وزارة الصحة
Ministry of Health
الإدارة العامة للتغذية
General Directorate of Nutrition

Under the Patronage of
the Deputy Minister for
Medical Support Services

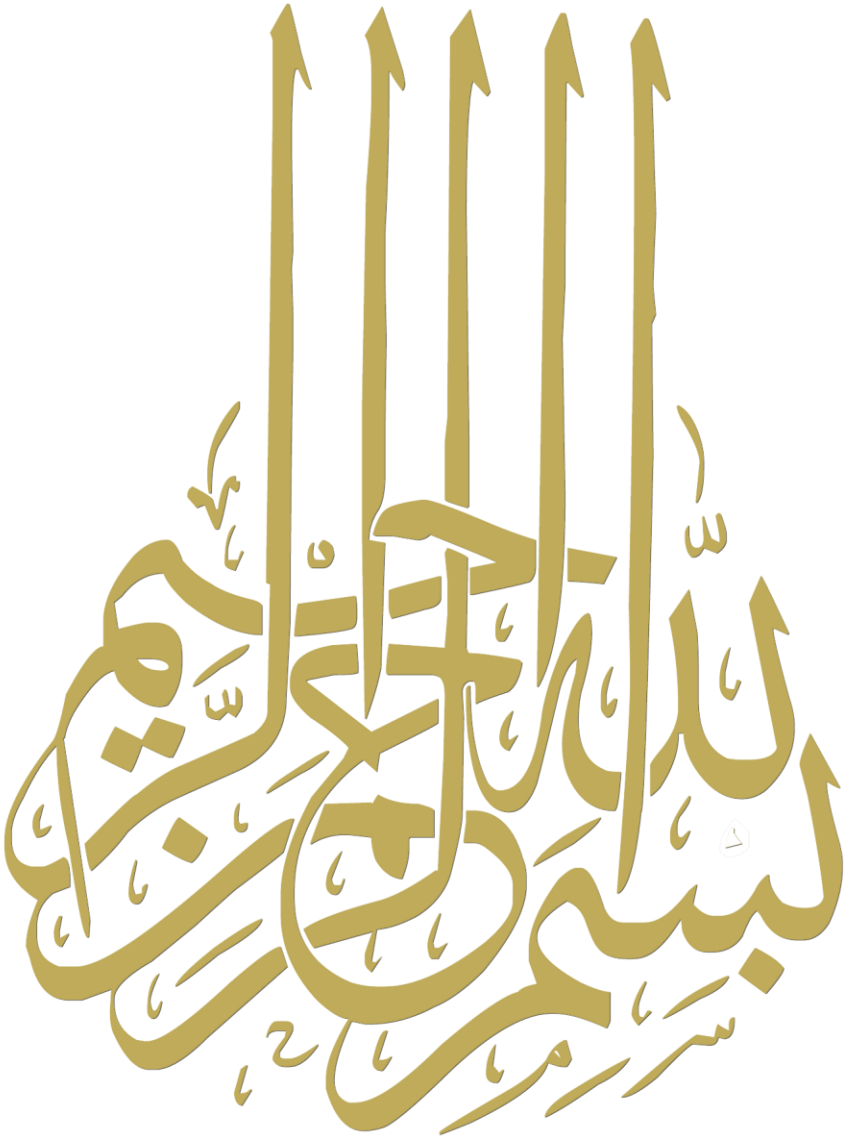
برنامج تشجيع الرضاعة الطبيعية
Breast Feeding Promotion Program
المملكة العربية السعودية - وزارة الصحة
Kingdom of Saudi Arabia-Ministry of Health

The Ministry of Health Represented by
National Breastfeeding Support Program
Conducting

