delivered as well as at the impact on well-being. It examines the effect of policy decisions on *individuals* with a household and factors like unpaid caring work. This applies also to breastfeeding. The Breastfeeding Budget estimates the value of the amount of breastmilk nationally, a “product” normally ignored in national budgets, and the time spent breastfeeding, an unrecognized part of women's unwaged and uncounted domestic caring work – with the goal of changes in funding allocation.

**Diana West, USA: Concurrent F4, 2.10.08, 15:30**

**Surprising Causes of Low Milk Production**

As mammals, our species has a biological imperative to lactate successfully and breastfeed our young. When lactation or breastfeeding fails, there is always a reason, although it may be difficult to discover. This session will explore the lesser known, yet not uncommon reasons for low milk production and address appropriate strategies.

**Adriano Cattaneo, Italy: Round Table Discussion, F6, 2.10.08, 16:00**

**The New WHO Growth Standards: Will Their Use Support or Undermine Breastfeeding?**

Compared to existing reference curves the new WHO growth standards show a much higher velocity of growth particularly in the first 2-3 months, the age at which lactation support is critical to establish breastfeeding. Some authors think that this may lead to the unnecessary decision to top up breastfeeding with formula to achieve higher growth rates. How can this be avoided and the WHO standards used to support exclusive breastfeeding? Five experts will discuss these questions and the audience will be given a chance to ask questions and express their views.

**Elise Chapin, Italy: Concurrent G1, 2.10.08, 14:00**

**Pilot Testing and Revising the EU Blueprint for Action: Results of a Three-Year Project**

The Blueprint for Action for the Promotion, Protection and Support of Breastfeeding was published in 2004 by the European Union. In order to test whether or not the Blueprint would be an effective tool, pilot testing the various interventions began in 2005 in eight European countries and included data collection on breastfeeding initiatives, short and long-term plans and data collecting systems on breastfeeding prevalence and duration. The EU Blueprint expressly targets training of IBCLCs as a goal which figured heavily in a number of partner countries. The Blueprint for Action, revised at the end of the project, will be briefly presented.

**Paola Negri, Italy: Concurrent G2, 2.10.08, 14:30**

**International Code Implementation and Monitoring: A Project in Tuscany, Italy**

Tuscany is the only region in Italy which has a regional law, passed in 2004, for the implementation of the WHO International Code of Marketing of Breast-milk Substitutes. In 2006 IBFAN Italia was contracted to train 17 volunteers for monitoring Code violations in regional health facilities, shops and the mass-media. The breastfeeding situation in Tuscany and the Code Monitoring project including materials, methods, results and conclusions will be presented.

**Zohra Kurji, Pakistan: Concurrent G3, 2.10.08, 15:00**

**Empowering Women to Make Breastfeeding Decisions in Developing Countries such as Pakistan**

Pakistan has one of the worst records on female health and literacy within South Asia. Around two thirds of women are illiterate. Educated women have been repeatedly seen to increase their influence over their own and their family's health. Pakistani women are well aware of the benefits of breastfeeding, but are not empowered to take their own decisions about breastfeeding. For lactation con-

sultants, educating women alone about breastfeeding is not sufficient. It is equally important to empower them to take their own decisions.

**Shehnaz Rashid, United Arab Emirates: Concurrent G4, 2.10.08, 15:30**

**Should I Breastfeed or Not? The Dilemma of the HIV-infected Mother**

Whether HIV-infected mothers should breastfeed or not remains a dilemma based on evidence that shows that, in poor developing countries, artificial milk feeding triples the risk of infant death and suggests that it is safer to exclusively breastfeed even when the mother is HIV-positive. This presentation will discuss the dilemma of how to counsel these women.

