

Breastfeeding: supporting the journey



Australian
Breastfeeding
Association

For Health
Professionals

Annual Health Professional Seminar Series 2025 **Learning outcomes**

Live seminars

Times and duration	Delivery type	Abstract	Learning outcomes
Who cares? Unpacking the role of care in clinical practice Dr Jennifer Hocking PhD, MMid, GradDipMid, BN, BA, RM RN, FACM			
8:45-9:45 am (1 hour)	In-person	As health professionals we care for patients, women, families, mothers, babies and children, but what does this mean? How does our care matter? This presentation will challenge your ideas about what care is and help you to reflect on how you care for others in your day-to-day work. We will try to define what care is and how it can be performed well. We will also examine the quite unique situation where clinicians are providing breastfeeding support and care for two people - mother and baby - who are also in a close relationship with each other. How can we make sure that our care makes a difference?	<ol style="list-style-type: none"> 1. Outline several theories of care and the principles of clinical care for health professionals. 2. Reflect on your own self-values and beliefs about the care you provide in your own practice. 3. Apply principles of effective practice to understand what high-quality care looks like for breastfeeding mothers and babies.
The Breastfeeding Systems Change Project: an 11-year report card from Interior Health, British Columbia, Canada Karen Graham RD, CDE			
9:45-10:45am (1 hour)	In-person	The process of achieving change is complex. Commitment to breastfeeding best practice from maternity care providers and family care physicians is critical. The Baby-Friendly Initiative (BFI) designation process addresses best care requirements but is expensive and challenging to implement across large geographical areas. Given Interior Health's 215 sq km area, this is one of the challenges our project faced. Our approach started with art to heighten general breastfeeding awareness. Our initial goal? To improve breastfeeding awareness and knowledge from both the public and Interior Health administrators. Our next steps included journey mapping with mothers and health care providers and a physicians' round table to identify gaps in care and services. This led to the development of new programs and resources to improve breastfeeding care including an online site for physicians to access breastfeeding resources and referrals; a breastfeeding phone line; three breastfeeding videos; a pilot project of swivel bassinets in hospitals to increase mum and baby togetherness; and a breastfeeding toolkit for local governments plus our last and most important resource, the <i>Physician Breastfeeding Guide</i> . The presentation will share our change in the journey and its outcomes.	<ol style="list-style-type: none"> 1. Demonstrate an understanding of a barrier to a supportive breastfeeding system within a hospital, health centre or community. 2. List one example of a qualitative evaluation tool to help understand breastfeeding experiences of mothers or health care providers. 3. Outline one way that you could start your own process of breastfeeding systems change in your hospital, health centres or community. 4. Identify two or more tools and resources that our Breastfeeding Systems Change Project has developed that could help you with your breastfeeding programming. 5. To feel comfortable to collaborate across countries (Australia to Canada, and more) in fighting for a common goal: to improve breastfeeding support and care for mothers.



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Hypertension? Diabetes? Epilepsy? Depression? Infection? Benefits versus risks with medication usage during pregnancy and lactation

Dr Treasure McGuire PhD, BPharm, BSc, GradDipClinHospPharm, GCHEd, FACP, FPS, FANZCAP (Edu, ObsGynae), MSHP

11:15 am – 12:15 pm (1 hour)	In-person	Pregnancy and breastfeeding present unique challenges for managing medical conditions due to the dual need to safeguard maternal health while protecting foetal or infant development. The balance between effective treatment and minimising medication risk is essential. This presentation addresses the safety profiles of medication used for the management of hypertension, diabetes, epilepsy, depression and infections.	<ol style="list-style-type: none"> 1. Describe medications commonly used for conditions in women during pregnancy and lactation. 2. Assess the risk versus benefit of medications commonly prescribed for pregnant or breastfeeding women to support clinical decision-making and optimise health outcomes for both mother and child.
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Marri Gudjaga: Breastfeeding support for Aboriginal women Marri Gudjaga Team

