Keynote presentations

Keynote abstracts are presented in the order the lectures are held.

Keynote, September 25 at 10:55
Supporting and promoting breastfeeding from a government agency,

Keynote, September 25 at 11:30
The global breastfeeding targets 2030: How close are we and what more needs to be done?

Keynote, September 25 at 14:00

Breastfeeding is the Biological Norm for Mammals and Should be the Social Norm for Humans: How we can Make it Happen?

Rafael Perez-Escamilla[1]

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Abstract text: Breastfeeding (BF) is the biological norm for mammals (including humans) and it is not the sole responsibility of women to make it work. Rather, women have the right to breastfeed for as long as they wish, requiring an all of society approach to make it work. Unfortunately, most women who chose to breastfeed (which are the great majority of women across the globe) are not being able to meet their BF goals. A big challenge that women face to implement their right to breastfeed for as long as they want is that structural drivers that are characteristic of market-driven economic models have strongly altered the infant feeding ecosystem globally, strongly positioning commercial milk formula (CMF) as the social norm, instead of BF. The objective of this presentation is to highlight the need to "recover" BF as the social norm and what will it take to make it happen. The presentation will address (a) BF as a complex biosocial-cultural system, (b) how colonialism and industrialization facilitated the positioning of CMF as the social norm, (c) the "re-emergence" of interest in BF in the past decades, and d) potential multi-level intersectoral policies and interventions delivered across settings (health care, families and communities, employment, mass media) to support the re-emergence of BF as the social norm across different contexts.

Recommended readings:

1. The 2023 Lance Breastfeeding Series https://www.thelancet.com/series-do/breastfeeding-2023
2. Dowling S, Pontin D, Boyer K, eds. (2018). Social experiences of breastfeeding. UK: Policy Press.
3. Tomori C, Palmquist AEL, Quinn EA. (2018). Breastfeeding: New anthropological approaches. New York: Routledge.
4. Han S, Tomori C. Anthropology of reproduction. (2025). NY: Routledge.

Keynote, September 26 at 9:15
The nine stages of instinctive behaviour for premature infants

Kajsa Brimdyr[1]
[1] Healthy Children Project, Inc.

Abstract text: We know how important it is to hold a baby skin-to-skin immediately after birth. We have seen the magical instinctive behaviors as they awaken, crawl, self-attach and suckle. But these instincts aren't only present in full-term infants! With stunning new footage, Dr. Brimdyr will bring us into the world of the premature infant, and the instinctive stages they go through when skin-to-skin with their parents. Highlighting the parallel behaviors of full-term infants and premature infants, we will explore and emphasize the importance of this time together. We will also examine the new international guideline for skin-to-skin contact, including practical and pragmatic implications.

Skin-to-skin contact after birth: Developing a research and practice guideline
K Brimdyr, J Stevens, K Svensson, A Blair, C Turner-Maffei, J Grady, L Bastarache, A al Alfy, J Crenshaw, E Giugliani, U Ewald, R Haider, W Jonas, M Kagawa, S Lilliesköld, R Maastrup, R Sinclair, E Swift, Y Takahashi, K Cadwell – Acta Paediatrica, May 2023
DOI: 10.1111/apa.16842

Connecting the dots between fetal, premature and full-term behaviour while in skin-to-skin contact: The nine stages of instinctive behaviour
K Brimdyr, K Cadwell – Breastfeeding Review, November 2021

Oral presentations

Oral abstracts are presented in the order they were sent in to the abstract system.

Oral 1 - Breastfeeding mother`s experiences with breastfeeding counselling: a qualitative study

Ingvild Lande Hamnøy[1]
[1] Ingvild Lande Hamnøy: Public health nurse, Ph.d student and assistant professor at the Norwegian University of Science and Technology, Ålesund, Norway

Abstract text:
Background
This study aimed to reveal breastfeeding mothers` experiences with receiving breastfeeding counselling from midwives and public health nurses to provide a deeper insight into the phenomenon breastfeeding counselling, which may improve breastfeeding counselling in practice.

Methodology
A qualitative design with a hermeneutic phenomenological approach was used. Individual interviews of 11 breastfeeding mothers from Norway were conducted from September 2021 to 2022. Van Manen's guided existential inquiry guided the reflective process to provide deeper insights into the phenomenon of breastfeeding counselling

Results
The study captured the meaning of breastfeeding mothers' lived experiences with breastfeeding counselling. Three themes and eight sub-themes were found. Breastfeeding was at stake for the mothers because breastfeeding could be reduced or stopped, and qualified breastfeeding counselling from midwives and PHNs was essential for them to establish and continue breastfeeding. They needed to be perceived as both breastfeeding mothers and as women with their own needs to master everyday life during the breastfeeding period.

Conclusions
This study offers insights to midwives, PHNs and others offering breastfeeding counselling by facilitating an understanding of being a breastfeeding mother receiving breastfeeding counselling. Qualified breastfeeding counselling and a trusting relationship with midwives and PHNs are essential for mothers to establish and continue breastfeeding, while deficient counselling may cause breastfeeding difficulties. Mothers need to be treated as whole and competent persons to avoid objectification and fathers/partners need to be included in breastfeeding counselling. The 'Baby-Friendly Hospital Initiative' should be continued, and guidelines should align with the mothers' need to incorporate breastfeeding into their daily lives during the breastfeeding period.

An article about fathers` experiences with breastfeeding counselling is being published, and I would like to present the results from this study in addition to mothers` experiences with breastfeeding counselling if you find it interesting.

Oral 2 - A phenomenological study of mothers lived experiences of oversupply of breastmilk

Ellinor Mehtola[1, 2]
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[1] University of Borås, Faculty of Caring Science, Work Life and Social Welfare, Borås, Sweden.
[2] Child Health Services, Region Jönköping County, Jönköping, Sweden,
[3] CHILD -research group, School of Health and Welfare, Jönköping University, Jönköping, Sweden,

Abstract text: Background: Experiencing breastfeeding problems can awaken a sense of existential vulnerability. One of the more underdiagnosed breastfeeding problems is oversupply of breastmilk. While symptoms can vary, it is most common for the mother to experience leakage and a strong milk ejection reflex; the mother can also experience continuous breast pain that can be both sharp and grinding. Oversupply of breastmilk is also a risk factor for lactation mastitis.

From a caring science perspective it is important to have knowledge about the mothers' perspective to develop care that support and strengthen health. It is previously known that mothers with severe initial breastfeeding difficulties are alone and exposed as a result of their suffering, and lack of sufficient care. To the best of our knowledge there is a lack of research that enhance the depth of phenomenon oversupply of breastmilk as experienced by breastfeeding mothers'. The current study is therefore aimed at generating a deeper understanding and knowledge about the phenomenon oversupply of breastmilk as experienced by breastfeeding mothers'. Knowledge from the mothers' perspective may lead to an increased understanding from those who give breastfeeding support and has the potential to develop care that meet the mothers' existential needs.

Aim: The aim is to describe mothers lived experiences of oversupply of breastmilk during breastfeeding

Method: The phenomenological study was based on a reflective lifeworld research approach Lifeworld interviews were conducted with 17 mothers with lived experience of oversupply of breastmilk during breastfeeding. The material is under analysis according to the reflective lifeworld research principles.

Result: The results and conclusions of the study are expected to be completed in the spring of 2025 and will be presented at the conference. Preliminary results implies that the essential meaning of the phenomenon of oversupply of breastmilk during breastfeeding can be described as *'An embodied struggle of visibility in all its invisibility.*' The embodied struggle of being visible in all its invisibility signifies a loss of agency as the body and breastmilk take over, exposing the mother in an unwanted way.

Oral 3 - Breastfeeding in Joint Action Prevent Non-Communicable Diseases

Anne Baerug[1]
Ann-Magrit Lona[1], Hanne Bliksås[1], Gry Hay[1], Angela Giusti[2], Francesca Zambri[2], Vincenza Di Stefano[2], Flavia Splendore[2], Annachiara Di Nolfi[2]
[1] Norwegian Directorate of Health, Department of child and adolescent health, Norway
[2] Italian National Institute of Health, National Center for Disease Prevention and Health Promotion, Italy

Abstract text: Background:
The aim of the EU Joint Action Prevent Non-Communicable Diseases (JA PreventNCD) (2024-2027) is to reduce Europe's non-communicable disease (NCD) burden. Breastfeeding plays an important role in the prevention of NCDs, and a task named "Baby-Friendly Community and Health services" is included in the Joint Action. Breastfeeding rates are lower in Europe than in other regions of the world and scaling up of evidence-based practices and piloting new interventions to improve breastfeeding rates, is needed. The WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI) has been shown to be effective in increasing breastfeeding rates. The Norwegian “Baby-friendly community health services”, an adaption of the BFHI for the community health services, was assessed as a Best Practice for the prevention of NCDs by the EU Commission in 2022.