**Judy Norman, Ethiopia: Concurrent G5, 2.10.08, 16:00**

**Breastfeeding Support in Ethiopia: The Many Faces**

Ethiopia has a strong culture of breastfeeding. Does it make sense for an IBCLC to "invade" a very different culture? It seems that substandard nursing education, poor equipment and insufficient supplies are the biggest challenges, while mothers have questions similar to those of women from the West. The presentation describes the process of starting the first lactation practice in Ethiopia, involvement in the NICU, labor and delivery at the Myungung Christian Medical Center in Addis Ababa, introduction of pumping for pre-matures and cooperation with Ethiopian health care staff.

**Leena Hannula, Finland: Concurrent G6, 2.10.08, 16:30**

**An Intervention Study To Support Breastfeeding In Finland - Outline of the Interventions and the Results of the First Follow-up**

Breastfeeding rates in Finland are the lowest in Scandinavia. Only 21% breastfeed exclusively in maternity hospitals and the rate of any breastfeeding in the first months is 60%. A package of interventions was developed including internet-based interactive support for parents, identifying mothers with breast-

feeding difficulties for additional support, peer support groups for all and efforts on behalf of BFHI. 1400 families were followed up for one year with an intervention and a control group. Interventions and the results of the first follow-up will be presented.

**Erika Sievers, Germany: Concurrent H1, 2.10.08, 14:00**

**Infant Nutrition - Telephone Survey of Turkish and German Inhabitants in North Rhine Westphalia (NRW), Germany**

Because the views of the general population including relatives and neighbours are of great importance for breastfeeding a telephone survey with a representative population questionnaire was carried out in NRW, Germany. A strong focus was on comparing attitudes of German and Turkish respondents. The survey revealed considerable differences in the information profile. Over 98% of both groups mentioned breastmilk as best suited, showed, however, a high acceptance of infant formula; in the Turkish group supplementing with juice was suggested earlier. The study provides a basis for an information strategy on infant feeding designed specifically for the target groups.

**Ingrid Nilsson, Denmark: Concurrent H2, 2.10.08, 14:30**

**Breast or Bottle Feeding among Turkish Migrants in Denmark**

Turkish migrants in Denmark don't breastfeed as long as Danish women, although they have a strong breastfeeding tradition in Turkey and think it is very important. An anthropological study was conducted through interviews, observation and participant observation during fieldwork in Turkey and Denmark. It shows that it is not adequate to look at the problem from a medical perspective. The women have grown up in a traditional patrilineal community where the modern world has been highly visible due to tremendous migration. They find it difficult to combine a modern extroverted life with breastfeeding and stop it in favour of their life project of fighting for recognition – which keeps them in their marginal role in Denmark where breastfeeding is the norm.

**Valerie Finigan, UK: Concurrent H3, 2.10.08, 15:00**

**A Multi-cultural Perspective of Women's Experiences of Immediate Skin-to-Skin Contact with Their Babies Following Birth**

21 women from Bengali, Urdu and English-speaking groups kept an audio-taped diary for ten days postnatally to explore their experiences with skin-to-skin contact with their newborns. Interviews and diaries were transcribed verbatim and on-going. Preliminary results will be shared. The women used powerful emotive language and the identified themes in this multi-cultural perspective were bonding, gaze, instinctive, reward and touch.

**Tomoko Seo, Japan: Concurrent H4, 2.10.08, 15:30**

**Activities of IBCLCs in Japan and an Overview of the History of the Japanese Association of Lactation Consultants**

The Japanese Association of Lactation Consultants (JALC) was founded in 1999 by four IBCLCs. By 2007 it had 300 members. From the beginning, JALC has been multidisciplinary and physicians, midwives, nurses and mother support counselors are equal. JALC holds seminars for physicians and health care providers, translates articles, books, documents and textbooks of WHO and UNICEF into Japanese and provides educational opportunities for members.

**Beate Pietschnig, Austria: Concurrent H5, 2.10.08, 16:00**

**Infant Nutrition Today – Austrian Survey of the National Breastfeeding Committee (Ministry of Health)**

In Austria, the most recent breastfeeding surveys were conducted in 1985 and in 1998. Therefore, the National Breastfeeding Committee conducted a current questionnaire-based survey on structures and counselling on maternity wards. More than 1000 mothers were interviewed by phone at 3, 6 and 12 months after birth. 90% to 100% start breastfeeding. 81% of maternity wards have IBCLCs. Predominant (exclusive) breastfeeding at 3 months was 72% (60%) and at 6 months 55% (10%). In recent years great improvements have been made in breastfeeding

counselling on maternity wards. However better qualified counselling, at a reasonable price, is needed during the first few weeks for all language and cultural groups.

