

Program Description

Dr. McKenna will explain why human *infants require* intense parental investment, including more carrying, contact, breastfeeding, and *proximity* for the longest period of time as compared with other mammals.

You will learn how *breastfeeding promotes* behavioral (as well as physiologically-based) *safety* for the bedsharing dyad. The unlikelihood of infant injuries, including experiencing a roll-over, where and when breastfeeding is involved will be covered. The discussion will include how and why breastfeeding mothers, often unexpectedly, adopt bedsharing as a nighttime maternal strategy.

Considering widespread infant *"safe to sleep"* education for parents, Dr. McKenna will examine current trends in *public health* campaigns that promote a safe sleep environment for infants.

Many parents view "sleeping through the night" as an accomplishment and an important milestone for their infant to achieve. However, *newborns* need to *wake frequently* at night in order to have their nutritional needs met. Learn how to counsel parents about normal newborn sleep, while promoting positive parent interactions and *realistic expectations*.

Faculty:

James McKenna, PhD
Director, Mother-Baby Behavioral Sleep Laboratory, University of Notre Dame

Genevieve Colvin, IBCLC
BreastfeedLA

Continuing Education Credits offered at no additional charge

Nurses: The Inland Empire Breastfeeding Coalition is an approved provider by the California Board of Registered Nursing. This course offers 6 contact hours of continuing education. The provider number is CEP 16234. Licensee must maintain certificate for a period of four years.

Lactation Consultants: BreastfeedLA is an approved Long-Term Provider by the International Board of Lactation Consultant Examiners #CLT113-36. CERP (5 L) application will be submitted.

CHES: The National Commission for Health Education Credentialing, Inc. designates Los Angeles County Department of Public Health, Health Education Administration (LACDPH/HEA) as a provider of continuing education contact hours (CECH) in health education (Provider number MEP 2460). Certified Health Education Specialists (CHES) may receive up to 6 Category I CECH for this event.

Registered Dietitians: Maintain a copy of the agenda and certificate for CPEs for Professional Development Portfolio.



Miller Children's Hospital Long Beach
Long Beach Memorial

Inland Empire Breastfeeding Coalition

2110 Artesia Blvd. Suite 423
Redondo Beach, CA 90278
Phone and Fax: (213) 596-5776
www.breastfeedla.org

Safe Infant Sleep and Breastfeeding



BreastfeedLA is thrilled to welcome
Dr. James McKenna to our
2014 seminar series.

Dr. McKenna has been recently honored by the Association for the Advancement of Society for his "exceptional and seminal work on mother-infant sleep in relationship to SIDS and breastfeeding" an honor given to only a handful of America's top scientists after a rigorous review by peers. In 2008, he was awarded the American Anthropological Association's most cherished and highest award, Anthropologist in the Media Award, for his ongoing contributions in communicating the importance of anthropologic concepts to the press.

Monday, February 3, 2014
9:00 am to 4:00 pm

Long Beach Memorial Medical Center
Van Dyke Theatre
2801 Atlantic Ave.
Long Beach, CA 90806

Agenda

- 9:00 Registration
- 9:30 Breastfeeding and the Science of Mother-Infant Sleep
- 10:45 Break
- 11:00 How Breastfeeding and Bottle-Feeding Mother-Infant Dyads Sleep Differently
- 12:15 Lunch
- 1:15 Guidelines for Safe Infant Sleep Environments: Who Decides? On What Evidence?
- 2:30 Break
- 2:45 Using the *Baby Behavior Campaign* to Help Parents Understand Normal Newborn Sleep
- 4:00 Adjourn

Objectives

Following the didactic presentations, participants will be able to:

- ❖ Understand how and why forms of co-sleeping are intrinsically necessary and complimentary to breastfeeding;
- ❖ Describe how the behavioral patterns of the bottle-feeding mother-infant dyad differ from that of the breastfeeding-bedsharing dyad;
- ❖ Learn what evidence has been included and dismissed to construct current models of safe infant sleep and how a broader range of evidence can contribute to more effective public health messages; and to
- ❖ Recognize how infant sleep patterns change, why frequent waking is important for babies and how to help parents cope.

Registration Fees

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

\$90 - Up to January 27

\$100 - On or after January 28 and at the door

Location and Parking

The seminar is located at the Long Beach Memorial Medical Center in the Van Dyke Theatre.

Reduced-priced parking fee is \$2.00 (cash only)
Please allow adequate time for traffic, parking and finding your way.

Participant Confirmation and Handouts

Confirmation and handouts will be sent to participants providing an e-mail address. Participants are encouraged to print their own handouts in advance of the seminar.

Cancellation Policy

Written cancellations received one week prior to the event will be granted subject to a \$5 fee. No refunds after this date.

Target Audience

Physicians, 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

Safe Infant Sleep and Breastfeeding, February 3, 2014

Register Online
www.BreastfeedLA.org

Mail: BreastfeedLA, 2110 Artesia Blvd, #423
Redondo Beach, CA 90278

Fax: 213-596-5776

	Price
<input type="checkbox"/> Early Bird (on or before 1/27/2014)	\$90
<input type="checkbox"/> General (on or after 1/28/2014)	\$100
<input type="checkbox"/> Tax Deductible Contribution	\$ _____
Total:	\$ _____

Name _____

Job Title _____

Company/Hospital _____

Billing Address _____

Billing City, ZIP _____

Email Address—required to receive confirmation _____

Phone _____ License No. _____

IBCLC? If yes, check this box.

Method of Payment

- Check
 Visa
 MasterCard

_____ CCV

Credit Card # _____ Exp. Date _____

Signature _____

_____ Billing ZIP