Objective:
The overall aim is to improve breastfeeding rates and hence contribute to reducing the incidence of NCDs later in life.

Methods:
In the task, Italy, Spain, Greece, Ukraine, Lithuania, Slovenia and Norway are implementing countries. As determinants of breastfeeding are multifactorial, a context analysis was conducted by the countries to assess the current situation and identify facilitators and barriers to breastfeeding. The Best Practice and pilots addressing various determinants will be implemented.

Results:
The context analyses showed variation between the implementing countries regarding policies on breastfeeding, monitoring and prevalence, maternity protection, marketing of breast-milk substitutes, implementation of the BFHI, and breastfeeding support in the community health services. Facilitators and barriers were identified and addressed.

Continued evidence-based breastfeeding support after hospital discharge has been identified as one of the important facilitators. The Norwegian guidance for the "Baby-friendly community health services" was translated and adapted for use in the implementing countries. A European e-learning program, BreastFEEDucation, for pre-service and in-service training of health personnel, will be launched in 2025.

Conclusion:
The Best Practice “Baby-friendly community health services” and pilots are implemented to protect, promote and support breastfeeding as a contribution to the prevention of NCDs.

Oral 4 - Breastfeeding patterns in one-year-old children was not affected by a breastfeeding support intervention

Paola Oras[1]
Eva-Lotta Funkquist[1]
[1] Uppsala University, Womens' and Children's Health

Abstract text:

Background: Breastfeeding patterns in 12-month-old children play a central role in the mother-infant dyad, but studies describing the patterns are scarce.

Aim: to investigate breastfeeding patterns in 12-month-old infants before and after a breastfeeding support programme.

Study design: a baseline/intervention design as part of a larger implementation project aiming to revive the Ten Steps to Successful Breastfeeding programme.

Subjects: During a 24-hour period, 28 mothers from a baseline group and 24 mothers from an intervention group recorded all breastfeeding sessions on a pen and paper form.

Results: The median (range) frequency of breastfeeding sessions was 6 (1–22) in the baseline group and 7 (1–20) times per 24 hours in the intervention group. No significant difference was observed in frequencies between the two groups. The majority of children (57% in the baseline group and 62% in the intervention group) exhibited a pattern classified as partial breastfeeding, engaging in breastfeeding 6 or more times per 24 hours throughout a substantial part of the day. A second pattern was classified as token breastfeeding, with few breastfeeding sessions, suggesting that breastfeeding occurred primarily for comfort.

Conclusion: This study illuminates the breastfeeding behaviours of 12-month-old children and can serve to normalise frequent breastfeeding patterns, potentially aiding mothers who wish to continue breastfeeding beyond infancy. The findings indicate no difference between the groups, suggesting that the implemented intervention did not influence maternal breastfeeding practices at one year of age. This underscores the potential necessity for prolonged support for parents throughout the breastfeeding period.

Oral 5 - Communication: Re-humanizing the Experience

Kristin Stewart[1]
Jason Stewart[1]
[1] Healthy Childre Project, United States

Abstract text: Communication is the cornerstone upon which good health outcomes rest. As practitioners, we must be able to communicate effectively and empathetically with our clients. Jay and Kristin Stewart have been working in the healthcare system for over 30 years combined in capacities that have allowed them to develop skills that enable real, genuine, empowering communication. Their workshops remind us to engage in a sense of play to put our clients at ease, to read the emotional value of a room to allow us to effectively engage with our clients, and most importantly they remind us listen with an open heart. The workshop includes games, concrete examples of how these games relate to our work, as well as case studies of how genuine communication has created positive outcomes for both clients and practitioners. Their work has been presented at multiple national and international conferences as well as ongoing workshops and communication work at Boston Children's Hospital.

Workshops are available as a 20 – 60 minute keynote, as a short or long breakout or divided into multiple 10 minute mini-keynotes.

Oral 6 - Did you say peer to peer breast milk sharing?

Tove Ebbesen[1]
[1] Denmark, Nurse Health Practitioner, IBCLC, Aarhus Kommune

Abstract text: Did you say Peer to Peer Breast Milk Sharing?

This master project investigates the case of peer to peer breast milk sharing outside the healthcare system.

Women can donate their excess breast milk to hospital milk banks but donor milk is prioritized for extremely premature and sick hospitalized newborns. Some women chose to receive donated breast milk outside the established healthcare system. The purpose of this master project is to gain insight into this phenomenon.

The focal point of the project is the donation and reception of breast milk in private settings. The informants are women who have used internet forums to either seek breast milk for their own child or to donate their surplus breast milk to other people's children.

The fieldwork consists primarily of qualitative interviews with seven informants. The contact to the informants was established via the Facebook group; "Milkshare-exchange of breast milk for babies and children" (Facebook.com) in February 2023. A Danish forum on the internet where women donate and search for breast milk for their child.

What motivates women to exchange breast milk and what types of understanding of breast milk is involved?

The project shows that some women actively choose to donate their excess breast milk via internet forums, while others seek breast milk for their children.

The empirical material sheds light on women's possible choices to achieve their child's nutritional goals. The knowledge of the unique nutritional value of breast milk for the infant is crucial for them in their choices. The sharing of breast milk occurs despite the sometimes ambivalent reactions of the outside world to the sharing of breast milk via the internet. The project highlights elements of the choices that can be made when the child, for one reason or another, cannot get enough of the mother's own milk.

In Denmark there are no guidelines regarding donation of breast milk to the child after being discharged from the hospital.

Oral 7 - Existential and embodied presence – The meaning of caring as experienced by breastfeeding peer support mothers

Lina Palmér[1]
Marita Flisbäck[1], Tora Nord[1]
[1] University of Borås Faculty of Caring Science, Work Life and Social Welfare

Abstract text: Background: Many mothers face breastfeeding challenges and experience a lack of adequate healthcare support, which can reinforce feelings of existential exposure, loneliness, and vulnerability. In Sweden, peer support mothers in the nonprofit Swedish Breastfeeding Support Organization provide voluntary breastfeeding support to mothers and their partners. From an existential caring science perspective, peer support is understood as a form of caring—an existential practice and a human capacity to be involved in something existentially significant that promotes health and well-being.

Aim: The aim to deepen the understanding of the meaning of caring as an existential practice and a human capacity, as experienced by breastfeeding peer support mothers.

Approach and Method: This study adopts a Reflective Lifeworld Research approach. A phenomenological analysis was conducted based on twelve lifeworld interviews with peer support mothers from the Swedish Breastfeeding Support Organization.

Results: The essential meaning of caring, as experienced by breastfeeding peer support mothers, is described as existential and embodied presence. Embodied knowing, rooted in lived experience, awakens a will to care. Peer support caring emerges from the shared experience of existential exposure, loneliness, and vulnerability, enabling an authentic existential way of being by moving beyond these challenges and creating a deeper sense of meaning. In caring, breastfeeding experiences are shared and given a common language—expressed as a breastfeeding story—which makes personal experiences existentially significant and brings joy in giving back. Peer support caring is experience-based and transcends time and space, grounded in equality, mutuality, respect, and flexibility, attuned to the needs of the mother. Caring means being an anchored companion, offering presence and stability in moments of uncertainty. Finally, caring involves creating a protective chain of wisdom, where breastfeeding knowledge is passed on, strengthening mothers and their partners.

Conclusion: Breastfeeding experiences can evoke existential anxiety and an unhomelike being-in-the-world, awakening a deep will to care as a peer support mother. This form of care can be understood as existential caring, promoting existential health—a meaningful life, a homelike being-in-the-world, and an authentic way of being. Peer support caring encompassing mutual respect and flexibility, has the potential to enhance professonal care and broader society

Oral 8 - Expectant mothers lived experiences of support of a structured breastfeeding programme: A lifeworld hermeneutic study

Ingrid Blixt[1, 2]
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Abstract text: Background
The Ten Steps encourages midwives at antenatal care to discuss the importance and management of breastfeeding with parents-to-be. There is a gap in the literature regarding knowledge on expectant mothers' experiences of antenatal breastfeeding education offered at individual visits. This study aims to explain and understand the meaning of the research phenomenon: support during a structured breastfeeding programme. The lived experiences of the phenomenon are interpreted from the perspective of expectant mothers.

Methods
The analysis uses a lifeworld hermeneutic approach based on interviews and written diaries with 21 women during pregnancy and two months after birth. All had experienced support of a structured breastfeeding programme. The intervention was performed in line with the Ten Steps to Successful Breastfeeding.

Results
The research phenomenon, support during a structured breastfeeding programme, was explained and understood through the following themes: it feels safe when the midwife discusses breastfeeding based on the needs of the family, it gives a base to stand on and understanding what breastfeeding means, it presents pros and cons of breastfeeding and trust in what the midwife says about breastfeeding, as well as feelings like "I'm not there yet." The meanings of expectant mothers lived experiences of the programme could be understood and explained as being prepared to make independent decisions about breastfeeding.

