



NZLCA ONLINE CONFERENCE 2026

Saturday 15th February – Sunday 22nd March

Breastfeeding: Balancing Sciences with Arts

Whangai Ū:
Whakataurite i te
Putaiiao me ngā Toi

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Welcome

ABOUT NZLCA

The New Zealand Lactation Consultants Association (NZLCA) is the professional association of the International Board Certified Lactation Consultant (IBCLC) in Aotearoa, New Zealand. Opportunities for education provided by NZLCA for members and allied health professionals (as Associate Members) include special topic or regional workshops, and an annual conference which covers many aspects of lactation, often provided by international presenters. Monthly Zoom meetings allow education events where free CERPs can be accumulated (self-certified).

For further information, to join NZLCA, or renew your membership please go to www.nzlca.org.nz

On behalf of the Board of New Zealand Lactation Consultants Association, I have great pleasure in inviting you to attend the 2026 conference; **Breastfeeding: Balancing Sciences with Arts**
Whangai Ū: Whakataurite i te Putaiao me nga Toi.
NZLCA are honoured to become an IBLCE Preferred Provider for lactation education in 2024.

NZLCA has cooked up a delightful 'menu' of diverse speakers, serving up some tasty topics to whet your appetite! We feast with our eyes too, thanks to Adele Jackson we have a glorious pencil sketch combining art and science, with a lovely wash added by our graphic designer Belinda King, supporting this year's theme. From new research to clinical case studies; a tasty smorgasbord to savour and digest well, to deepen your understanding and knowledge. This adds weight to your education hours whilst exercising, developing, or maintaining your practice requirements. Bon Appetit!

The conference has **12** local speakers and **11** international speakers sharing their expertise with us. We are honoured to support personal professional development of a few new speakers presenting at international conference level. NZLCA warmly welcomes them into our non-threatening environment; we appreciate the organisational skills, study, and courage it takes to present! Thank you for stepping out of your comfort zone for us.

When registering for this conference, please note we keep our costs low due to the kindness of speakers, and by having a limited time of access. No extensions of access time are possible after 22nd March 2026 under any circumstances. Note for employed members, please submit your request early for funding, if you aim to secure the early bird price. There is no requirement to partake in everything on 'the menu', your certificate of completion will be amended accordingly. However, to make the most of our online conference, why not plan some study time each week, or if employed applying for study or annual leave from work? You may achieve more than you had expected!

Please join me online, as leaders and change-makers helping to work towards our national goal of:

Advancing education by providing support and education opportunities for New Zealand IBCLCs to enable them to pass on knowledge, and empower breastfeeding mothers and whānau in Aotearoa, New Zealand - we are what we eat, so enjoy some excellent mind food!



ELEANOR GATES
2026 NZLCA CONFERENCE CONVENOR

Application for Continuing Education Recognition Points (CERPs) has been submitted to the International Board of Lactation Consultant Examiners®

ACCREDITATION

Accreditation for;

- IBCLE Continuing Education Recognition Points (CERPs)
- Pre-exam education hours for people studying towards IBCLC qualification
- Associated health professionals continuing education hours

This event has 21+ hours approved. Certificates with CERPs and hours, in addition Detailed Content Outlines (DCO) will be provided. All are based on the number of online presentations completed and verified by our viewing tracker.

Registration fees

Register via NZLCA Stripe and download your receipt at the same time, fees are in NZ dollars and include GST.

Email Megan LLeuwelyn, Conference Manager at megan@allsortedlifestyle.co.nz for queries regarding registration.

FEES

Current (2025) NZLCA members and non-members registering before 31st December may access an early bird discount:

- Early bird fee, Members and Associate Members - \$395 (\$60 saving)
- Early bird fee, Non-Member - \$500 (\$60 saving)

From 1st January the standard fees will apply as below:

- Full fee, Members and Associate Members - \$455
- Full fee, Non-Member - \$560

Conference focus

The conference focus is on continued learning, utilising online opportunities around Aotearoa, New Zealand and beyond.

The conference is available to view from Saturday 15th February to Sunday 22nd March 2025.

Conference objectives

- To gain a high quality, international event with opportunities to increase skills, knowledge and gain appropriate continuing education hours, including Detailed Content Outlines for IBCLCs
- To challenge all participants to consider their role in maintaining a healthy balance of scientific knowledge with the art of caring for people of different ethnicities, and people with different social and/or health needs
- To provide opportunities for participants to reflect on their current practice, and make possible changes to their practice
- To network with other breastfeeding supporters through social media sites during the conference, sharing ideas, thoughts, and developments

SPONSORSHIP

NZLCA welcomes sponsorship from WHO Code (and subsequent WHA Resolutions) compliant companies. For further information please contact: megan@allsortedlifestyle.co.nz

Cancellation & refund policy

NZLCA reserves the right to amend the online presentations due to unforeseen circumstances such as natural disaster, or speaker illness. In such circumstances, a substitute speaker/s would be sought and a change to the programme on the NZLCA website would be made. NZLCA accepts no liability for not being able to have specific speakers due to unforeseen circumstances.

Access to the available online presentations is only between 0800hrs Sunday 15th February to Midnight Sunday 22nd March 2026. No presentations will be available from Monday 23rd March 2026. Refunds are not available to those who do not access the presentations during the availability period. Handouts are available for downloading during the conference dates only. NZLCA reserves the right to amend, postpone or cancel the conference event due to unforeseen circumstances. In such circumstances, every effort will be made to contact participants by email and/or phone in good time, and a refund of registration fees will be offered, but NZLCA can accept no further liability.

Conference disclaimer

Statements of fact or opinion expressed by speakers are solely the responsibility of those speakers. NZLCA does not assume responsibility for the accuracy of the material and such material does not represent the official policy, opinion, recommendation, or endorsement of NZLCA. The appearance of sponsors contained in the final programme do not guarantee an endorsement for the quality or value of the product or service or of claims made by the sponsor.