THE FIRST CONFERENCE FOSTERING BABY-FRIENDLY COMMUNITY

28-30 Rabi Al-Awwal 1441 / 25-27 November 2019
PARK HYATT JEDDAH

Scientific Programme & Abstracts Booklet



In the name of Allah, the Most Beneficent,

the Most Merciful

وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَن يُتِمَّ الرَّضَاعَةَ

The Custodian of the Two Holy Mosques
King Salman Bin Abdulaziz AL Saud
The Prime Council of Minister

His Royal Highness
Prince Mohammad bin Salman bin Abdulaziz Al Saud
Crown Prince & Deputy Prime Council of Minister

Dr. Tawfiq bin Fawzan Al-Rabiah
Minister of Health, Kingdom of Saudi Arabia

The Ministry of Health continuous full Support to Baby Friendly Community

I am pleased to welcome you to this prestigious Conference "The First Conference Fostering Baby Friendly Community in Jeddah.

Over the years with full supports from the government of Saudi Arabia, the Ministry of Health (MOH) is responsible for providing the best-quality integrated and comprehensive healthcare services to all its citizens for free.

Currently, MOH, has more than 279 Hospitals with more than 42,000-bed capacity, serving more than 16 million patients through their outpatient clinics annually, while emergency sections receive more than 18 million emergency cases and 21 million injuries. Furthermore, the MOH's Hospitals have conducted more than 500,000 surgeries and more than 240,000 deliveries yearly. Total number of newborns delivered in Saudi is around 500,000 babies every year. Almost 48% of these deliveries occur at MOH. The ministry has more than 2,390 primary healthcare centers which served more than 52 million patients dealing with Maternity and Children Care as well as chronic disease.

In 1991, the National Breast-Feeding Support Program (NBFSP) was established by the MOH, after the government of Saudi Arabia signed an agreement with WHO/UNICEF to adopt the Baby Friendly Hospital Initiatives (BFHI) in their maternity and children units. Over the years, the program managed to get 66 Maternity institutes (Hospitals and Primary Health Center) designated as Baby Friendly with the full supports from the Minister of Health. With 2030 vision, this becomes even more a reality as the BFHI would fulfil the strategic goals of the transformation Program.

I am so proud to be part of this first International Conference that Fosters Baby Friendly concept and I give it my full support. A glance through the list of presentations and workshops planned for this conference reveals the amazing preparations done by the Scientific Committee. The round table for the stakeholders is an excellent opportunity to create collaboration scheme with all Ministries and Organizations in Saudi Arabia that deal with the Maternal, Neonatal and Baby Friendly Concept to come up with solid recommendations to achieve the 2025 WHO goals that the government of SA signed in 2016 (Exclusive Breast feeding to be 50%).

I am honored to express my thanks and gratitude to the Custodian of the Two Holy Mosques King Salman Bin Abdulaziz AL Saud and HRH Prince Mohammad bin Salman, the Crown Prince for their vision to keep this country at the front. It is my great pleasure to extend my thanks to the Minister of Health his excellency

Dr. Tawfiq ALRabia for his continuous support and to the deputy minister for therapeutic affairs, Dr. Tareef Alamaa. A special thanks to Mr. Mishary Aldakheel, the Chair of the Conference; National Coordinator of the National BFSP and the General Director of the Nutrition Department. Finally, thanks to the Scientific Committee represented by the Committee Chair and Director of the Conference, Dr. Hanan Sultan for their enormous efforts to make this Conference of such high caliber. Many thanks to the chair of the organizing committee Mr. Ibrahim Attaya for their efforts in organizing this event. Extended thanks to all sponsoring companies and Hospitals and hope you enjoy this great conference.

Dr. Ahmed bin Hamdan Al jedai
A Deputy Minister for Medical support services

Welcome from the Conference Chair
كلمة افتتاحية لرئيس المؤتمر

بسم الله الرحمن الرحيم

والصلاة والسلام على الهادي الامين وآله وصحابته الغر الميامين.