**Ursula Schwegler, Germany: Concurrent H6, 2.10.08, 16:30**

**Association between Breastfeeding Conditions during the First Few Days and the Duration of Exclusive Breastfeeding**

In order to evaluate five of the ten BFHI steps on breastfeeding duration a prospective cohort study was conducted. 2938 women from 3822 recruited initiated breastfeeding and were followed up to nine months after birth. 55.2%, 53.8% and 28% of those having initiated still exclusively breastfed at 2, 4 and 6 months. Giving birth at home, at a birthing home or leaving the hospital within 24 hours was associated with longer breastfeeding. Giving newborns no food or drink other than breastmilk and breastfeeding problems were also associated with breastfeeding duration.

**Beate Pfeifenberger-Lamprecht, Austria: Concurrent J1, 3.10.08, 09:00**

**Dealing with Grief**

When there is grief in connection with pregnancy or birth, the hospital in Klagenfurt, Austria attempts to guarantee as much continuity as possible through midwives. The woman is cared for as the mother of the child and the family is given great respect. The support of a midwife through grief can direct it onto a more positive path. To provide such support over a long period of time without incurring personal damage requires knowledge about loss and, in addition, organisation. "For parents as well as medical personnel alike: children do change us; whether they survive or not."

**Mary Harris, Australia: Concurrent J2, 3.10.08, 09:30**

**Breastfeeding and Bonding from the Perspectives of Survivors of Childhood Abuse**

In Australia, most women commence breastfeeding, but many cease in the early postnatal period. Psychosocial factors such as poor self and body perception and difficulty with proximity could explain this. Some studies indi-

cate that between 8% and 62% of girls have been sexually abused. A study in Adelaide, Australia, with in-depth interviews with six survivors of childhood abuse identified as themes the personal history, the unprocessed, ever-present past, adverse effects of stress, distress and depression, ways of coping, trusted support, speaking the unspeakable and changing perspectives.

**Sally Dowling, UK: Concurrent J3, 3.10.08, 10:00**

**Researching Women's Experiences of Extended Breastfeeding: A Participant Ethnography**

Few babies in the UK are breastfed exclusively for six months and a tiny number continue to breastfeed beyond this time. This project explores women's experiences of extended breastfeeding using participant observation at La Leche League meetings, in-depth individual interviews and personal narrative by an "insider" researcher. How and why do mothers feed their children in this way? What are the positive and negative sources of support and why do they continue? How do they experience the breast/bottle dichotomy where women are set in opposition to each other according to the way they feed their babies? How are "taboos" and "secrecy" managed?

**Elsie Mobbs, Australia: Concurrent J4, 3.10.08, 10:30**

**Human Imprinting: Sigmund Freud Update**

Why do infants have a strong fixation on their non-nutritive sucking object? It is proposed that the answer to human digit fidelity lies in the displacement of mammalian teat fidelity (one-teat preference). Teat fidelity is an evolutionarily determined survival strategy and mammalian behavioural remnant. An imprint on a thumb or dummy leads to rejection of the maternal nipple and failure of breastfeeding.

**Roberta Hewat, Canada: Concurrent J5, 3.10.08, 11:00**

**The Breastfeeding Partnership: Dimensions of Mother-Infant-Interaction during Breastfeeding**

The mother-infant interactive patterns during breastfeeding among mothers who perceive their infants breastfeed well and mothers who perceive their infants as problematic breast-feeders were examined and compared. Breast-feeding sessions were videotaped three times during the first two months. Significant differences were found between the two groups, i.e. touching their infants less during breast-feeding. Interventions that promote positive interactions among infants perceived as difficult feeders are presented.

