

Program Description

Please join us for a day-long seminar focused on serving the high risk infant population. The seminar will cover *sensory development, bodywork, longitudinal outpatient breastfeeding support, how to integrate lactation care in a pediatric setting, the role of the IBCLC in supporting the maternal infant dyad* and the unique needs of *babies in the NICU* and *their parents* during lactation.

Faculty

Dr. Christine Bottrell Mirzaian, MD, MPH, CLC is the director of AltaMed's Lactation Clinic at Children's Hospital Los Angeles and serves as an Assistant Professor of Clinical Pediatrics at USC's Keck School of Medicine.

L. HOPE WILLS, MA, RDN, CSP, IBCLC works with mothers, infants and feeding in a variety of settings, including the NICU. She serves as a registered dietitian and a lactation consultant at Children's Hospital Los Angeles; and, as part-time lecturer at USC's Keck School of Medicine teaching graduate level courses in public health and clinical nutrition. She is a staff nutritionist at the Center for Child Development and Developmental Disabilities at USC Center for Excellence in Developmental Disabilities.

Julie Matheney MS, CCC-SLP earned her Masters in Speech-Language Pathology and has worked with infants, children, and adults with feeding and swallowing disorders for the past decade. During her years working in the NICU, she discovered her passion for working with breastfeeding dyads and became an IBCLC in 2017. She currently works part time in acute care as a speech pathologist, on call as a lactation consultant in the same hospital, and has a private practice in lactation consulting.

Continuing Education Credits offered at no additional charge

RN: BreastfeedLA is an approved provider by the California Board of Registered Nursing. This course offers 5.4 contact hours of continuing education. BreastfeedLA's provider number is CEP 16435. Licensee must maintain certificate for a period of four years.

IBCLC: BreastfeedLA is an approved Long-Term Provider by the International Board of Lactation Consultant Examiners #CLT113-36. 4.5 L-CERPs will be awarded.

RNs & OTs: Maintain a copy of the agenda and certificate for CPEs for Professional Development Portfolio.

Sponsored by



2851 W. 120th St., Ste. E #335
Hawthorne, CA 90250
Phone: (323) 210-8505
www.BreastfeedLA.org

Co-sponsored by
AHMC Healthcare, Inc.

Lactation Support in the High Risk Infant Population



Photo credit: iamnotthebabysitter.com

Friday,
May 31, 2019
9am to 4:15pm

AHMC Healthcare, Inc.
500 E. Main Street
2nd floor Conference Room,
Alhambra, CA 91803



Agenda

9:00	Welcome & Introductions
9:15	Outpatient Breastfeeding Support in a Pediatric Clinic: The Lactation Clinic at AltaMed at Children's Hospital Los Angeles
10:30	Break
10:45	Lactation support in a High Risk Infant Population
12:15	Lunch
1:15	Lactation Support in the High Risk Infant Population: How Sensory Development Impacts Breastfeeding
2:30	Break
2:45	Bodywork: Balancing The Body To Benefit Breastfeeding
4:15	Closing Remarks & Adjourn

Objectives:

At the end of the program, participants will be able to:

- List 3 perinatal risk factors that impact lactation for maternal infant dyad.
- Discuss a model of integrating lactation care in a pediatric setting.
- Plan ways in which outpatient breastfeeding support could be improved in your current practice setting.
- Articulate the role of the IBCLC in supporting the maternal infant dyad, in the high risk infant population.
- Discuss typical sensory development and how one can keep the senses in mind when working with high risk infants.
- Identify the correct manual therapy (chiropractic, cranial sacral, osteopathy, physical/occupational therapy) to bring babies body back into balance to optimize breastfeeding.

Registration Fees

Registration includes continental breakfast, lunch, and continuing education credit.

Early Bird \$100 - Up to May 17

\$115 - On or after May 18 and at the door

Location and Parking

AHMC Healthcare, Inc.
500 Main Street
2nd floor conference room,
Alhambra, CA 91803

Participant Confirmation and Handouts

Registration confirmation will be sent to participants providing an e-mail address. Presentation handouts are sent via e-mail 2 business days prior to the seminar.

Cancellation Policy

Credit for future seminars is available under special circumstances until one week prior to event.

Certificate Policy

After completion of the course evaluation, you will be provided with a link to your continuing education certificate. Make sure to print and save your certificate. BreastfeedLA will assist you with finding your certificate for up to 1 year from the event without cost. For assistance with any certificates older than 1 year from the time of the event, BreastfeedLA charges \$15 for the first certificate, and \$10 for each additional certificate requested each calendar year. A \$5 processing fee will be added to requests needing fulfillment within 24 hours.

Target Audience

Physicians, Midwives, Therapists, LCSWs, MFTs, Registered Nurses, Registered Dietitians, Nutritionists, Occupational Therapists, CPHWs, Lactation Consultants & Educators, LLL Leaders, Health Educators, Case Managers, Home Visitors, Doulas, Breastfeeding Peer Counselors, Students, and others interested in supporting families in the initiation and maintenance of breastfeeding.

Registration Form

05/31/2019

Register Online at www.BreastfeedLA.org
OR <https://conta.cc/2HIGyMj>

Mail: BreastfeedLA, 2851 W. 120th St., Ste. E
#335, Hawthorne, CA 90250

	Price
<input type="checkbox"/> Early Bird (on or before Midnight Pacific Time 05/17/2019)	\$100
<input type="checkbox"/> General (on or after 05/18/19) – All check payments and mailed in registrations at this price	\$115
<input type="checkbox"/> Tax Deductible Contribution	\$ _____
Total:	\$ _____

Name _____

Job Title _____

Company/Hospital _____

Billing Address _____

Billing City, ZIP _____

Email Address—required to receive confirmation _____

Phone _____

- IBCLC? If yes, check this box
 RN? License # _____
 I prefer a vegetarian meal

Method of Payment

- Check
 Visa
 MasterCard

Credit Card # _____ CCV _____
Exp.Date _____

Signature _____

Billing ZIP _____