Conclusions
The manner in which the expectant mother was supported through a structured breastfeeding programme was based on a trustful dialogue between her and her midwife, reflecting her thoughts, experiences, and the support needs of parents-to-be. This approach demonstrated that when expectant mothers felt safe in their relationship with their midwife, they asked questions, and shared thoughts and experiences of breastfeeding. This facilitated for the midwife to adapt the support to the expectant mother's wishes and needs. The programme also encouraged communication between the parents-to-be, and when the mother-to-be felt that her partner understood what breastfeeding means to her and allowed her to make independent decisions, she felt supported. A structured breastfeeding programme is a way to make the support be perceived as positive.

Oral 9 - How can we address social inequities in breastfeeding? Lessons learned from an equitable community-based breastfeeding support intervention in Denmark

Ingrid Nilsson[1]
Christine Halling[1], Marianne Busck-Rasmussen[1]
[1] Danish Committee for Health Education

Abstract text: Background: Breastfeeding rates worldwide are suboptimal. In high-income countries such as Denmark, socioeconomically disadvantaged groups are the least likely to achieve the recommended six months of exclusive breastfeeding. However, the rates for meeting this recommendation are low across all socioeconomic groups. Therefore, equitable approaches, where those with greater needs receive more care, are essential in breastfeeding interventions to reduce social inequities. Unfortunately, such interventions are scarce.

Aim: In this workshop, we will present the background, development and evaluation of an equitable community-based breastfeeding support intervention, tested in a cluster-randomised study involving 21 health visiting programmes in Denmark with focus on the the role of pregnancy visits in establishing a trustful relationship between health visitors and families and proactive telephone calls.

Methods: We developed and tested the intervention using multiple and mixed methods, adhering to the recommendations provided by the UK Medical Research Council in their framework for developing and evaluating complex interventions. The intervention aimed to strengthen the breastfeeding support provided to all families while offering a higher dose of the intervention to mothers in low socioeconomic positions. The intervention included: 1) pregnancy visits, 2) focus on four evidence-based key messages, 3) theory-based communication to improve breastfeeding self-efficacy, 4) a range of supportive materials, and 5) proactive telephone calls to mothers in low socioeconomic positions. The evaluation of the intervention was comprehensive and included realist, process, and effectiveness evaluations.

Findings: In the workshop, we will present the intervention development approach along with some findings from the ongoing evaluation. The workshop will cover the following topics: 1) the need for an intervention, 2) development of the intervention, 3) the role of pregnancy visits in establishing a trustful relationship between health visitors and families, 4) the role of proactive telephone calls, 5) the effectiveness of the intervention on exclusive breastfeeding. Following a summary of these findings, we will invite participants to reflect on and discuss the transferability of the intervention and future strategies to reduce social inequity in breastfeeding.

Conclusion: This workshop will provide an opportunity to get input to and discuss approaches to delivering breastfeeding support in an equitable way.

Oral 10 - Investigating the marketing of infant feeding bottles designed to replicate breastfeeding and the evidence that underpins them

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Abstract text: The latest Lancet 2023 Breastfeeding Series emphasises how global exploitative marketing of formula milk has a catastrophic impact on breastfeeding, with inferences that formula milk is equivalent to breastmilk. Scant attention however has been given to the marketing of infant feeding bottles and teats and their claimed equivalence to breastfeeding. Such bottles are marketed as having 'breast-like' qualities and to be interchangeable with breastfeeding, promoting and encouraging breastfeeding mothers to combine breastfeeding with bottle feeding. However, the introduction of a bottle to a breastfed baby can lead to reduced breastfeeding duration and early breastfeeding cessation, particularly given that bottle feeding is synonymous with formula milk feeding.

We investigated features of infant feeding bottles marketed in the UK to replicate breastfeeding and appraised the underpinning evidence. We searched online to identify the most popular bottles marketed for breastfeeding in the UK and captured marketing materials from the bottle brand websites, importing them into NVivo11 for data analysis. We coded data in relation to features of bottles associated with breastfeeding and used Joanna Briggs Institute critical appraisal tools to appraise the evidence used to underpin the bottle features.

We identified ten bottle brands and eight main advertised features of bottles that claimed to align to breastfeeding. Features included bottles that simulated the human breast, imitated breastfeeding physiology and aided combined breast and bottle feeding. Marketing also included bespoke AI generated bottles and teats matching shape and skin tones of mothers' breasts. However, scientific evidence to support the bottle features was scarce, misleading, and inadequate.

Our findings show that infant feeding bottles are being marketed as equivalent to breastfeeding and are idealised as a replacement, which contravenes the WHO Code. In addition, we found that the scientific evidence used to support features of these bottles is almost non-existent. Given that many of the bottles and teats we investigated are marketed globally, this is not an issue exclusive to UK parents. Research on the impact of the marketing of bottles and teats on breastfeeding and more effective controls of advertising are needed to ensure consumer purchasing is evidence-based and is not detrimental to breastfeeding.

Oral 11 - Maternal-infant skin-to-skin contact the first 6 hours after preterm birth enhances infant intake of mother's own milk: A Randomized Clinical Trial

Anna Gustafsson[1]
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[6] Department of Simulation-based Learning, Stavanger University Hospital, Stavanger, Norway

Abstract text: *Background* There is evidence that immediate maternal-infant skin-to-skin contact (SSC) after birth has positive effects on maternal lactation and breastfeeding after term birth, though studies of preterm infants are lacking.

Aim To determine the effect of maternal-infant SSC during the first 6 hours after birth on preterm infants' intake of mother's own milk (MOM) during the first 14 postnatal days in the NICU.

Methods The Immediate Parent-Infant Skin-to-skin Study (IPISTOSS) randomized clinical trial was conducted at 3 neonatal units in Sweden and Norway, in 2018-2021. Preterm infants born between 28-33 weeks of gestation were randomised to standard incubator care or to SSC initiated at birth and continued for 6 hours with either parent. We report a secondary analysis on the effect of immediate maternal-infant SSC compared with paternal SSC or incubator care on infant MOM intake.

Results This secondary analysis included 81 infants (33 twins), and their 65 mothers. There were 20 mothers of 24 infants who provided SSC during the first 6 hours after birth, with a mean SSC time of 2.12 (SD 1.46) hours. Maternal-infant SSC 0-6 hours after birth compared with no maternal SSC were associated with a higher MOM intake at; 0-3 days (median 159 ml, 0-501 ml, vs 16 ml, 0-470 ml, $p = 0.023$), 4-7 days (median 818 ml, 0-1421 ml, vs 417 ml, 0-1125 ml, $p = 0.004$), and 8-14 days (median 2118 ml, 494-2970 ml, vs 1436 ml, 716-1436 ml, $p < 0.001$); and a higher proportion of MOM of enteral intake at; 0-3 days (median 26% vs 7%, $p = 0.045$), 4-7 days (median 88% vs 68%, $p = 0.017$), and 8-14 days (median 100% vs 96%, ns). Paternal-infant SSC time during the first 6 hours was not associated with increased infant MOM intake at any timepoint ($p > 0.05$).

Conclusion Maternal-infant SSC during the first 6 hours after birth increases MOM intake during the first 14 days after birth for preterm infants.

Oral 12 - Modifiable factors: a fast track to optimal breastfeeding

Anna Blair[1]
Karin Cadwell[1], Kajsa Brimdyr[1], Kristin Svensson[2]
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Abstract text:
Aim
To determine whether specific modifiable factors can help breastfeeding dyads achieve optimal feeding.

Methods
This prospective cohort observational study included the observation, assessment and documentation of elements of pre-feeding, positioning and latching-on as related to suckling using the Lactation Assessment Tool (LAT).

Two cohorts were included in the study: 327 newborn infants in the postpartum unit of a regional referral hospital in Uganda within 24 hours of birth and 166 infants attending their 6week visit at the hospital's vaccination clinic.

Results
Optimal feeding was defined as having bursts of either 1:1 or 2:1 suck to swallow ratio, and/or the full rocker jaw motion confirmed with cervical auscultation during feeding for both newborn and 6week old infants. We identified two pre-feeding modifiable behaviors (state, NB/6WK p=.011/.022; and feeding cues NB/6WK p < .001/=.049), four modifiable pre-feeding positions (tummy, NB/6WK p<.001/.002; arms around breast NB/6WK p=.003/.012; breast not held NB/6WK p<.001/<.001; and head free of restrictions NB/6WK p=.007/not sig.) and three modifiable factors during latching (gape NB/6WK p<.001/<.001; head tilt NB/6WK p<.001/.002; and lip reach NB/6WK p<.001/.015). The significance of the 9 factors was not the same when newborns and 6week old infants were compared.