Speaker disclosures

Two presenters have disclosed affiliations which may have a bearing/ conflict of interest on the subject matter of their presentation. Their disclosures are listed below;

- Anita Moorhead states she has received Research Support from the National Health and Medical Research Council, Australia, Travel Support from ILCA and Education Honoria from iLactation and Breastfeeding Conferences, Australia.
- Angelique Reweti states the research team she is speaking on behalf of have received funding from the Health Research Council (HRC) of New Zealand to develop the Mama Aroha Talk Cards into an app.

All speakers record a disclosure or non-disclosure at the beginning of their pre-recorded presentation.

Detailed Content Outline

SPEAKER	TOPIC	DURATION (min)	CERP TYPE	I: Development & Nutrition	II: Physiology & Endocrinology	III: Pathology	IV: Pharmacology & Toxicology	V: Psychology, Sociology & Anthropology	VI: Techniques	VII: Clinical Skills
Dr. Carmela K Baeza	Mastitis: Transforming Controversies Into Clinical Care	60	L			✓				
Dr. Octavia Calder-Dawe, Dr. Hazel Godfrey, & Dr. Eva Neely	“But your latch looks fine!” Understanding Lived Experiences of Breast & Chest-Feeding Pain	30	R					✓		
		30	L							
Annerie Conradie	A Challenging Breastfeeding Journey: Empowering the New Mother	60	L		✓					
Karen Deutsch & Dr. Michelle Leff	Implementing Current HIV & Infant Feeding Guidelines	60	L							✓
Dr. Sarah E. Dodd	Perioperative Management of Breastfeeding Patients	60	L			✓				
Dr. Anne Eglash	Infant Food Allergies & Breastfeeding	60	L	✓						
Kaili Ets	Feeding Through The Senses: How Sensory Processing, Stress, & the Nervous System Impact Breast or Bottle Feeding, & Intro to Solids	75	L					✓		
Dr. Julia Gabhart	Let's Thrive, BABY!: Learnings from our Live, Online Prenatal Education Associated with Increased Exclusive Breastfeeding at Discharge	60	L							✓
Eleanor Gates	A Case Study: “Can we return this baby please?”	60	L		✓					
Caryne McKeand	Supporting the Post-Bariatric Surgery Client with the Nutritional Challenges Of Breastfeeding (Pt 1)	60	L	✓						
Dr. Anita Moorhead	Understanding Antenatal Breastmilk Expressing for Women with Diabetes in Pregnancy – The Findings from the DAME Trial	60	L		✓					
Dr. Karolina Morze	A Square Peg in a Round Hole: Answers on Drug Transfer Made Simple	60	L				✓			
	How to Assess Risk Versus Benefit Ratio for Depressive Spectrum Disorders Medications in Lactation	60	L				✓			
Grace Murphy	Videofluoroscopic (VFSS) Evaluation of Swallowing in Bottle Fed Infants & Children with Laryngomalacia: Analysis Using Quantitative VFSS Measures	60	L			✓				
Ruth O'Donovan	Factors Influencing Breastfeeding After Bariatric Surgery in Aotearoa New Zealand (Pt 2)	90	L E	✓						✓
Carmen Parata	Wai Oranga Breastfeeding Project	60	L					✓		
Dr. Robyn Powell	Seeing & Hearing in Breastfeeding: Listening to the Patient's Voice	60	L							✓
Dr. Angeliqe Reweti	Digital Tools in Practice: Using the Māmā Aroha App to Support Breastfeeding Journeys	60	L							✓
Tracey-Leigh Te Paa	A Whakapapa-Led Approach for Lactation & Postnatal Practice	60	L					✓		
Dr. Gergely Toldi	The Role Of Breastfeeding in Neonatal Immune Development	60	L							✓
Lois Wattis	BF BS! – Defusing the Social Media Minefield	60	L E					✓		✓

Session Tracker

THIS FORM IS FOR PERSONAL USE ONLY

To help you track the sessions you have watched and given feedback on, simply save to your computer and fill in the PDF or printout.

Please Note: Sessions are officially marked as complete once you have submitted the session's evaluation form on the NZLCA 2025 Online conference website. Refer to your weekly email from Mike McMinn to see your official record.

SPEAKER	TOPIC	CERP	SESSION WATCHED	EVALUATION SUBMITTED
Dr. Carmela K Baeza	Mastitis: Transforming Controversies Into Clinical Care	1.0 L-CERP		
Dr. Octavia Calder-Dawe, Dr. Hazel Godfrey, & Dr. Eva Neely	"But your latch looks fine!" Understanding Lived Experiences of Breast & Chest-Feeding Pain	0.5 R-CERP 0.5 L-CERP		
Annerie Conradie	A Challenging Breastfeeding Journey: Empowering the New Mother	1.0 L-CERP		
Karen Deutsch & Dr. Michelle Leff	Implementing Current HIV & Infant Feeding Guidelines	1.0 L-CERP		
Dr. Sarah E. Dodd	Perioperative Management of Breastfeeding Patients	1.0 L-CERP		
Dr. Anne Eglash	Infant Food Allergies & Breastfeeding	1.0 L-CERP		
Kailli Ets	Feeding Through The Senses: How Sensory Processing, Stress, & the Nervous System Impact Breast or Bottle Feeding, & Intro to Solids	1.25 L-CERP		
Dr. Julia Gabhart	Let's Thrive, BABY!: Learnings from our Live, Online Prenatal Education Associated with Increased Exclusive Breastfeeding at Discharge	1.0 L-CERP		
Eleanor Gates	A Case Study: "Can we return this baby please?"	1.0 L-CERP		
Caryne McKeand	Supporting the Post-Bariatric Surgery Client with the Nutritional Challenges Of Breastfeeding (Part 1)	1.0 L-CERP		
Dr. Anita Moorhead	Understanding Antenatal Breastmilk Expressing for Women with Diabetes in Pregnancy – The Findings from the DAME Trial	1.0 L-CERP		
Dr. Karolina Morze	A Square Peg in a Round Hole: Answers on Drug Transfer Made Simple How to Assess Risk Versus Benefit Ratio for Depressive Spectrum Disorders Medications in Lactation	1.0 L-CERP		
Grace Murphy	Videofluoroscopic (VFSS) Evaluation of Swallowing in Bottle Fed Infants & Children with Laryngomalacia: Analysis Using Quantitative VFSS Measures	1.0 L-CERP		
Ruth O'Donovan	Factors Influencing Breastfeeding After Bariatric Surgery in Aotearoa New Zealand (Part 2.)	0.5 L-CERP 1.0 E-CERP		
Carmen Parata	Wai Oranga Breastfeeding Project	1.0 L-CERP		
Dr. Robyn Powell	Seeing & Hearing in Breastfeeding: Listening to the Patient's Voice	1.0 L-CERP		
Dr. Angelique Reweti	Digital Tools in Practice: Using the Māmā Aroha App to Support Breastfeeding Journeys	1.0 L-CERP		
Tracey-Leigh Te Paa	A Whakapapa-Led Approach for Lactation & Postnatal Practice	1.0 L-CERP		
Dr. Gergely Toldi	The Role Of Breastfeeding in Neonatal Immune Development	1.0 L-CERP		
Lois Wattis	BF BS! – Defusing the Social Media Minefield	0.5 L-CERP 0.5 E-CERP		