12:15–1:15pm (1 hour)	In-person	Our Marri Gudjaga team is based on Dharawal country, at the University of Wollongong and in Aboriginal maternal and child health services across New South Wales, including AMIHS services and an Aboriginal community-controlled health service. The Marri Gudjaga Project explores and evaluates how to effectively support Aboriginal women with breastfeeding. The project has included training and evaluating Aboriginal Peer Support Workers, yarning with women and health professionals about ways to support breastfeeding and the development of breastfeeding videos with an Aboriginal videography team in collaboration with one of the participating services (Gadhu) and the Australian Breastfeeding Association. The Marri Gudjaga Project is funded by the MRFF.	<ol style="list-style-type: none"> 1. Discuss a range of options for breastfeeding support for Aboriginal women. 2. Consider role of Aboriginal mothers as peer support workers supporting breastfeeding.
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Maternal analgesia, anaesthesia and diagnostic contrast investigation: breastfeeding implications

Dr Treasure McGuire PhD, BPharm, BSc, GradDipClinHospPharm, GCHEd, FACP, FPS, FANZCAP (Edu, ObsGynae), MSHP

2:15–3:15 pm (1 hour)	In-person	Maternal analgesia and anaesthesia during the peri- and postpartum period represent a critical phase for both maternal recovery and the initiation of breastfeeding. In addition, the choice of contrast media for maternal diagnostic investigations can have significant implications for breastfeeding outcomes. This presentation explores the complex interplay between maternal clinical care and supporting optimal breastfeeding outcomes.	<ol style="list-style-type: none"> 1. Describe medications used for common diagnostic investigations, anaesthesia and analgesia peri- and postpartum, and their potential impact on breastfeeding and/or mother-infant relationship. 2. Describe strategies to promote and support breastfeeding in labour and postpartum.
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Creating breastfeeding influencers and engaging community support: lessons from a breastfeeding promotion program Dr Nishamanie Karawita MBBS, MSc, Cert IV Leadership and Management, 10961NAT Community Breastfeeding Mentoring			
3:15-4:15 pm (1 hour)	In-person	<p>Many families stop breastfeeding earlier than planned and require more support to sustain breastfeeding. This presentation discusses the development and implementation of our multifaceted community-based breastfeeding promotion and support strategies to address the unique barriers and challenges being experienced within population groups. The strategies include training of bi-cultural workers in breastfeeding mentoring, community awareness raising, creating breastfeeding supportive environments, reorienting health services, development of posters with breastfeeding messages in community languages and a social media campaign using storytelling technique.</p>	<ol style="list-style-type: none"> 1. Identify the determinants influencing the breastfeeding uptake and sustainment in the national, state and local context. 2. Describe the approach to a multi-strategy community-based breastfeeding promotion program in relation to the key health promotion action areas identified in the Ottawa Charter of Health Promotion. 3. Recognise the impact of a community-based breastfeeding program and opportunities to contribute to systems change in the community. 4. Understand the key learnings from a community-based breastfeeding promotion program and implications for breastfeeding practice.

Online program

Duration	Delivery type	Abstract	Learning outcomes
Breastfeeding among Aboriginal and Torres Strait Islander women Dr Catherine Chamberlain PhD, MScPHP, MPH			
30 minutes	Web-based	<p>This presentation will include an overview of breastfeeding among Aboriginal and Torres Strait Islander women, and discuss some key issues related to supporting Aboriginal and Torres Strait islander women to breastfeed, including intergenerational trauma.</p>	<ol style="list-style-type: none"> 1. Understand rates of breastfeeding among Aboriginal and Torres Strait Islander women. 2. Be able to discuss some of the key issues impacting breastfeeding among Aboriginal and Torres Strait Islander women. 3. Gain insight into the impact of intergenerational and complex trauma on breastfeeding.