Conclusion
This study identifies modifiable factors associated with an optimal feeding. All are observable by parents and teachable by breastfeeding supporters.

Oral 13 - Parents' practices and experiences of handling infant formula, of information and potential needs: a qualitative interview study

Erika Andresen[1, 2]
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[3] The Paediatric Clinic, Hudiksvall Hospital, Region Gävleborg, Hudiksvall, Sweden

Abstract text: Background
Safe feeding with commercial infant formula necessitates proper preparation, storage, hygiene and cleaning practices to minimize the risk of illness and death in infants. Despite this, many infants are fed unsafe formula feeds in both high- and low-income countries. International reports indicate that parents often do not adhere to safety advice for handling formula. Little is known about parents' practices and experiences of handling of infant formula and the information they receive in a Swedish context. Therefore, this study aims to explore and describe parents' practices and experiences in handling infant formula, as well as their experiences of information on safe handling and potential needs.

Methods
A qualitative explorative descriptive design was employed. Data were collected through individual semi-structured interviews with a total of 15 parents with infants below 12 months of age. The parents had to have experience of giving or having given infant formula to their infant. The interviews lasted between 22 to 47 minutes, were audio recorded, and transcribed verbatim. An ongoing analyse utilises qualitative content analysis with an inductive approach.

Preliminary results
Preliminary findings indicate varying degree of safe handling of infant formula regarding preparation, storage, hygiene and cleaning practices among the mothers. Although the mothers perceived these practices as feasible, they described them as challenging, and expressed feelings of stress and uncertainty. Mothers highlighted issues such as impractical packaging and negative experiences with cleaning and hygiene. Additionally, they reported lack of information from health professionals about safe handling and associated health risks. The mothers primarily relied on informal sources for guidance on handling infant formula and expressed a strong desire for more professional guidance and support. The lack of information and support were described as leading to feelings of exclusion, shame, and guilt among the mothers, and greater inclusion was called for. Positive feelings of security, shared feeding responsibilities and freedom, but also cost-related constraints influenced the use and handling of infant formula.

Conclusions
Preliminary results indicate a need of improved information, guidance, and support from health care professionals regarding safe handling of infant formula for parents who formula-feed their infants.

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Oral 14 - Simulation of Skin-to-skin immediately after Caesarean section -use of positive pedagogy to enhance healthcare students' self-efficacy.

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Annely Annely[1], Marge Põldma[1]
[1] Tallinn Health Care College, Health Education Center, Estonia

Abstract text: ***Background/Relevance***
Simulation training is a key pedagogical method used in the Erasmus+ Blended Intensive Programme (BIP) course, *Breastfeeding and Early Interaction Basics and Beyond*. A simulation scenario on skin-to-skin contact immediately after a Caesarean section was developed to teach best practices for initiating breastfeeding in delivery wards.

Breastfeeding promotion plays a crucial role in global health, linking directly to Sustainable Development Goals (SDGs) by supporting long-term health and well-being. For successful long-term breastfeeding, families need quality Breastfeeding Counselling and good cooperation between different specialists.

Designing simulation scenarios that are challenging yet achievable, allow students to experience success and build confidence in their abilities. Integrating positive pedagogy into simulation enhances student self-efficacy by reinforcing success-oriented learning.

Aim
The course aims to provide students with critical knowledge and skills of breastfeeding and early interaction in an international, intercultural, and multiprofessional learning environment. It also fosters teamwork in multidisciplinary and transcultural contexts at both local and global levels.

Methods and Materials
Use of Positive pedagogy in simulation training creates a supportive and low-stress learning environment, helping students manage anxiety and enhance their performance. This approach promotes confidence-building, skill mastery, and reflection, strengthening self-efficacy.

Outcomes
The BIP learning method significantly enhances student competence and innovation, preparing them for professional demands. This course provides international learning opportunities and equips multiprofessional healthcare students with basic breastfeeding counselling skills. Studying together across disciplines enables professionals to develop a shared approach to breastfeeding support, improving care for families.

Conclusion/Future Direction
Integrating positive pedagogy into simulation training creates a powerful learning experience, enhancing skills, confidence, and self-efficacy. Encouraging students to reflect on their performance and identify areas for improvement fosters a growth mindset, ultimately improving breastfeeding support in healthcare settings.

Keywords: Breastfeeding counselling skills, simulation, positive pedagogy

Oral 15 - Supporting long-term breastfeeding in maternity and child health clinics: Content and practice of breastfeeding counselling

Niina Pöyhönen[1]
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Abstract text:
BACKGROUND: The optimal health benefits of breastfeeding for both the children and breastfeeding parents are achieved with long-term breastfeeding. In addition, breastfeeding beyond infancy provides other benefits that breastfeeding parents find important in their everyday life. However, healthcare professionals' competence in supporting breastfeeding beyond infancy vary, and breastfeeding parents may experience unsupportive attitudes in health care settings. Promoting and supporting long-term breastfeeding requires specific knowledge and skills, but little is known about the content and practice of breastfeeding counselling beyond infancy.

AIM: The study aims to provide comprehensive description about the public health nurses' practice in supporting breastfeeding beyond infancy. The focus of the study is on the counselling contents that meet the breastfeeding parents' needs for information and support. In addition, the study provides a perspective to promoting long-term breastfeeding in maternity and child health clinics' context.

METHODS: The data were collected through focus group interviews (n=4) with public health nurses (n=12) and breastfeeding peer supporters (n=10) in February 2025. Inductive content analysis is used for data analyses. During the analysis process, Delphi rounds will be conducted, providing the interviewees with the opportunity to complement or clarify the data and to form a consensus on the results of the analyses.

RESULTS: The results of the study will be released by the autumn 2025.

Oral 16 - Swedish National Guideline on Immediate and Continuous Skin-to-Skin Contact and Mother-Newborn Couplet Care

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Abstract text:
Authors: Independent Expert Working Group under the Swedish Association of Local Authorities and Regions and the National Program Area for Child and Adolescent Health

Introduction/background
Immediate and continuous skin-to-skin contact between a mother and her newborn has been shown to have numerous benefits, such as regulating the infant's body temperature, stabilizing heart rate and breathing, decrease the mother's post-partum bleeding and improve her blood pressure regulation as well as reducing stress, promoting early breastfeeding, and enhancing bonding.

Aim: To develop a national guideline to ensure equal and best practice care by implementing immediate and continuous skin-to-skin contact and couplet care, preventing the separation of newborns and parents at or after birth.

Method
The project was governed by the Swedish Association of Local Authorities and Regions under the National Program Area for Child and Adolescent Health and approved by the National Program Areas for Gynaecological diseases, Pregnancy and Childbirth, and Anaesthesiology, Intensive Care, and Transplant medicine. The guideline was developed through a collaborative process with healthcare professionals from neonatal care, obstetrics, anaesthesiology, and intensive care, and a patient representative.

Result
The guideline states that mothers and their newborn infants are receiving care together regardless of medical needs and complexity, with early or immediate initiation of uninterrupted skin-to-skin contact during the first hours after birth. To achieve this, consensus and cooperation across operational boundaries, a clear allocation of responsibilities, and appropriate and adapted facilities, equipment, and working methods are required.

The guideline was published in Sweden in September 2024. It addresses staff and managers in the care chain of maternal health, obstetric care, neonatal care, anaesthesia, surgery, and intensive care. It applies to all newborns and their mothers during the first hours after birth, as well as for the subsequent period when both are being cared for in a hospital setting.

The guideline includes a scientific background, an impact assessment, definitions, recommendations, guidance for the implementation and development of working methods, and indicators for quality follow-up.

Oral 17 - The Continuum of Intimate Partner Violence Manifestations during Breastfeeding

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Abstract text: Background: One in three women experiences intimate partner violence during her lifetime. Intimate partner violence causes physical, psychological, and sexual harm, jeopardising human rights, global sustainability, and the health and well-being of women and children. Qualitative research on intimate partner violence and breastfeeding is sparse, but both breastfeeding and exposure to intimate partner violence have previously been shown to evoke existential questions. Women experiencing intimate partner violence seem to doubt their ability to breastfeed and have a shorter breastfeeding duration. The aim of the study is to explain and understand women's lived experience of intimate partner violence manifestations during the breastfeeding period.

Methods: The study employs a lifeworld hermeneutical approach, grounded in caring science and existential philosophy. The data comprises forty-nine written lifeworld stories and nine lifeworld interviews by women with lived experience of intimate partner violence during breastfeeding. Kelly's feminist theory, '*The continuum of violence'* underpins the main interpretation.

Results: The seven interpreted themes of intimate partner violence manifestations during breastfeeding show that women are being: *accused, devalued, neglected, controlled, opposed, forced to adapt,* and *punished*. The main interpretation suggests that the manifestations form a multidimensional continuum. The manifestations are intertwined and hold different meanings for different women, existing due to patriarchal structures that uphold female oppression and objectification. The woman-child intimacy and dependency change the intersubjective power balance of the partner relationship, which provokes some partners.