Total CERPs Allocated:

20.75 L-CERPs, 0.5 R-CERP, 0.5 E -CERP

Recognition Number:

PP202528

Pre-Exam Education Hours:

21.75

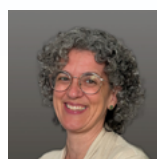
NZLCA has been accepted by International Board of Lactation Consultant Examiners® (IBLCE®) as a CERP Provider for the listed Continuing Education Recognition Points (CERPs) programme. Determination of CERPs eligibility or CERPs Provider status does not imply IBLCE®'s endorsement or assessment of education quality. INTERNATIONAL BOARD OF LACTATION CONSULTANT EXAMINERS®, IBLCE®, INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT®, and IBCLC® are registered marks of the International Board of Lactation Consultant Examiners.

TOTAL L-CERPs	TOTAL R-CERPs	TOTAL E-CERPs

Speakers



Dr. Carmela K Baeza



BIO

Dr. Carmela is a GP specialising in breastfeeding medicine. After an unsuccessful breastfeeding experience with her first child, who had a congenital heart defect, she realised her medical training had been completely lacking in the field of lactation. She became an IBCLC (2003) and has been dedicated to breastfeeding medicine ever since. She works in a Family Wellness Clinic in Madrid, Spain, and is part of the coordination & training team at the European Institute of Perinatal Mental Health. She is an active international lecturer and author of several scientific papers and a Spanish parenting book, "Amar con los Brazos Abiertos".

MASTITIS: TRANSFORMING CONTROVERSIES INTO CLINICAL CARE

Pathology

60 MINUTES

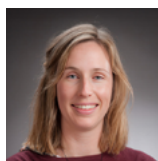
1.0 L-CERP

Mastitis is as old as breastfeeding itself, and a very common difficulty in nursing women. For many decades, its diagnosis and management were considered to be straightforward. However, in the last decade new concepts have been put forward, such as dysbiosis, subacute mastitis, mastitis spectrum. In this talk, we will take a look at the scientific evidence (or lack thereof) for these terms, and discuss their impact on day to day clinical management.

LEARNING OBJECTIVES:

- Know the clinical definition and management of acute mastitis.
- Know the proposed definitions for other types of mastitis.
- Discuss current studies on mastitis spectrum physiology and management.

Dr. Octavia Calder-Dawe, Dr. Hazel Godfrey, and Dr. Eva Neely



DR. OCTAVIA CALDER-DAWE

Dr. Octavia Calder-Dawe is a Senior Lecturer in Health Psychology at Te Herenga Waka—Victoria University of Wellington. Her qualitative, participatory research explores connections between social expectations, identity and emotion, and their influence on everyday practices and health outcomes. Dr. Octavia's projects to date have included a focus on women's emotional lives, youth wellbeing and ableism.



DR. HAZEL GODFREY

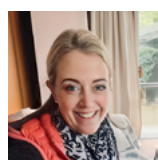
Dr. Hazel Godfrey, Senior Lecturer (Teaching) in the School of Science in Society at Te Herenga Waka—Victoria University of Wellington, is passionate about communicating the importance of integrating lived experience in education, research and clinical contexts. She weaves research-informed and lived-experience expertise (her own and others') into exploring how university students, the public and healthcare providers learn about stigmatised subjective experiences like pain.



DR. EVA NEELY

Dr. Eva Neely is a Senior Lecturer in Health Promotion at Te Herenga Waka—Victoria University of Wellington. Her research sits at the intersection of motherhood, embodiment, place and health. She focuses on qualitative and creative parent-centred research that critiques the neoliberal individual burden placed on parents/mothers and instead seeks approaches to health promotion rooted in social and reproductive justice.

Annerie Conradie



BIO

Annerie is wife to Francois (for 23 years), mother to Incke (20) and Kristin (17). She is a South African registered Nurse and midwife, NZ registered nurse, SACLC and IBCLC. Annerie and family moved to NZ in 2021. She currently works as a Community Lactation consultant in Rotorua. Annerie has always had a passion for pregnancy, birth, antenatal education and breastfeeding. She pursued the dream of becoming a certified lactation consultant in 2017. She has assisted countless mothers in reaching their breastfeeding goals, and believes inspired many health professionals to seek professional lactation education.

“BUT YOUR LATCH LOOKS FINE!” UNDERSTANDING LIVED EXPERIENCES OF BREAST AND CHEST-FEEDING PAIN

Psychology, Sociology, and Anthropology

60 MINUTES

0.5 R-CERP & 0.5 L-CERP

The possibility of breast and chest-feeding pain is frequently silenced and overlooked, making the experience of feeding pain a marginalising experience. This stigma is especially problematic as pain during establishment of feeding is almost universal, and for many, pain is ongoing. Understanding the lived experience of this feeding pain is essential to supporting feeder/whānau wellbeing. We draw on qualitative survey data (n=916) and arts-based research workshops with whānau (3) and health professionals (1) to explore these questions and share how feeding pain affects breast/chest feeders. We will share the findings and implications for practice.

LEARNING OBJECTIVES:

- To gain an understanding on the breadth, length and diversity of breast- and chest-feeding pain.
- To understand the barriers for feeders in sharing pain/feeling heard.
- To describe the ways in which breast and chest-feeding pain could be integrated into education and support.