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Trying to understand iron Dr Jennifer Hocking PhD, MMid, GradDipMid, BN, BA, RM RN, FACM

1 hour	Web-based	Midwives and others will be familiar with the management of maternal iron levels during the second and third trimesters of pregnancy. Others may know about the debates that rage on infant iron stores and deficiency in the breastfeeding child's first year. This presentation will dig deep into these aspects of practice and explore the challenges of providing evidence-based information and care for women in pregnancy and for parents of breastfed babies in their first year of life. A little bit of biochemistry and a lot about approaches to care.	<ol style="list-style-type: none"> 1. Outline the main issues that may complicate the management of iron deficiency anaemia in pregnancy and the postnatal period and influence attitudes to iron intake in infants up to 1 year of age. 2. Develop an understanding of how approaches to health management can be influenced by overarching narratives about the competency (or not) of female bodies and how to use this information to ensure that your clients receive good care.
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Forewarned is forearmed: breastfeeding aversion response and other common breastfeeding challenges Dr Melissa Morns BHSc Naturopath, MPH (Nutrition), PhD

45 minutes	Web-based	This presentation shares key findings from Melissa's PhD research on Breastfeeding Aversion Response, and findings about common breastfeeding challenges. Results show that while challenges are ubiquitous, appropriate support enables women to overcome them, leading to a positive overall experience. Insights from a national survey of over 5000 respondents inform strategies for healthcare professionals to empower women and foster a supportive breastfeeding environment.	<ol style="list-style-type: none"> 1. Understand the concept of Breastfeeding Aversion Response (BAR) and its prevalence among breastfeeding women. 2. Identify common breastfeeding challenges and their impact on women's experiences. 3. Recognize the importance of appropriate support in overcoming breastfeeding challenges. 4. Enhance their knowledge and skills in promoting a positive breastfeeding experience for women. 5. Understand the implications of research findings for breastfeeding support and care in various healthcare settings.
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The Physician Breastfeeding Guide and the Swivel Bassinet's Trial: a deep dive Karen Graham RD, CDE

1 hour, to be confirmed	Web-based	To improve breastfeeding care Interior Health developed new programs and resources to address gaps identified during consultation and evaluation processes. This presentation shares more detail on what has become an important project resource – the <i>Physician Breastfeeding Guide</i> . The resource was developed over 5 years with intensive collaboration of about 50 health care providers and will be released in early 2025. The goal of development of this guide is to enhance the involvement of physicians in breastfeeding care, and to increase their role as advocates. The presentation also shares more on our pilot project with swivel bassinets and the outcomes of this trial.	<ol style="list-style-type: none"> 1. List two benefits of swivel bassinet beds in hospital maternity wards. 2. Outline an understanding of why swivel bassinet beds are more patient-focused versus nurse-focused. 3. Identify two reasons why it is critical to involve physicians in clinical planning for breastfeeding programming. 4. Discuss two practices that physicians can implement during their prenatal appointments with mothers and families. 5. List one reason why it is important for physicians to have a conversation with mothers about the impact of birth interventions on breastfeeding.
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It takes a (virtual) village Nicola Kett BHealthSc

30 minutes	Web-based	Babies require 24/7 care. Mothers need access to timely breastfeeding information and support, particularly in the early weeks of establishing breastfeeding. Feedback indicates new mothers are increasingly reluctant post COVID-19 to take their baby out and about prior to their first immunisations. To provide mothers with easily accessible support during this critical period the Australian Breastfeeding Association created the Virtual Village family with antenatal, newborn and ongoing breastfeeding support available online via interactive webinars. This presentation will provide an overview of the Virtual Village program offerings, how they are designed to meet the needs of mothers with newborns in particular and will share feedback received from mothers engaging in the Virtual Village sessions.	<ol style="list-style-type: none"> 1. Recognise the need for online breastfeeding education and support for expectant and new parents. 2. Identify ABA's range of online breastfeeding education programs available to support expectant and new parents. 3. Review the effectiveness of the online programs in supporting mothers to establish and continue breastfeeding.
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The Australian Breastfeeding Association (ABA) reserves the right to change the program and speakers if they are unavailable due to illness, injury or unforeseen circumstances and events. ABA is a registered training organisation and receives funding from the Australian Government. ABN: 64005081523 RTO: 21659