Conclusion: The study shows that the breastfeeding period, intertwined with motherhood and female embodiment, implies a particular vulnerability to intimate partner violence. Carers need to be aware of this to avoid exacerbating the vulnerability.

Potential impact or clinical relevance: The findings are valuable for informing healthcare professionals about how to recognise signs indicating that breastfeeding women under their care may be experiencing intimate partner violence. Highlighting women's lived experience provides a basis for care improvement. In a Nordic context, the study also encourages reflection on the discourse surrounding equal parenting and partner involvement, given that not all partner relationships are healthy.

Oral 18 - Tonge-tie or tension? An introduction to how to evaluate breastfed babies with symptoms that indicate that the baby may have a tongue-tie

Tine Greve[1]
[1] Bambus familieklinikk

Abstract text: Background:

This presentation is connected to the poster abstract: Increasing the knowledge on how to identify tongue-ties in breastfed babies and provide accurate counselling to mothers of these babies.

In the Nordic countries, some healthcare professionals have had limited knowledge about tongue-ties and its potential effect on breastfeeding. The last couple of years there has been more awareness, which have resulted in more babies being identified with and treated for tongue-ties. Unfortunately, the symptoms of tongue-ties in breastfed babies can be the same as those for healthy babies with motoric restrictions affecting breastfeeding. Concerns have been risen that babies may be "over-diagnosed and over-treated" based on lack of knowledge on how to make a differentiation of the cause of symptoms.

Purpose:

In this oral presentation, I will go through the main symptoms of tongue-ties and motoric restrictions in healthy babies that can be connected to or affect breastfeeding. I will look at the primary assessments that can help evaluate the most likely cause of the symptoms based on breastfeeding anamnesis, examination of the baby and breastfeeding observation. I will make suggestions for further treatment and counselling based on the findings. I am basing my presentation on existing scientific knowledge and personal clinical experience.

Results:

Increased knowledge on this may prevent "over-diagnosing and over-treating" in addition to secure that the breastfeeding dyad gets correct treatment when needed and accurate counselling based on the cause of the symptoms.

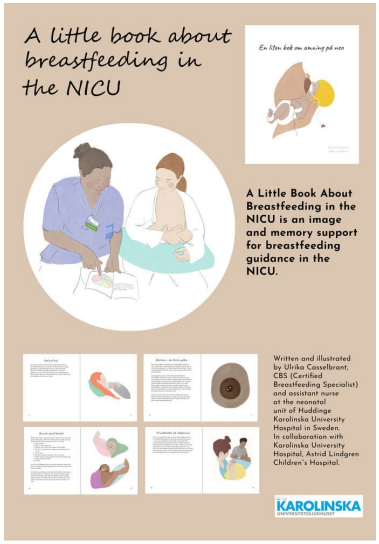
Poster abstracts

Poster abstracts are presented in the same order as they are located on the poster screens.

Poster 1 - A little book about breastfeeding in the NICU

Ulrika Casselbrant[1]
[1] Karolinska University Hospital

Abstract text: A Little Book About Breastfeeding in the NICU is an image and memory support for breastfeeding guidance in the NICU. Written and illustrated by Ulrika Casselbrant, CBS (Certified Breastfeeding Specialist) and assistant nurse at the neonatal unit of Huddinge, Karolinska University Hospital in Sweden. In collaboration with Karolinska University Hospital, Astrid Lindgren Children's Hospital.



Poster 2 - Breastfeeding as one of the strategies to reduce pain and anxiety in infants during routine needle-related medical procedures

Marie Golsäter[1, 2]
Hanna Andersson[3], Eva-Lotta Funkquist[4], Karin Enskär[4], **Karin Cato**[4]
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Abstract text: Needle-related procedures are painful for infants, highlighting the need to enhance the use and understanding of non-pharmacological strategies to alleviate pain and anxiety during such procedures. Breastfeeding during these procedures can be beneficial, as it reduces pain perception and shorter recovery time for the crying infant after vaccination. This study aims to explore how needle-related routine care procedures, such as vaccinations and blood samples, are carried out and described by parents and healthcare professionals to minimize pain and anxiety in infants. Sixteen healthcare professionals and 40 parents took part in the study. Individual interviews with healthcare professionals and parents were combined with observations of needle-related procedures using a study-specific observational protocol. The framework of Kolcaba's Comfort Theory, with the components of relief, ease, and transcendence, was used in the analysis. *Relief* was achieved through the support provided by HCPs to the parents and by alleviating the pain experienced by the children during the needle procedure. *Ease* was facilitated by preparing the parents beforehand and offering support and comfort to the child during the procedure. *Transcendence* was realized when HCPs prioritized the child's safety and when the needle procedure could lead to experiences of positive well-being for both the child-parent dyads and the HCPs. Several key aspects were identified as important for alleviating pain, and breastfeeding was described as one of the best strategies for alleviating pain in infants during children's needle procedures. However, practical challenges, such as ergonomic working positions or the child's lack of an apparent need for pain relief, influenced its usage.

Poster 3 - Breastfeeding counselling –Are midwifery and public health nursing students prepared for the task? A nationwide study on knowledge and self-efficacy

Ann-Magrit Lona[1, 2]
Anne Bærug[1], Hanne Nissen Bjørnsen[2, 3]
[1] The Norwegian Directorate of Health
[2] Norwegian University of Science and Technology, Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, Trondheim, Norway
[3] Norwegian Institute of Public Health, Department of Child and Adolescent Health Promotion Services, Levanger, Norway

Abstract text: Background:
Despite the well-documented benefits of breastfeeding for both infants and mothers, less than half of Norwegian babies are breastfed in line with current recommendations. The 2023 Norwegian white paper on public health highlights breastfeeding support as a key measure to reduce social health inequalities. While most mothers initiate breastfeeding, many face challenges leading to partial breastfeeding or cessation. Healthcare professionals competent i breastfeeding counselling play a crucial role in preventing and addressing breastfeeding difficulties. Studies from various countries report low competence levels in breastfeeding counselling among healthcare professionals and students. However, no such studies have been conducted in Norway.

Objective:
This study aimed to investigate knowledge and self-efficacy in breastfeeding counselling among Norwegian midwifery and public health nursing students upon graduation.

Methods:
A cross-sectional survey was conducted in spring 2021, inviting all midwifery and public health nursing students in Norway (239 participants, 45% response rate). A study-specific knowledge test, incorporating some of the questions from the WHO competency verification tool, assessed breastfeeding counselling knowledge. Bandura's self-efficacy theory was applied to measure confidence in five counselling scenarios using a five-point Likert scale. Descriptive statistics, t-tests, chi-squared tests, and linear regression examined knowledge and self-efficacy levels, as well as their association with personal breastfeeding experience.

Results:
Only one-third of students demonstrated a satisfactory level of knowledge. Around half reported high self-efficacy in four out of five counselling situations, except when guiding a mother to pain-free breastfeeding, where 67% reported low self-efficacy. A significant association was found between higher knowledge levels and increased self-efficacy, and students with personal breastfeeding experience had significantly higher knowledge and self-efficacy compared to those without personal experience.

Conclusion:
This study suggests that most midwifery and public health nursing students lack sufficient knowledge in breastfeeding counselling. Strengthening pre-service education is necessary to ensure that midwives and public health nurses are well-prepared to support breastfeeding mothers.

Poster 4 - CAN BABY FRIENDLY HOSPITAL INITIATIVE MAKE A DIFFERENCE IN BREASTFEEDING SUPPORT FOR MOTHERS?

Jaana Lojander[1]
[1] University of Turku, Turku, Finland

Abstract text: Background
The Baby-Friendly Hospital Initiative (BFHI) is a major public health initiative to improve breastfeeding support for families in the first days after birth. There is an important research gap in understanding how mothers perceive breastfeeding support in Baby-Friendly hospitals, particularly in Nordic countries where breastfeeding is the norm. The aim of this study was to examine mothers' perceptions of breastfeeding support in Baby-Friendly hospitals and the impact of the implementation of BFHI on breastfeeding support.

Methods
Two sub-studies of a doctoral thesis described mothers' perceptions of breastfeeding support in Baby-Friendly hospitals. An integrative literature review (Study I) synthesised the existing literature (n=17 studies) on mothers' perceptions of breastfeeding support in Baby-Friendly hospitals. A quasi-experimental study (Study II) compared mothers' perceptions of breastfeeding support before (pre-test group, n=162) and after (post-test group, n=163) implementation of the BFHI.