A CHALLENGING BREASTFEEDING JOURNEY: EMPOWERING THE NEW MOTHER

Physiology and Endocrinology

60 MINUTES

1.0 L-CERP

This presentation will cover a case study of a mother with a few challenges, ranging from infertility, a complicated pregnancy, premature labour, low birthweight baby, delayed lactogenesis and low supply. The study will look at the importance of recognizing these challenges, managing as well as prioritising these, while providing support that will keep the mother motivated and protecting her breastfeeding goals

LEARNING OBJECTIVES:

- Recognising Feeding challenges.
- Prioritising Feeding needs.
- The importance of regular follow up & plan adjustment.

Karen Deutsch and Dr. Michelle Leff



KAREN DEUTSCH

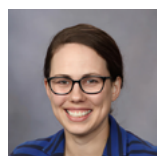
Karen Deutsch is a Nurse Practitioner with a specialty in HIV/AIDS care, currently working with the Mother, Child, and Adolescent HIV Program (MCAP) at the University of California at San Diego. Karen played a key role in the creation of the Patient-Centered Infant Feeding Initiative, an innovative program developed in collaboration with colleagues at MCAP and UC San Diego. This initiative empowers patients living with HIV by supporting them in making informed infant feeding choices while offering resources and educational support to both medical and non-medical professionals across local, national, and international contexts.



DR. MICHELLE LEFF

Dr. Michelle Leff is a General Paediatrician practicing at an academic institution in Southern California. She has over 15 years experience in patient care and medical education. Her areas of expertise include newborn care and breastfeeding and lactation medicine.

Dr. Sarah E. Dodd



BIO

Dr. Sarah Dodd is a Consultant Anesthesiologist at the Mayo Clinic in Rochester, Minnesota. Originally from Colorado, she earned her medical degree at the University of Colorado and completed her anesthesiology residency at Mayo Clinic in 2016. Her expertise lies in women's health topics in anaesthesia, particularly the perioperative care of breastfeeding surgical patients. Passionate about improving outdated practices, she advocates for individualised, evidence-based care. Her own experiences breastfeeding four children while managing work and healthcare challenges—especially during a pandemic—shape her patient-centered approach. She values autonomy and works to ensure every patient receives compassionate, informed care.

IMPLEMENTING CURRENT HIV AND INFANT FEEDING GUIDELINES

Clinical Skills

60 MINUTES

1.0 L-CERP

Experts in HIV management and breastfeeding medicine will present an overview of HIV and the evolution of breastfeeding recommendations. They will discuss implementation of updated guidelines including how to overcome barriers in order to support the desires of patients. They will review challenges in breastfeeding with HIV and discuss ways to support this community.

LEARNING OBJECTIVES:

- Assist providers in understanding and navigating the guidelines.
- Share our experience in implementing updated feeding guidelines.
- Help empower patients to advocate for feeding choices.
- Create a supportive and safe environment for patients who choose to breastfeed.

PERIOPERATIVE MANAGEMENT OF BREASTFEEDING PATIENTS

Pathology

60 MINUTES

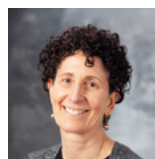
1.0 L-CERP

Lactating patients may require surgical or procedural care involving anaesthesia. How they are educated and supported during these encounters can have lasting effects on the breastfeeding dyad. This presentation reviews current best practices for perioperative lactation management and introduces a structured perioperative lactation pathway implemented at a large medical centre—Mayo Clinic in Rochester, MN, USA.

LEARNING OBJECTIVES:

- Describe perioperative lactation management concepts of emptying schedule and medication compatibility.
- Create a plan of care for a lactating patient who presents for anaesthesia care.
- Describe the implementation of a perioperative lactation pathway at a large academic hospital, including ongoing quality improvement assessment.

Dr. Anne Eglash



BIO

Dr. Anne Eglash MD, NABBLM-C, IBCLC, is a Professor with the University of Wisconsin School of Medicine, in the Department of Family Medicine. She also has been practicing breastfeeding and lactation medicine since 1994. Dr. Eglash is a co-founder of the Academy of Breastfeeding Medicine and the Medical Director of the Mothers' Milk Bank of the Western Great Lakes. She is a past associate editor for Breastfeeding Medicine Journal. Dr. Eglash is president of The Institute for the Advancement of Breastfeeding and Lactation Education (IABLE), and a cofounder of the North American Board of Breastfeeding and Lactation Medicine.

INFANT FOOD ALLERGIES AND BREASTFEEDING

Development and Nutrition

60 MINUTES

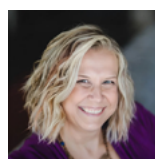
1.0 L-CERP

Infant food allergies during lactation cover a range of medical issues, such as whether exposure of foods during pregnancy and lactation influence infant food allergies, and how lactation affects allergy expression among breastfed infants. We will cover a variety of topics including food protein induced allergic proctocolitis, food protein induced enterocolitis, and risk of cows milk allergy with early limited cows milk based formula.

LEARNING OBJECTIVES:

- Discuss symptoms of food protein induced allergic proctocolitis (FPIAP) in a breastfed infant.
- Describe the presentation of food protein induced enterocolitis among breastfed infant.
- Identify the risk of early cow's milk-based formula supplementation in the risk of cow's milk allergy.

Kaili Ets



BIO

Kaili Ets is a Paediatric Occupational Therapist, Infant Craniosacral Therapist, and Holistic Sleep & Reflux Specialist with over 17 years of experience supporting infants and young children. She specialises in sensory processing, nervous system regulation, and developmental challenges that impact sleep, feeding, and overall well-being.

Kaili is known for her root-cause approach, helping families and professionals understand how body tension, sensory differences, oral-motor dysfunction, and non-integrated reflexes can contribute to sleep and regulation struggles. She combines developmentally appropriate, evidence-informed strategies with a holistic lens to create practical solutions for better sleep, self-regulation, and function.

Beyond her clinical work, Kaili is an educator, speaker, and author, dedicated to bridging the gap between therapy and real-world parenting to support the well-being of both children and caregivers.