بداية يطيب لي أن أرحب بكم في المؤتمر الاول لمجتمع داعم وصديق للطفل، والذي نفخر به جميعاً كونه الأول من نوعه في المملكة العربية السعودية لإستضافته لهذه الكوكبة المتميزة من الخبراء والمختصين المحليين والدوليين في مجال محاور المؤتمر المتميزة برفع ثقافة المسؤولية الاجتماعية لدعم الرضاعة الطبيعية. كما يشارك في المؤتمر ممثلي 7 منظمات دولية من امريكا واوربا وآسيا والشرق الاوسط.

ان الرضاعة الطبيعية امر آلهي وهبة من الله عز وجل حث عليها القران الكريم وسنة نبيه المصطفى صلى الله عليه وسلم. هذا وقد اثبت الطب الحديث المبني على الدلائل والبراهين اهمية الرضاعة الطبيعية وناشدت المنظمات الدولية المختصة مثل منظمة الصحة العالمية واليونسيف دول العالم بتبنيها واتباع منهج ومعايير موحدة لتطبيقها . لعل من ابرزها مبادرة مؤسسات صحية صديق للأم والطفل والتي انطلقت من جنيف عام 1991م. كانت حكومة المملكة العربية السعودية سباقة في توقيع الاتفاقيات لتطبيق هذه المبادرة وظهر ذلك جلياً في تأسيس برنامج تشجيع الرضاعة الطبيعية التابع لوزارة الصحة في نفس العام 1991م وحصلت اول مستشفى على اللقب عام 1992م ثم توالت المؤسسات في الحصول على اللقب من جميع القطاعات الحكومية والخاصة حتى بلغ عددها 66 مؤسسة بنهاية عام 2019م.

ضمن رؤية المملكة 2030 يأتي هذا المؤتمر الدولي لتحقيق الاهداف الإستراتجية لبرنامج التحول الوطني بوزارة الصحة المتمثلة بتعزيز الوقاية من المخاطر الصحية و تحسين جودة وكفاءة الخدمات الصحية المقدمة لرعاية الأم والطفل والمجتمع لوطن نموذجي ورائد. إضافة الى تحقيق وتعزيز الشراكة المجتمعية الداعمة محلياً وعالمياً. المؤتمر هو باكورة لعدة فعاليات وملتقيات سيتبناها البرنامج بمشيئة الله تعالى لمتابعة تحقيق وتطبيق اللوائح والانظمة في جميع الوزارات ذات العلاقة.

يصاحب المؤتمر حلقة نقاش لصناع القرار في المملكة من جميع الوزارات والهيئات والجمعيات ذات العلاقة للتشاور مع الخبراء المحليين والدوليين في عدة محاور هامة للوصول الى توصيات لتفعيل وتبني البرامج وبناء الشراكات المجتمعية لتجاوز التحديات وتقديم الدعم المجتمعي بكل اطيافه لتحقيق بيئة داعمة وصحية للأم والطفل.

ختاماً وبعد شكر الله عز وجل يطيب لي ان اتقدم باسمى آيات الشكر والامتنان لمقام سيدي خادم الحرمين الشريفين الملك سلمان بن عبدالعزيز وولي عهده الامين صاحب السمو الملكي الامير محمد بن سلمان رعاهم الله

على حرصهم لتكون مملكتنا الحبيبة رائدة وفي مصاف الدول المتقدمة في جميع المجالات . شكر وعرفان لمعالي وزير الصحة د. توفيق بن فوزان الربيعة على تبنيه للمنظومة الصحيه الحديثه والشكر موصول لسعادة الوكيل للخدمات العلاجية د. طريف بن يوسف الاعمى وسعادة الوكيل المساعد للخدمات الطبية المساعدة د. احمد بن حمدان الجديع على دعمهم للبرنامج وللمؤتمر لتحقيق بيئة ومجتمع صحي. كما اشكر أعضاء اللجنة العلمية للمؤتمر وعلى رأسهم المشرف على المؤتمر ورئيس اللجنة العلمية د. حنان بن علي سلطان على عملهم الدؤوب وجهودهم لإعداد هذا المؤتمر واخراجه بالصورة المشرفة، واثني بشكر لرئيس اللجنة التنظيمية الاستاذ / ابراهيم بن منصور عطيه لجهوده المتميزة في تنظيم المؤتمر وكذلك اشكر الشركه المنظمة الفؤاد لتنظيم المعارض والمؤتمرات وفريق عملها والشكر موصول لجميع الشركات والمستشفيات الداعمة بالرعاية للمؤتمر.