Results
The findings of the literature review (Study I) showed that mothers in Baby-Friendly hospitals perceive breastfeeding support that is well aligned with most Ten Steps practices, although not always optimal. Eleven of the included studies compared maternal perceptions of breastfeeding support between Baby-Friendly hospitals and non-Baby-Friendly hospitals. Mothers in Baby-Friendly hospitals perceived breastfeeding support that was more in line with the Ten Steps than mothers in not certified hospitals. In particular, supplementary feeding and the use of a pacifier were less common in Baby-Friendly hospitals.

The implementation of the BFHI in the study hospital (Study II) improved breastfeeding support from the mothers' perspective. Mothers in the post-test group reported that breastfeeding support was more consistent with Ten Steps practices and other aspects of support than mothers in the pre-test group. The majority of breastfeeding support practices improved after the hospital became Baby-Friendly. Multiparous mothers in particular perceived improved breastfeeding support after the implementation of the BFHI.

Conclusion
The research suggests that BFHI implementation leads to better alignment with best breastfeeding practices, as perceived by mothers, and that this impact is particularly strong for multiparous mothers. While the Ten Steps are crucial for establishing a baseline of good practice, future studies should also explore how well they align with maternal needs and expectations.

Poster 5 - Developing a guideline for equitable breastfeeding support

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[1] University of Eastern Finland, Institute of Public Health and Clinical Nutrition, Finland
[2] University of Turku, Department of Nursing Science, Finland

Abstract text: Optimal nutrition is vital for infants' growth and development. Breastfeeding provides essential nutrients, reduces the risk of non-communicable diseases, strengthens the maternal bond, and lowers the infection risk in infants. However, the duration of breastfeeding does not always meet the recommendations. Breastfeeding mothers at risk of early cessation need comprehensive support to build confidence throughout pregnancy and breastfeeding. Breastfeeding may cease early due to factors like young age, single parenthood, immigration status, low education or income, unemployment, and psychosocial burden. Moreover, insufficient health literacy, smoking, delivery methods, high BMI, and inadequate support can impact breastfeeding continuation. Therefore, emphasizing support from social and healthcare services and peer support is crucial.

This study aims to establish a guideline for equitable breastfeeding support so that mothers at risk of early cessation are enabled to breastfeed successfully. The process started in 2022 through semi-structured interviews with breastfeeding mothers (N = 14) and breastfeeding promotion specialists (N = 9). The results revealed that mothers experienced diverse breastfeeding support and attitudes and faced un-updated information. Mothers hoped for individual, practical and accessible support but found family services lacking. Specialists recommended enhancing the promotion of breastfeeding, more education is needed in family services. Breastfeeding support should meet families' needs and it is required in different situations of life.

Based on these results, the next phase will investigate the support public health nurses provide for breastfeeding mothers at risk of early cessation. In 2025 nurses' attitudes and support in maternity and child health clinics will be examined using a survey (N=200) and observation of counseling sessions (N=30). In the last phase, during 2026, a panel survey of breastfeeding promotion experts (N = 20) will be conducted to explore future support development using the Delphi method. The data will be analyzed using both quantitative and qualitative methods.

The guideline will be formulated based on the results to tailor equitable breastfeeding and peer support to reduce the relevance of socioeconomic factors. The guideline seeks to improve breastfeeding rates as well as health and breastfeeding literacy skills of mothers, support early nutrition and parenthood, and upgrade education, policies, and societal attitudes.

Poster 6 - Diagnosing and managing dysphagia in breastfeeding infants - A discourse analysis

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[2] Roskilde Universitet, Institut for Mennesker og Teknologi, Roskilde, Denmark

Abstract text: Introduction: Dysphagia in infants is an underappreciated issue, despite early diagnosis and management of feeding problems being essential to avoid long-term challenges with oral feeding. As breastfeeding is a predictor for health promotion, infants who struggle with dysphagia should receive early intervention to make breastfeeding possible and aim towards health equity.

Aim: The aim of this master thesis is to reveal how Danish official breastfeeding policies and recommendations from the Danish National Health Trust influence the health care worker's possibilities of diagnosing and managing dysphagia in breastfeeding infants.

Methodology: A qualitative study is conducted using policy documents and semi structured interviews with policy conductors and lactation consultants working in clinical practice in Region Hovedstaden in Denmark. To analyze linguistic choices and the effect this might have on the lactation consultant's clinical reasoning, a discourse analysis inspired by Norman Fairclough's critical discourse analysis and Carol Bacchi's What's the Problem Represented to be-methodology have been conducted.

Results: The problem solving in breastfeeding issues seems to be focusing on the mother's experience and the infant's weight gain. Psychosocial strategies as self-efficacy seems to be a highly validated order of discourse. This leaves out the infant's feeding experience, as a focus area for problem solving, as long as the weight gain is satisfying. No standardized bed-side evaluation tools for dysphagia in infants are being recommended or used in clinical practice.

Conclusion: Danish breastfeeding policy-documents might interfere with the health care worker's experienced possibilities of diagnosing and managing dysphagia in breastfeeding infants. Thus, infant's with dysphagia might be overlooked.

Poster 7 - Does the timing of hands-on breastfeeding “help” by midwives during skin-to-skin affect nipple pain incidence?

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Takahashi Takahashi[2], Brimdyr Kajsa[1]
[1] Healthy Children Project The Center for Breastfeeding Harwich, MA USA
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Abstract text: Aim: To describe the timing and characteristics of midwives' hands-on interruptions of newborns' behavior while in skin-to-skin contact during the first hour after birth and to elucidate the relationship between these hands-on interruptions and the incidence of nipple pain during the first 4 days postpartum.

Methods: An observational pilot study was conducted at a Baby-Friendly® hospital in Japan from 2016 to 2018. Iterative analysis of video recordings from a larger study of the behavior of newborns while skin-to-skin with their mothers in the first hour after birth found 16 full-term newborns who were born vaginally and that met the inclusion criteria of a midwife's hands-on intervention interrupting the infant's progress toward breast self-attachment. The timing of the hands on interruption and the stage of the newborn's progress through Widström's 9 Stages was noted by two research assistants who had been blinded to the medical records. The degree of nipple pain after breastfeeding was self-evaluated by mothers each day during their hospitalization. All data were statistically analyzed.

Results: Interrupting the infant's progressive behaviors in the first hour after birth by midwives' hands-on “help” to breastfeed, may increase nipple pain during the 4 days after birth. One hundred percent of the mothers reported nipple pain in the postpartum with the highest pain reports occurring on day 4, regardless of when “help” was given.

Conclusion: Hands on help for newborn infants was not shown to support breastfeeding in the early postnatal period and may increase on-going nipple pain.

Poster 8 - Evaluation of an evidence-based digital information package about breastfeeding for parents in Region Stockholm

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Marina Taloyan[1, 3]
[1] Academic Primary Healthcare Centre, Stockholm, Sweden
[2] Primary Health Care Centre, Järna, Sweden
[3] Karolinska Institutet, Stockholm, Sweden

Abstract text:
Background: The World Health Organization recommends 6 months of exclusive breastfeeding, but in 2020 only 10% of Swedish mothers were exclusively breastfeeding during the entire first 6 months. Prenatal breastfeeding education is an important factor that affects breastfeeding outcomes. Several trials have evaluated whether web-based education interventions can increase exclusively breastfeeding. There is still a lack of knowledge about how to design and implement an easily accessible digital tool to support future parents, so that they are well prepared for breastfeeding.

Objective: This project aimed to study parents' experiences and thoughts regarding an evidence-based information package about breastfeeding provided on a webpage.

Material and methods: The current study is based on a Randomized Controlled Study aimed to investigate the effect of digital support in breastfeeding to avoid breastfeeding complications after delivery. One part of the project was to offer all participants an evidence-based information package with practical tools and information regarding breastfeeding. Afterwards, in pregnancy week 35, the participants received a link to give feedback, thoughts and suggestions for improvement of the information package.This project was a study using a mixed methods approach with both qualitative and quantitative analyses.

Results: In total, 357 out of 471 participants (75.8%) responded that they lacked information about breastfeeding in the baseline stage of the project. After getting access to the information package at the website, 94 parents answered the evaluation questionnaire. In total 83% agreed that the package provided them with enough information and that their questions about breastfeeding had been answered. The qualitative analysis of free evaluation texts resulted in three categories: (1) *easily accessible knowledge*, (2) *provides motivation, security but also difficult feelings* and (3) *need for personal contact/interaction and discussion forums.*

The overarching theme was *Need for digi-physical distribution of knowledge and exchange of experience.*

Conclusion: A digital information package might increase parents' knowledge about breastfeeding. However, there is also a need for physical contact. The digital approach should be combined with the possibility of individual counselling and physical contact with health care professionals. Breastfeeding parents also express a need for peer support.

Poster 9 - Experiences of the Development and Testing of a New Danish Certification of Breastfeeding Consultants.