FEEDING THROUGH THE SENSES: HOW SENSORY PROCESSING, STRESS, AND THE NERVOUS SYSTEM IMPACT BREAST OR BOTTLE FEEDING, & INTRO TO SOLIDS

Psychology, Sociology, and Anthropology

75 MINUTES

1.25 L-CERP

Feeding is more than just nutrition—it's a full-body, multi-sensory experience that depends on a baby's ability to feel safe, regulated, and connected. In this presentation, paediatric occupational therapist Kaili Ets explores the intersection of sensory processing, nervous system regulation, and feeding challenges in infants and young children. Attendees will learn how sensory sensitivities and thresholds can affect breast, bottle, and solid feeding, and how to identify red flags early. With practical strategies for supporting vagal tone, co-regulation, and sensory integration, this session equips professionals to better guide families through feeding difficulties with compassion, clarity, and evidence-informed tools.

LEARNING OBJECTIVES:

- List the 8 sensory systems and describe how sensory processing differences can impact an infant's ability to feed at the breast, bottle, or with solids.
- Explain the role of nervous system regulation and vagal tone in infant feeding behaviours.
- Identify at least three sensory-informed strategies that support regulation and feeding success in babies and toddlers.

Dr. Julia Gabhart



BIO

Dr. Julia Gabhart, MD, is a Paediatric Hospitalist and an international board certified lactation consultant. As Assistant Chief of Paediatric Hospital Medicine at Kaiser South Sacramento Medical Center in California, an urban community medical center with approximately 3,000 births per year, she spends much of her time with newborns and their families. Through her residency at Stanford University and work at Kaiser Permanente, Dr. Gabhart has presented and published on diverse interests including complex care, resuscitation simulation and Code Blue outcomes, prenatal education and breastfeeding outcomes, and the dangerous interplay of cognitive bias and delayed recognition pediatric sepsis. She co-developed and leads the online prenatal educational program, ThriveBABY!, which has been associated with increased exclusive breastfeeding at discharge.

LET'S THRIVE, BABY!: LEARNINGS FROM OUR LIVE, ONLINE PRENATAL EDUCATION ASSOCIATED WITH INCREASED EXCLUSIVE BREASTFEEDING AT DISCHARGE

Clinical skills

60 MINUTES

1.0 L-CERP

Web-based prenatal education is increasingly employed, but its association with increased breastfeeding and predictors of breastfeeding success is uncertain. Most classes are offered as an 'opt-in' format. We evaluated our 'opt-out' intervention, which consists of an evidence-based live, online, 2-hour class, open to all booked prenatal patients. A retrospective quasi-experimental cohort design was used, with patient breastfeeding rates at discharge extracted from the medical records. Samples were drawn using stratified random sampling, three logistic regression models were conducted assessing associations between the intervention and exclusive breastfeeding. Two surveys assessed the participant reports of the intervention. Our significant positive findings will be shared during the presentation.

LEARNING OBJECTIVES:

- Identify 3 key moderators of breastfeeding education known to improve breastfeeding success and assess your own system's opportunities to better address those moderators.
- Review 1 published model of live, online prenatal education and what authors have learned may be effective on future revisions.
- Create a 1-2 sentence SMART goal regarding incorporating or revising live, online prenatal education.

Eleanor Gates



BIO

Eleanor comes from a nursing and midwifery background. She qualified as a midwife in 1984 and has been an IBCLC since 2009. In the UK she worked in a wide range of roles from SCBU/NICU, to University lecturer, then Homebirthing as an Independent Midwife. New Zealand has been her home since 1995, where has held roles as a Core Midwife, Consultant Midwife, Lead Maternity Care Midwife, and Community Midwife, until completing her masters degree. Since then Eleanor has been in Clinical Leadership roles as a Quality Midwife, and as a BFHI Coordinator/Educator. She currently enjoys working clinically as a RM, IBCLC part time, convening the NZLCA Conference, and leads NZLCA Tongue Restriction workshops with 2 other breastfeeding educators.

A CASE STUDY: "CAN WE RETURN THIS BABY PLEASE?"

Physiology and Endocrinology

60 MINUTES

1.0 L-CERP

IBCLCs receive many referrals for "Unsettled Baby, please assess and advise". This case study is on an extremely unhappy baby - and his parents! It discusses milk supply issues and explores the physiology and endocrinology of lactation to understand how best to manage the situations that arose for this new mother.

LEARNING OBJECTIVES:

- Exploration of deviation from 'normal growth'
- Revision of lactation endocrinology
- Consider ways that may help manage supply issues

Caryne McKeand

BIO

Caryne McKeand is a New Zealand Registered Dietitian and Senior Bariatric Dietitian at Allevia Hospitals. Specialising in bariatrics since 2009, she began her career in the UK before relocating to New Zealand in 2012. Caryne led the bariatric dietetic service at Waitemata DHB for over 11 years, driving clinical excellence and innovation. Now in private practice, she continues to advocate for patient-centred care and multidisciplinary collaboration. As co-convenor of the National Special Interest Group for Bariatric Dietitians, she supports professional development and national dialogue across the field. Caryne's career reflects a deep commitment to evidence-based, compassionate bariatric care.

SUPPORTING THE POST-BARIATRIC SURGERY CLIENT WITH THE NUTRITIONAL CHALLENGES OF BREASTFEEDING (PART 1)

Development and Nutrition

60 MINUTES

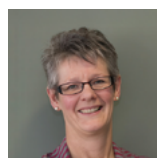
1.0 L-CERP

Breastfeeding following bariatric surgery presents distinct nutritional challenges due to altered gastrointestinal anatomy and reduced nutrient absorption. We will explore implications for maternal and infant wellbeing, highlighting tailored strategies such as micronutrient supplementation, adequate protein intake, and regular monitoring. As conception can occur at any time post-surgery, dietitians should be involved at an appropriate point in the perinatal journey to ensure nutritional interventions are suited to the surgery type. Their input supports recovery, lactation, and long-term health outcomes. A collaborative, multidisciplinary approach remains essential during this critical life stage.