**Keren Epstein-Gilboa, Canada: Concurrent J6, 3.10.08, 11:30**

**Systemic Interaction in Breastfeeding Families**

This study demonstrates that nursing contributes to the development of secure attachment systems and discusses the impact of nursing on the family and vice versa. Interactions during and relating to cue-based nursing interactions contribute to the development of sensitive mothering styles that are transferred to fathers and the family as a whole. Recommendations for clinical practice are summarized.

**Wendy Brodribb, Australia: Concurrent K1, 3.10.08, 09:00**

**Attitudes to Breastfeeding Held by Australian Doctors Training to Become General Practitioners**

There appears to be a close relationship between the breastfeeding attitudes of a woman's doctor and her attitude to breastfeeding. This study was conducted to identify the attitudes held by doctors training to become general practitioners in Australia. In 2007, 90-item questionnaires were distributed of which 161 were returned. The breastfeeding attitudes varied considerably and only 60% disagreed that current infant formulas are nutritionally equivalent to breast milk. The doctors in training appear positive about breastfeeding however more hesitant to suggest that infant formula is inferior. Breast-feeding attitudes need to be addressed during medical training.

**Skadi Springer, Germany: Concurrent K2, 3.10.08, 09:30**

**Breastfeeding Counselling in the Paediatric Practice**

Over the past three years in a paediatric practice in Leipzig, Germany, particular emphasis was put on recording the feeding history and breastfeeding behaviour of all infants and responding, where needed, with breastfeeding counselling by the paediatrician, who is also an IBCLC. The counselling takes place during consultation hours without much additional effort and mothers are constantly motivated and encouraged to contact the practice promptly in case of breastfeeding problems. The percentage of infants still exclusively breastfeeding at six months has been able to be increased among an unselected clientele in an urban district – to almost 50% compared to 10% nationally.

**Birgit Streiter, Austria: Concurrent K3, 3.10.08, 10:00**

**Mammary Candidiasis - Differential Diagnosis, Difficulties of Laboratory Detection and Therapeutic Options**

Diagnostic differentiation of yeast infections from other breast problems may be difficult. An overview of different appearances with photos will be presented. In 46 cases over the last five years the diagnosis was made with the help of detailed histories, clinical presentation and the efficacy of antifungal therapy. The difficulty in detecting Candida with laboratory testing will be discussed. To avoid the often false negative cultures it has been suggested that iron be added. However this is not widespread and is not used in Europe.

**Diane Powers, USA: Concurrent K4, 3.10.08, 10:30**

**Research Report: Women's Experiences Using a Nipple Shield**

An awareness of breastfeeding educators' bias against the use of nipple shields (ourselves included), and then having new mothers tell us that they really liked using a nipple shield for a variety of reasons led us to undertake a project with a questionnaire. 202 women were interviewed retrospectively about their use of a nipple shield. Results were published in

JHL and identified the most common reasons for using a shield, the length of time the shield was used, the weight gain, the perception of the mothers, their comments and the counseling they received.

**Issac T. Cherian, Oman: Concurrent K5, 3.10.08, 11:00**

**Baby Friendly Environment - Oman Experience**

Oman was one of the first countries to make all the hospitals baby-friendly by 1994. The Wilayath (District) Masirah, an island with a population of 12,000, was chosen for the Baby Friendly Environment concept. The first stage of the program was conducting a survey and allocation of the budget. The second stage consisted of breastfeeding education for women, the adult population and secondary school students, as well as campaigns and publicity work. The third stage consisted of the final assessment requiring all health facilities to be BFHI, a community support network, a high level committee, flexible working hours for breastfeeding mothers and no distribution of free samples, products or pamphlets, no displays, no discounts for formula in pharmacies and supermarkets. The exclusive breastfeeding rate at 4 months is over 90% and was further increased.