مشاري بن حمد الدخيّل

المشرف العام على الاداره العامه للتغذيه

المنسق الوطني لبرنامج تشجيع الرضاعة الطبيعية

Welcome from the Conference Director & Chair of the Scientific Committee

I am delighted to welcome you all to Jeddah, the "Bride of the Red Sea" to the 1st Conference Fostering the Baby Friendly Community. This is an international meeting where distinguished speakers from several international organizations are participating including UNICEF, IBFAN, WABA, ABM, ILCA & LLLI. The conference comes in line with the agreements of the Government of Saudi Arabia with international organizations to implement the international charters, and within the 2030 vision strategic goals for a model and pioneering country.

The theme of the conference focuses on "creating a sustainable community that advocates a Baby Friendly Concept". Fifty distinguished keynote pioneer multidisciplinary speakers both national and international from the USA, Europe, Japan, the Middle East & Asia are gathered under the Park Hyatt Hotel's roof in Jeddah's Red Sea corniche to share their knowledge and experience. Networking and Fostering new connections are excellent opportunities for everyone attending this conference.

The three workshops are also great opportunities to explore how the health care institutes can succeed in the assessments to become a Baby-Friendly, Neo NICU Baby Friendly and Maternal Friendly Practice; and Empowering working lactating mothers and women through peer support are other important areas covered by the other two workshops.

The associated Round Table Discussion for the Stockholders is a unique opportunity for several Saudi Governmental sectors to foster and develop a solid recommendation to help establish a strategic plan to empower mothers and families towards the optimal feeding of infants. This is critical, along with reaching the 2030 visions goals, in preventing disease as well as fulfilling both national & global strategic goals and commitments that the Government of KSA signed with international organizations.

It's my great pleasure to extend my sincerest gratitude to the Government of Saudi Arabia, the Custodian of the Two Holy Mosques King Salman Bin Abdulaziz AL Saud and HRH Prince Mohammad bin Salman, the Crown Prince represented by the Minister of Health Dr. Tawfiq Al Rabia for their continuous sustainable support to the BFH Project. A very special thanks to Dr. Tareef Alaama, the Deputy Minister for Curative Services and Prof. Ahmed Al Jedai, the Deputy Minister for Medical Support Services for their kind support and patronage of the Conference. An extended thanks to Mr. Mishary Aldakheel, the Chair of the Conference; National Coordinator of the National BFSP and the General Director of the Nutrition Department for his kind trust and belief in me. Without his full support we wouldn't be here today.

In addition, I am very grateful to my colleagues on the Scientific Committee (Mrs. Albandari Abonayan, Dr. Nadia AlHazmi, Dr. Afnan Aboalwa, Dr. Buthina AlWafi and Dr. Maha Faden) who worked very hard with me to get this scientific conference to this prestigious level. Special thanks to Alfoad Company and Mr. Ibrahim Attaya for their great efforts in organizing this event and all the sponsor companies and Hospitals for their support to implement the regulations of the International Code. Finally, I would like to thank you all for participating in this conference.

Once again, a very warm welcome and I wish you all a very fruitful conference.