Ingrid Nilsson[1]
Marianne Busck-Rasmussen[1], Christine Halling[1]
[1] Danish Committee for Health Education

Abstract text: Background: During recent years there has been an increased wish to establish a national certification of lactation consultants in Denmark as an alternative to the International Board Certified Lactation Consultants. In 2024 the Danish Ministry of the Interior and Health allocated funds for the development of a Danish Certification of Lactation Consultants. The certification is supported by the Danish Health Authority. The exam will be pilot tested in March 2025 and in May 2025 80 health professionals are sitting for the first exam aiming at being certified as Danish Certified Lactation Consultant. The certification is the end of a 95 hours' breastfeeding education, which has been offered to health professionals since 2005 and has been used as preparation for IBCLC exam since then.

Aim: In this poster presentation, we will present the background, development and testing of the new Danish Certification of Breastfeeding Consultants for health professionals, which is founded on theory- and evidence-based knowledge and targeted Danish breastfeeding recommendations and guidelines and Danish standards for education and exams at university level.

Methods: We developed and tested the exam leading to the Danish Certification of Breastfeeding Consultants on the background of learning objectives from the 95 hours' breastfeeding education, educational regulations from health educations at The University of Copenhagen and experiences from IBCLC exam. The development was made in close cooperation with an interdisciplinary group of health professionals certified as IBCLC, managers from maternity and municipality settings responsible for breastfeeding counselling in primary and secondary health care in Denmark, and the Danish Health Authority. The exam includes 1½ hours of multiple-choice questions and 2½ hours of questions related to breastfeeding cases.

Findings: At the poster we will present 1) the background for development of the Danish certification 2) development and pilot testing of the certification 3) the role of theory and practise in the certification 4) experiences and evaluation of the first exam.

Conclusion: The poster will provide an opportunity to get insight into postgraduate breastfeeding educational perspectives for health professionals.

Poster 10 - Immunoglobulin A concentration and percentage of retention after modified Holder pasteurization of donnor's milk from a population at high altitude

Luis Jimenez[1]
Jorge Galdos[2], Bryan Abarca[2], Theresa J. Ochoa[3], Jose Luis Flores[1], Wilbert Holgado[2], Yanet Mendoza[1], Miguel Angel Calvo[1], Almendra Vilca[2]
[1] Universidad Nacional de San Antonio Abad del Cusco, [2] Hospital Regional Cusco
[3] Universidad Peruana Cayetano Heredia

Abstract text: Two years ago a human milk bank has started operations in the city of Cusco-Peru located at 3350 meters above sea level. As in most milk banks worldwide, the standard pasteurization method is called Holder and consists in heating the milk to 62.5 oC and keeping temperature constant for 30 minutes before cooling in a water bath to 5 oC or less. This thermal process denatures a fraction of bioactive proteins present in milk like immunoglobulin A (IgA). According to most milk bank standards the bottles containing milk shall be shaken manually every five minutes during the temperature plateau. In a research and development project we developed an apparatus and method for automatically shaking the bottles containing milk during with the objective of reducing temperature variations around 62.5 oC and variations between bottles. To evaluate the performance of pasteurization, milk was collected at the Hospital Regional Cusco's milk bank from healthy donnor mothers according to a protocol and informed consent approved by the institutional ethics committee at Universidad Nacional de San Antonio Abad del Cusco. The samples had a volume of 30 mL for pasteurization; sixteen were mature milk pools, fourteen samples were from individual mothers (three colostrum, seven transitional and four were mature). The concentration of IgA before and after pasteurization was determined in the aqueus phase of the milk extracted repeatedly after two steps of 15 minutes centrifugation at 5000 rpm. We used and followed the assay procedures of ELISA IgA kits from Assaypro (USA) with a dilution factor of 20234 to target a maximum IgA concentration of 1 mg/mL. The mean concentrations of individual colostrum, transitional and mature milk samples before pasteurization were 1.005 mg/mL, 0.689 mg/mL and 0.385 mg/mL respectively. Pooled mature milk samples had a mean of 0.386 and SD of 0.175 mg/mL. IgA retention percentage was calculated in both pasteurization groups; automated (n=16) and manual (n=14) shaking. We found 54.59% (SD= 19.54%) in the automated group and 39.26% (SD=9.19%) in the manual group and the difference was significant (p=0.0128) suggesting that Holder pasteurization may be improved by automated shaking of milk samples during pasteurization.

Sample_Code	Sample Type	IgA concentration (mg/mL) Before Pasteurization	IgA concentration (mg/mL) After Pasteurization	Bottle shaking method (Holder pasteurization)	Retention %
C062SP	Colostrum	1.210	0.6587	Automated	54.44
C064SP	Colostrum	0.724	0.4514	Automated	62.32
C063SP	Colostrum	1.083	0.5044	Manual	46.57
T101SP	Transitional	0.570	0.2084	Automated	36.55
T104SP	Transitional	1.681	0.126	Automated	7.50
T106SP	Transitional	0.533	0.1158	Automated	21.72
T107SP	Transitional	0.512	0.4171	Automated	81.46
T109SP	Transitional	0.486	0.4109	Automated	84.53
T100SP	Transitional	0.764	0.2912	Manual	38.14
T102SP	Transitional	0.274	0.1489	Manual	54.34
M107SP	Mature	0.337	0.1764	Automated	52.41
M102SP	Mature	0.235	0.1245	Manual	52.89
M105SP	Mature	0.638	0.1251	Manual	19.60
M108SP	Mature	0.333	0.1334	Manual	40.08
P1-SP-C2A	Mature (pooled)	0.347	0.2557	Automated	73.65
P2-SP-C2A	Mature (pooled)	0.293	0.1516	Automated	51.69
P3-SP-C2A	Mature (pooled)	0.240	0.1783	Automated	74.42
P4-SP-C2A	Mature (pooled)	0.272	0.1581	Automated	58.23
P5-SP-C2A	Mature (pooled)	0.256	0.1439	Automated	56.28
P6-SP-C2A	Mature (pooled)	0.314	0.1694	Automated	53.90
P7-SP-C2A	Mature (pooled)	0.244	0.1209	Automated	49.65
P8-SP-C2A	Mature (pooled)	0.247	0.1347	Automated	54.65
P9-SP-C2A	Mature (pooled)	0.451	0.1629	Manual	36.13
P10-SP-C2A	Mature (pooled)	0.425	0.1766	Manual	41.53
P11-SP-C2A	Mature (pooled)	0.316	0.1246	Manual	39.39
P12-SP-C2A	Mature (pooled)	0.333	0.1548	Manual	46.56
P13-SP-C2A	Mature (pooled)	0.383	0.1357	Manual	35.44
P14-SP-C2A	Mature (pooled)	0.849	0.2019	Manual	23.78
P15-SP-C2A	Mature (pooled)	0.455	0.1722	Manual	37.81
P16-SP-C2A	Mature (pooled)	0.282	0.1056	Manual	37.42

Poster 11 - Increasing the knowledge on how to identify tongue-ties in breastfed babies and provide accurate counselling to mothers of these babies

Tine Greve[1]
Solveig Thorp Holmsen[2]
[1] Bambus familieklinikk
[2] University of Oslo

Abstract text: Background:

In Norway, some healthcare professionals have had little knowledge about tongue-ties and its potential effect on breastfeeding. Even though there has been more awareness the last couple of years, many healthcare professionals are still uncertain in how to evaluate for tongue ties in breastfeeding babies.

Purpose and Method:

To increase knowledge and giving healthcare professionals better self-efficacy on tongue-tie issues we, as a part of a PhD project, offered a 1.5 hour “crash-course” in evaluating breastfeed babies with feeding difficulties for tongue-ties and how to offer good breastfeeding counselling to the mothers. The course was offered to midwives, public health nurses, nurse-assistants, physiotherapists and medical doctors in two county hospitals and well-baby centers in two counties in Southern Norway over a 6-week period. The course was followed up by practical workshops for a selected group of the participants. After the course and the workshops, we asked the participants to measure their self-efficacy in identifying tongue-ties and providing breastfeeding counselling to mothers with babies with tongue-ties. We used an electronic anonymous evaluation tool to conduct the survey of the participants responses.

Results:

The participants presented with increased self-efficacy in identifying tongue-ties and counselling the mothers after having participated in the course and workshops.

Poster 12 - INFEDE: Infant Feeding Decisions in Two Cultural Locations

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Abstract text:
Background: Infant feeding is a profoundly embodied experience shaped by physiological, emotional, and sociocultural dimensions. This part of the research project explores the experiences of infant feeding decisions among mothers in Finland and Ireland, focusing on the physical sensations, emotional challenges, and societal perceptions surrounding both breastfeeding and formula feeding.