**Ragnhild Alquist, Norway: Concurrent K6, 3.10.08, 11:30**

**Baby-Friendly Initiative in the Community Health Service in Norway**

BFHI was launched in 1991, Norway joined in 1993 and by now almost 90% of babies are delivered in a BFHI-hospital. In 2005 the National Resource Centre for Breastfeeding started a project to adopt BFHI into Well Baby Clinics, gave conferences in all counties funded by the Ministry of Health and Care Services. The intention was to reach all 1200 Well Baby Clinics. The original ten steps were reduced to six steps which will be presented. Questionnaires were developed for mothers during pregnancy and six weeks after birth to evaluate the breastfeeding practice of the clinics.

**Sofie Vercootere, Belgium: Concurrent L1, 3.10.08, 09:00**

**Towards an Ethical Framework for Breast-feeding in a Global World**

A literature research about ethics and breast-feeding was done.

Most of the scientific articles deal with the WHO-Code for the infant food industry or the deontological [duty of care] code under which lactation consultants work. If we want to think about lactation and ethics, we should give more attention to the possibilities lactation offers as a resource in our global world. Some ethical theories, such as utilitarianism and Kantianism were examined to develop an ethical framework for human lactation in a global context.

**Solveig Albrecht Wahl, Norway: Concurrent L2, 3.10.08, 09:30**

**Ethical Aspects of Experimental Studies with Newborns and Infants**

Ethical aspects of psychological studies with infants will be brought into the public discussion. Experiments have resulted in a vast expansion of knowledge about the competence of infants. However, some of the applied scientific methods give rise to questions about the ethics. Experimental set-ups are questionable i.e. when they are inflicting frustration and confusion, delaying or giving inadequate nutrition and the like. The main questions are therefore: How can scientists protect the integrity and the interests of the infant? Is it possible for an infant to express his will? This lecture tries to shed light on such issues.

**Liz Brooks, USA: Concurrent L3, 3.10.08, 10:00**

**Conflicts Are Interesting! What Makes Them Bad?**

Lactation consultants are often faced with conflicts of interest, yet most are confused about what that means. The session will describe the difference between a true and a perceived conflict of interest and identify when a conflict of interest requires an IBCLC to step back and refer the mother elsewhere. We will review how the competent, ethical IBCLC handles such situations.

**Gail Blair Storr, Canada: Concurrent L4, 3.10.08, 10:30**

**Experiencing Breastfeeding through the Stories of Fathers**

Becoming a mother is a well-known rite of passage and rituals are present. Although becoming a father is also a rite of passage, the same level of ritual does not accompany it. Findings of a longitudinal study of the experience of men during the first year following birth of a baby will be presented: how fathers nurture mothers, how they experience breastfeeding, initially as bystanders and moved to creating a niche, later experiencing breastfeeding as commonplace and after weaning looking back on the world of breastfeeding.

**Claiborne Dungy, USA: Concurrent L5, 3.10.08, 11:00**

**Promoting Breastfeeding in Romania**

88% of women in Romania initiate breastfeeding. The average duration is six months, a two month decrease from a 1999 study. To determine effective strategies for breastfeeding promotion, undergraduate students were trained in survey design, data collection, data entry and interviewing skills. They interviewed mothers in two hospitals to determine infant feeding attitudes and knowledge. Although current rates of initiation were high, the attitudes towards breastfeeding were less positive. To address concerns that breastfeeding rates may plummet, undergraduate and graduate level programs are being developed to prepare individuals for careers as lactation consultants.

**Gudrun von der Ohe, Germany: Concurrent L6, 3.10.08, 11:30**

**What Does the Industry Offer - and What Do Babies Need?**

New parents in industrialized countries are unsure of themselves. There are fewer and fewer children. Parents are supposed to do everything perfectly. They are torn between the authoritarian childrearing style of the past and their own feelings. Infants are supposed to function “according to the book”, but, on the other hand, should not be spoiled. The industry exploits the research on the needs of infants to maximize sales and their profits. This lecture wants to make clear with what power the industry influences us and our society. It will highlight what babies and parents really need: knowledge and intuition as well as competent counselling when necessary.

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