LEARNING OBJECTIVES:

- Gain a wider understanding of different types of bariatric surgery including those available throughout Aotearoa and internationally, considering growing medical tourism trends.
- Recognise the role of dietitians in identifying appropriate nutritional interventions based on the type of bariatric procedure, particularly when conception occurs early post-operatively.
- Understand the unique nutritional demands of bariatric clients and the complexities of meeting these needs alongside those required for breastfeeding and lactation.

Dr. Anita Moorhead



BIO

Dr. Anita Moorhead is a Clinical Nurse/Midwife Consultant (Lactation), at the Royal Women's Hospital, Melbourne. She is also the trial coordinator for the DAME (Diabetes and Antenatal Milk Expressing) trial and PhD candidate at the Judith Lumley Centre, La Trobe University, Australia. Anita has published several papers and has collaborated on breastfeeding reports, hospital, and state clinical guidelines and is a frequent presenter at national and international conferences. Dr. Anita has an extensive background in the fields of lactation and breastfeeding for over 25 years.

UNDERSTANDING ANTENATAL BREASTMILK EXPRESSING FOR WOMEN WITH DIABETES IN PREGNANCY – THE FINDINGS FROM THE DAME TRIAL

Physiology and Endocrinology

60 MINUTES

1.0 L-CERP

Women with diabetes in pregnancy are more likely to have delayed onset of lactation, and their infants more likely to have low blood glucose levels, need infant formula or be admitted to the neonatal unit. Clinicians and breastfeeding counsellors began advising women to express during pregnancy despite the lack of evidence for this practice.

A randomised controlled trial was conducted with 635 women to ascertain the safety, efficacy of the practice and explore women's experiences of antenatal expressing. Results of all components of this study will be presented.

LEARNING OBJECTIVES:

- Understand the rationale for the practice of antenatal expressing
- Comprehend the clinical outcomes of antenatal expressing
- Consider the women's experiences of being advised to express during pregnancy

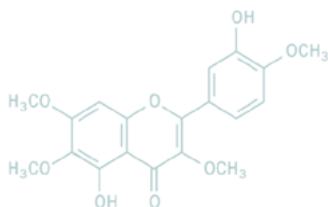
Dr. Karolina Morze



BIO

Dr. Karolina Morze is a pharmacist and specialises in pharmacotherapy in lactation. She works as a consulting pharmacist in a private practice in Poland. In her clinical practice she works with lactating individuals with various health issues, helping mothers with both common problems, chronic or rare diseases to reconcile the therapy and breastfeeding with as little intervention as possible, respecting mothers' wishes and needs.

She conducts training for IBCLCs, midwives, doctors, pharmacists and other medical professionals as well as non-medical lactation supporters in the field of medication and breastfeeding, attempting to explain complex pharmacological problems in an easy to understand way.



A SQUARE PEG IN A ROUND HOLE: ANSWERS ON DRUG TRANSFER MADE SIMPLE

Pharmacology and Toxicology

60 MINUTES

1.0 L-CERP

We all know that most drugs transfer to milk. But we do not get the most vital piece of information – why is that? How is that? And is it really that important? We will travel to prehistoric times, look at the breast tissue at many different angles, analyse the ways of cellular transport, discuss why it actually exists and what are the consequences. We will talk about the most crucial aspect of drug safety assessment – the dose. We will walk the path of a drug, tracking it way through the organism of the mother, the milk and the baby.

LEARNING OBJECTIVES;

- To understand the reason for substance transfer to milk (including drugs).
- To know how and what can enter breastmilk.
- To understand basic pharmacokinetic factors that help to assess drug safety in lactation.

HOW TO ASSESS RISK VERSUS BENEFIT RATIO FOR DEPRESSIVE SPECTRUM DISORDERS MEDICATIONS IN LACTATION

Pharmacology and Toxicology

60 MINUTES

1.0 L-CERP

This presentation explores the complexities of assessing medication safety for depression in lactating women. It delves into the challenges of weighing risks and benefits, common obstacles faced in this evaluation, and various scenarios to consider. Risks associated with medication, infant exposure via breastmilk, formula feeding, not breastfeeding at all, and the consequences of untreated depression will be discussed.

LEARNING OBJECTIVES

- To learn what are the basics of risk vs benefit assessment in lactation.
- To identify the key factors to consider when evaluating the risk-to-benefit ratio of medication use.
- To list three common scenarios where a lactating woman with depressive spectrum disorder needs to consider medication options.

Grace Murphy



BIO

Grace is a dual-registered Speech and Language Therapist in New Zealand and the UK, working within a Child Development Service across acute and community settings. She specialises in feeding support for neonates and young children with complex needs. Grace completed her clinical training in the UK and completed a research masters at the University of Auckland, focusing on swallowing biomechanics in children with laryngomalacia. Her research was presented at the Dysphagia Research Society annual meeting in Puerto Rico in 2024. Grace is currently completing her Lactation Consultant training and plans to sit the IBCLC exam in April 2026

VIDEOFLUOROSCOPIC (VFSS) EVALUATION OF SWALLOWING IN BOTTLE FED INFANTS AND CHILDREN WITH LARYNGOMALACIA: ANALYSIS USING QUANTITATIVE VFSS MEASURES

Pathology

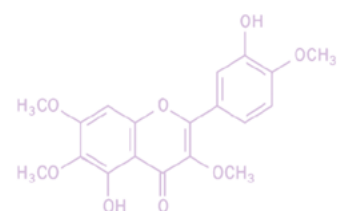
60 MINUTES

1.0 L-CERP

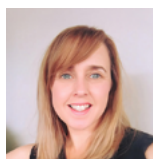
This retrospective study examined VFSS data from 20 infants with laryngomalacia to explore swallowing biomechanics. Thirteen aspirated, ten silently. Children with isolated laryngomalacia showed significantly delayed airway closure, correlating with higher PAS scores and prolonged pharyngeal transit times. Most were assessed post-supraglottoplasty, yet aspiration remained common. Only a small proportion of the 877 children diagnosed over 10 years received VFSS, often those with comorbidities or ongoing concerns. Findings highlight that aspiration and impaired airway protection are prevalent even post-surgery. VFSS should be considered for children with laryngomalacia who present with feeding or respiratory issues, particularly when comorbidities are present.