Methods: A narrative interview approach was employed to capture the lived experiences of 11 mothers residing in Finland and 11 in Ireland. Additionally, six supplementary interviews were conducted with Finnish mothers who had relocated to Ireland, offering unique insights into the cultural transition from Finland's breastfeeding-supportive environment to Ireland's more formula-accepting cultural landscape. The interviews were analysed using qualitative content analysis to identify recurring themes and variations in infant feeding experiences. This comparative approach enabled the examination of how cultural attitudes toward infant feeding practices shape maternal experiences and decision-making processes across different societal contexts.

Results: The findings reveal a broad spectrum of infant feeding experiences. Most of the mothers expressed that they wanted to breastfeed (or at least try to) but many had difficulties. Emotional experiences were intertwined with societal expectations of 'good motherhood,' where feeding success—particularly breastfeeding—was often equated with maternal competence. However, when breastfeeding did not proceed as desired—due to various reasons—mothers reported distress and a sense of failure. Nonetheless, they also felt they had to make a choice, and in the end, many came to feel at peace with their decision.

Conclusion: This study underscores the multifaceted nature of infant feeding, shaped by both physical realities and sociocultural expectations. The results highlight the importance of holistic support that acknowledges both the physical and emotional dimensions of the feeding journey, considering the specific cultural and healthcare contexts in which mothers navigate their infant feeding experiences.

Poster 13 - Mentor Mother Program from Capetown to Rosengård Malmö

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Abstract text: I´m a midwife working in Malmö at the breastfeeding clinic and BB-hemma.
As a midwife, I have contact with a project in Malmö called Yalla-lotsarna. Together with them I participate in a breastfeeding-café. The mainpurpose is to talk about breastfeeding. Often it develops into talks and discussions about women's health in general.
Yalla-lotsarna are available for migrants and newcomers who are expected to become a mother or is a mother of 0-5 years old child. Yalla-lotsarna work based on individual needs and conditions to strengthen women/mothers in their role as a mother and make various social functions available. Their focus is to create relationships based on trust, confidence, and respect for women in fertile age. Yalla- lotsarna give empowerment and opportunities to create a good life for the women and their children. Yalla-lotsarna are inspired by an organization in Capetown South-Africa: Mentor Mother Program Philani. The Philani takes a holistic approach to primary health care.
This community-based program focuses on bringing a supportive and informative primary healthcare intervention into the homes of families. Mentor Mothers guide mothers through the rehabilitation of their underweight children, support pregnant mothers to improve birth outcomes, decrease the number of children born with a low birth weight and assist in the prevention several infectious diseases.
Last November I was visiting Philani together with Yalla-lotsarna.
On the poster I will share how we can get inspiration and new knowledge from this kind of exchange where the context is both similar and different from ours.
In Mai I will attend the NJF in Copenhagen were this presentation will be presented as a poster.

Poster 14 - Monitoring mother's milk production and food security for infants and young children

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Abstract text:
Background:
The mother-child breastfeeding dyad is a powerful force for achieving healthy, secure and sustainable food systems. However, food systems reports often ignore breastfeeding. To help correct the omission of this 'first-food system' and give breastfeeding mothers greater visibility, mother's milk production should be incorporate into food surveillance systems.

Objective:
Our objective was to illustrate how to estimate and incorporate mother's milk production into food surveillance systems, and to review trends in mother's milk production in Norway from 1993 to 2018-19.

Methods:
The estimates use data on the proportion of breastfed at each month of age (0-24 months) from surveys covering breastfeeding practices in Norway, annual number of live births, and assumptions on daily human milk intake at each month. Based on extant literature, it was assumed that a breastfeeding mother on average produces 306 litres of milk during a lactation period of 0-24 months.

Results:
Estimated total production of milk by mothers in Norway increased from 8.2 to 10.1 million litres per year between 1993 and 2018-19. The annual per capita production increased from 69 to 91 litres per child aged 0-24 months.

Conclusion:
This study showed that it is feasible and useful to include human milk production in food surveillance systems to indicate infant and young child food security and dietary quality. It also demonstrates significant potential for increased milk production.

Poster 14 - The Breastfeeding Book for Parents and Professionals

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Abstract text: Introduction: Breastfeeding rates in Iceland are lower than WHO recommendations, about 20% of women are exclusive breastfeeding at 6 months. Many mothers receive conflicting information both from healthcare professionals and society. Often women seek help for simple breastfeeding challenges that could have been resolved much earlier with the right support. This is the first book written by Icelandic professionals.

Objective: This project aims to promote the new Icelandic book about breastfeeding. The book seeks to strengthen education for both parents and professionals, bridging gaps in knowledge and guidance. Our hope is that the book will inform, support, and empower mothers in their breastfeeding journeys, contribute to the normalization and promotion of breastfeeding in Iceland, and foster more consistent, unified education and support from professionals and family members.

Methods: In the beginning of 2023, we finally set out to write a book about breastfeeding, a long-held dream. We have compiled content, examined it from multiple perspectives and one could say that writing this book has been a learning process for all of us. Our experience and knowledge are drawn from a wide range of sources such as books, academic articles, conferences, and online platforms. Most importantly the mothers and children themselves have been our greatest teachers when it comes to learning about breastfeeding. Collectively, we have decades of experience supporting mothers through the childbearing process, and we hope our knowledge can benefit as many people as possible. We encourage mothers to believe in themselves and trust the natural process of breastfeeding. In the ending of each chapter there are diverse personal breastfeeding stories from Icelandic mothers.

Key Findings: The book is intended as a practical guide for parents and professionals. It can be read cover to cover, browsed by topic, or used as a reference when specific challenges arise.

Target Audience: This book is intended for all parents, healthcare professionals, family and anyone interested in supporting breastfeeding mothers.

Goal: Our primary goal is to increase breastfeeding rates in Iceland. We hope that this book will empower breastfeeding women and serve as a tool for healthcare professionals that work with breastfeeding women.

Poster 15 - The impact of maternal psychological wellbeing on the initiation and duration of breastfeeding during the infant's first twelve months

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Abstract text: Background: Early cession of breastfeeding impacts maternal and infant health.

Aims: This prospective study examined the impact of prenatal and postnatal maternal psychological well-being on breastfeeding initiation, duration, and exclusivity, as well as the reciprocal relationship between breastfeeding patterns and maternal psychological well-being.

Method: As part of the longitudinal 'Swedish Pregnancy Planning Study', 1251 women completed self-reported questionnaires during early and late pregnancy and one year postpartum. The Edinburgh Postpartum Depression Scale, Hospital Anxiety and Depression Scale, Perceived Stress Scale and Adverse Childhood Experiences Scale assessed maternal well-being, while specific questions addressed infant nutrition for the first year.

Results: Analysis revealed a negative correlation between psychological distress in early and late pregnancy and one year postpartum, and the duration of exclusive and any breastfeeding. Higher psychological distress scores consistently correlated with shorter breastfeeding durations. No link was found between infant feeding variables and changes in maternal psychological well-being during the infant's first year.

Conclusions: These findings stress the importance of screening for and addressing low psychological well-being during pregnancy. Pregnant women with low psychological well-being should receive targeted breastfeeding support to improve breastfeeding success. This study highlights that the choice of infant feeding method does not affect maternal psychological well-being.

Poster 16 - Women's experience of prenatal digital breastfeeding education in a mobile application, Halland County Sweden

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Abstract text: Background:
The breastfeeding rate in Sweden is declining. Prenatal education with a focus on breastfeeding is among the most effective measures to promote and support breastfeeding. In 2022, maternity health care in Halland County, Sweden, started an prenatal education program online for pregnant women and their partner or support person. Breastfeeding is a large part of the education content. The program has been designed as an application, and the content of the breastfeeding chapter is in line with recommendations from the World Health Organization. The program aimed to provide information about the benefits of breastfeeding and how to promote breastfeeding in order to motivate breastfeeding and prepare pregnant women to make conscious choices about how they wish to feed their infants.

Aim:
The study aimed to evaluate pregnant women´s experience of an online prenatal breastfeeding education program

Method:
The study was conducted as a qualitative interview study. Data collection was conducted through interviews with 12 first-time pregnant women in Halland. Each participant particicipated in two interviews: the first at week 28 of pregnancy and the second at 6-8 weeks after delivery. The analysis was conducted using qualitative content analysis whith an inductive method.

Results:
The study showed that the prenatal online breastfeeding education enhanced the women's confidence in their breastfeeding abilities. Participants reported that the education offered new knowledge and insights, which fostered a sense of calm and security. This, in turn, boosted their motivation to breastfeed and practice skin-to-skin contact with their infants. Additionally the education program improved their understanding of the infant as an active participant in breastfeeding and highlighted the teamwork involved between the mother, infant and partner/support person.

Conclusion:
The study demontrated that the digital breastfeeding education program during pregnancy provided women with valuable knowledge and awareness about breastfeeding, therby enhancing their self-confidence and fostering a new understanding of the infant as an active participant in the breastfeeding process. And insight into using education as support during breastfeeding.