LEARNING OBJECTIVES:

- To define laryngomalacia, including its prevalence, typical onset, and expected resolution timeline.
- To understand laryngomalacia pathophysiology.
- To identify quantitative measures in children with laryngomalacia that increase the risk of airway violation.



Ruth O'Donovan



BIO

Ruth O'Donovan has a background in Nursing and Midwifery. She has been working as a Lactation Consultant since 2010, first in Christchurch Women's Hospital and from 2011 within the role of Community Lactation Consultant for Waitaha Primary Health. This publicly funded role provides clinical care to whānau at either clinics or at the client's home within the Waitaha/Canterbury region. Ruth also provides educational sessions for Midwives, Well Child Nurses and GP's, as well as speaking at local and regional conferences.

FACTORS INFLUENCING BREASTFEEDING AFTER BARIATRIC SURGERY IN AOTEAROA NEW ZEALAND (PART 2.)

Clinical skills (60min), Development and Nutrition (30min)

90 MINUTE

0.5 L-CERP

1.0 E-CERP

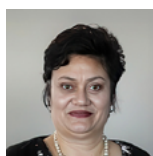
Bariatric surgery rates continue to rise globally, with increasing numbers of women of reproductive age undergoing these procedures. This presentation examines the complex factors affecting breastfeeding outcomes among post-bariatric surgery mothers in Aotearoa New Zealand.

Key influences include nutritional deficiencies, altered gastrointestinal anatomy affecting nutrient absorption, healthcare provider knowledge gaps, and cultural considerations specific to New Zealand's diverse population. Findings highlight the need for specialised lactation support, enhanced nutritional monitoring, and culturally responsive healthcare approaches. Understanding these factors is crucial for developing targeted interventions that support successful breastfeeding outcomes while ensuring maternal and infant health in this unique population.

LEARNING OBJECTIVES:

- Gain understanding of how bariatric surgery can affect pregnancy outcomes.
- Gain understanding of how bariatric surgery can affect lactation and breastfeeding goals.
- Gain understanding of the role of the IBCLC within the multidisciplinary team to provide support for whānau to achieve their desired feeding goals.

Carmen Parata



BIO

Tena koutou, Carmen Timu-Parata, nō Ngāti Kahungunu tonu iwi.

Carmen is a registered Nurse. Carmen has worked at New Zealand Breastfeeding Alliance as their Māori Advisor and has been a NZBA Auditor since 2001. Carmen is also a public health researcher involved in multiple studies.

WAI ORANGA BREASTFEEDING PROJECT

Psychology, Sociology, and Anthropology

60 MINUTES

1.0 L-CERP

Wai Oranga is led by the aspirations of Māori from Te Tai Tokerau around whāngai ū (breastfeeding). Data from Te Tai Tokerau indicates something extraordinary; almost all Māori māmā are breastfeeding when they leave hospital. However, strong inequalities in breastfeeding rates appear 3 months post-birth. This research is centred in Te Ao Māori perspectives, for Māori participants, and conducted by kairangahau (Māori researchers) and kaiārahi (advisors). The project identified inspirational stories of Māori breastfeeding. Collectively, their stories gave a comprehensive view of the Māori breastfeeding journey and provide a whāriki for strengths-based recommendations for the future that may benefit all.

LEARNING OBJECTIVES:

- To uplift the cultural practice of whāngai ū for iwi in Te Tai Tokerau.
- To scope the whānau journey through the current maternal and child health services, tracking breastfeeding support.
- To identify significant dynamics, enablers and barriers to breastfeeding for whānau Māori.

Dr. Robyn Powell



BIO

Founder & CEO of Breastfeeding For Doctors

Dr. Robyn Powell is a Consultant in Emergency Medicine at Ysbyty Glan Clwyd in North Wales and the founder & CEO of Breastfeeding For Doctors. She speaks nationally and internationally on breastfeeding, paediatric emergency medicine, culture change, allyship and feminism.

Her neurodivergence and lived experience fuel her passion for fairness and advocacy. Dr. Robyn believes that communication and human connection lie at the heart of good healthcare. Originally from Kinsale, Co Cork, she now lives in the North West of England with her husband, three children and cats. Her heart, however, remains in Ireland.

SEEING & HEARING IN BREASTFEEDING: LISTENING TO THE PATIENT'S VOICE

Clinical skills

60 MINUTES

1.0 L-CERP

This talk explores the critical importance of truly seeing and hearing the experiences of breastfeeding patients. Drawing on clinical experience, patient stories, and emerging evidence, Dr. Robyn Powell highlights how assumptions, bias, and system pressures can silence the patient voice. She will share how incorporating patient perspectives can lead to more compassionate, effective, and inclusive care. Through a lens of allyship and lived experience, the session invites reflection on how we listen, what we overlook, and what needs to change, ensuring that patient voices are not only heard but acted upon.

QUESTIONS FOR VERIFICATION COMPLETION;

- What year did Dr Powell found BFD?
- What are the UK & Ireland reports that motivate Dr Powell?
- What is the name of Dr Powell's third child with whom she felt she finally 'got breastfeeding'?

Dr. Angelique Reweti, REPRESENTING THE MĀMĀ AROHA TEAM



BIO

This presentation is delivered by members of the collaborative Māmā Aroha research team, which includes māmā (mothers), health practitioners, academics, breastfeeding experts, and midwives.

Developed by Māori midwife Amy Wray, Māmā Aroha is a kaupapa grounded in Indigenous knowledge and whānau wellbeing. The team placed strong emphasis on fostering kōrero (meaningful conversations) and hui (gatherings) to build trust, strengthen relationships, and ensure that diverse voices guided the project.

Their shared commitment to culturally safe, practical solutions has informed both the app's design and its evaluation, highlighting the power of collective leadership in Indigenous health innovation.

MĀMĀ AROHA TEAM:

Dr. Angelique Reweti, Felicity Ware, Jane Cartwright, Gayle Moana-Johnson, Fay Selby-Law, Carmen Timu-Parata, Tash Wharerau and Amy Wray*

Please note: while all named authors contributed to the research, not all members of the Māmā Aroha team will be presenting at this session.

DIGITAL TOOLS IN PRACTICE: USING THE MĀMĀ AROHA APP TO SUPPORT BREASTFEEDING JOURNEYS

Clinical skills

60 MINUTES

1.0 L-CERP

Māmā Aroha is a free breastfeeding support app developed in Aotearoa to sustain breastfeeding practices and improve outcomes for Māori whānau. This presentation shares insights from the app's development and evaluation, highlighting key features such as visual learning aids, kupu Māori integration, and whānau-centred design. Endorsed by health professionals, Māmā Aroha offers evidence-based, Ministry of Health-aligned guidance in a user-friendly format. We explore how the app supports consistent messaging, strengthens practitioner-māmā connections, and fills gaps in culturally safe care. Practical reflections will be shared to support lactation consultants in using digital tools to enhance breastfeeding support across diverse communities.

LEARNING OBJECTIVES:

- Identify key features of the Māmā Aroha app that support culturally responsive breastfeeding education.
- Understand how the app can be used by lactation consultants to strengthen communication and support for Māori māmā and whānau.
- Apply practical strategies for integrating digital tools like Māmā Aroha into everyday lactation support and education.

Tracey-Leigh Te Paa



BIO

Tracey-Leigh Te Paa (Ngāti Whātua, Ngai te Rangī, Te Rarawa, Tūwharetoa) is a Māori healer, educator, and advocate dedicated to reclaiming the mana, sacredness, and sovereignty of wāhine through Indigenous healing, wānanga, and education.

Founder of Māreikura Rising Ltd and co-founder of Ōkura Collective, she weaves Rongoā Māori, Mirimiri, Romiromi and Mātauranga Māori to support māmā through hapūtanga, birth, and postnatal journeys. Working alongside whānau, midwives, and health professionals, she re-indigenises care for Māori māmā, pēpi, and whānau.

Her kaupapa is simple yet profound: when wāhine heal, they not only heal themselves they heal whānau, communities and future generations.

A WHAKAPAPA-LED APPROACH FOR LACTATION AND POSTNATAL PRACTICE

Psychology, Sociology, and Anthropology

60 MINUTES

1.0 L-CERP

In Te Aō Māori, whakapapa is the foundation of all relationships including the sacred connection between Māmā and pēpi. In this one-hour kōrero, Tracey-Leigh will share guiding principles from Te Aō Māori healing frameworks and Rongoā Māori, offering practical ways to create culturally safe spaces that empower Wāhine to reclaim their mana, their place, and their sacredness — ā wairua, ā tīnana, ā hinengaro, ā ngākau. This session will inspire and equip attendees to weave whakapapa-led approaches into their own lactation and postnatal care practice.

LEARNING OBJECTIVES:

- Understanding whakapapa as a guiding principle in lactation support.
- Rongoā Māori and tikanga for postnatal healing.
- Creating culturally safe spaces for wāhine Māori and whānau.
- Strengthening Māmā - pēpi connection through Indigenous practice.

Dr. Gergely Toldi



BIO

Dr. Gergely's research primarily focuses on early life development of the immune response and understanding the immunological background of complications affecting preterm and term neonates as well as pregnant women. He studies the effects of inflammation, breastmilk and vaccination on the developing immune system. In his clinical role, he works as a Consultant Neonatologist at Starship NICU.

THE ROLE OF BREASTFEEDING IN NEONATAL IMMUNE DEVELOPMENT

Clinical skills

60 MINUTES

1.0 L-CERP

Human breast milk is a dynamic and complex fluid that delivers a variety of cells and substances from the mother to the newborn. Several of its components have immunological properties that either directly protect the infant or contribute to optimal development of its immune system. There is increasing evidence that breastfeeding induces maternal microchimerism of immune cells, ie. the long-term presence and persistence of the mother's cells in her baby. We will explore the immediate and long-term immune health implications of these mechanisms.

LEARNING OBJECTIVES:

- An overview of immunologically relevant components of breastmilk.
- Immune crosstalk between mother and infant during breastfeeding.
- Long-term impacts of breastfeeding on immune health.

Lois Wattis



BIO

Lois Wattis has 30 years experience as an RN/RM in hospital/community (home birth) settings. From 2002 she became an Independently Practising Midwife, and an IBCLC in 2004. In 2006 she became a Fellow of Australian College of Midwives. From 2007- 2021 Lois was the Clinical Midwife Lactation Consultant (Sunshine Coast), providing breastfeeding support to mothers, and staff education. She also had a private IBCLC practice. Lois is accredited to perform scissors frenotomy surgery; although semi-retired she still holds a weekly Feeding/Tongue Tie Clinic.

Lois has numerous articles published in professional journals, and a 10K following on social media. She is the author of "New Baby 101 – A Midwife's Guide for New Parents" recommended by the International Journal of Childbirth Education.

BF BS! – DEFUSING THE SOCIAL MEDIA MINEFIELD

Clinical Skills / Psychology, Sociology, and Anthropology

60 MINUTES

0.5 L-CERP

0.5 E-CERP

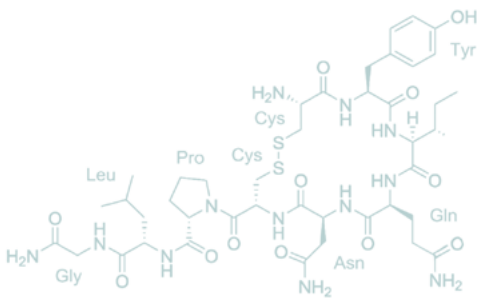
New parents seek guidance regarding breastfeeding challenges encountered on social media, where they are frequently exposed to information overload of variable reliability. Self-appointed influencers and commentators often dominate social media, providing persuasive, unethical, and questionable advice (BS!) which confuse and mislead vulnerable new parents.

Lois' media platform provides evidence-based information; she states facts and calls out incorrect information regarding breastfeeding.

She shares examples of prevalent misinformation which she debunks, empowering parents to make informed decisions about feeding and caring for their baby.

LEARNING OBJECTIVES:

- Raise awareness of social media resources which influence breastfeeding beliefs.
- Support the dissemination of evidence-based breastfeeding information via social media platforms.
- Develop confidence to tactfully debunk incorrect and unhelpful advice received by breastfeeding parents.



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