DR. Hanan Ali Sultan

Fellow Royal College of Obstetricians & Gynaecologist-UK
IVF & MIS Fellowship, London
International Certified-Lactation Consultant
Reproductive Genetics & Epigenetics Researcher -UK


THE FIRST CONFERENCE FOSTERING BABY-FRIENDLY
COMMUNITY
المؤتمر الأول لمجتمع داعم وصديق للطفل

Conference Objectives

1. Improving the quality & Efficiency of Maternal, Infants &Young Children care
2. Monitoring infant and young child nutrition within international standards
3. Achieving global indicators and standards towards supportive & Baby-Friendly Community
4. To promote a supportive Baby-Friendly Community Partnership both National and International

Conference Themes

I. Role of the Governmental, National & International Organization to Advocate BFC

1. ICMBMS and Subsequent relevant WHA Resolutions & the Saudi Breast-milk Substitutes Marketing Code Executives Regulations, 2019
2. Monitoring violations of the National code and penalties
3. Role of International organization such as WHO; UNICEF; IBFAN; WABA; ILCA and LLLI to support BFC
4. Provisions of Breastfeeding in Sharia Law; Islamic Milk Banking and Re-Lactation for Orphans
5. The role of relevant ministries in fostering BFC such as: Education; Media, Labor & Social Development; Municipalities & Rural Affairs and others

II. How to be Accredited as Baby Friendly by WHO & UNICEF and maintain it?

1. Revised WHO & UNICEF Ten steps, 2018
2. Policies and Procedures to support infant and young children feeding: Challenges and How to overcome them; HIV Policy and Lactations
3. Baby Friend Initiative Criteria and KPI of success
4. Local Successful Experience in obtaining and maintaining Designation
5. MOH initiative April 2018: All maternity units to be Mother & Baby Friendly

III. Effective Researches in Breastfeeding to Fostering Baby Friendly & Monitor the Progress

1. Current Breastfeeding Researches: Challenges and how to Improve it?
2. Effective Research Methodology to achieve Baby-Friendly Community
3. Global standards and KPI for infant and young children feeding

Target Audience

The conference is a great opportunity for fostering with colleagues from different disciplines such as:

- Obstetricians
- General Practitioners & Family Medicine
- Pediatricians & Neonatologist – NICU
- Midwife & Nurses
- Nutritionist & Dietician - Health Educators
- Quality Manager
- Breastfeeding Coordinators at the Maternity units
- Administrators - Women's Health Institute/ Maternal units & Primary Health Care Centers
- Career for Baby Friendly Community

Scientific Committee

Dr. Hanan Ali Sultan

Conference Director & Chair of the Scientific Committee
Consultant Obstetrician & Gynaecologist- Reproductive Genetics – IVF & MIS
International Board-Certified Lactation Consultant – IBCLC

Dr. Nadia Muhana Al Hazmi

Member of the Scientific Committee
Consultant Obstetrician & Gynaecologist- Feto-Maternal
Head of Obstetrics & Gynecology Department - East Jeddah Hospital

Dr. Maha Saleh Faden

Member of the Scientific Committee
Consultant Neonatologist – King Abdullah Medical City - Jeddah
International Board-Certified Lactation Consultant - IBCLC

Dr. Afnan Mohammad Aboalwa

Member of the Scientific Committee
Consultant Family Medicine
International Board-Certified Lactation Consultant - IBCLC

Dr. Buthaina Mohammed Al Wafi

Member of the Scientific Committee
Consultant Obstetrician & Gynaecologist

Mrs. Albandri Abdulrahman Abonayan

Nutrition Specialist
Coordinator of Breastfeeding National Program at MOH

Mr. Ibrahim Mansour Attaya

Chair of Organizing Committee

Mr. Khaled Affas Aldera

Media cover

Conference Booklet Preparation

Dr. Hanan Ali Sultan
Dr. Afnan Abo Alwa
Dr. Maha Faden

Conference Booklet Designer

Dr. Hanan Ali Sultan

Chairpersons & Speakers according to the Scientific Programme

Mr. Mishary bin Hamad Al-Dakheel is the General Directorate General Administrator of Nutrition at the Saudi Ministry of Health. He delivered numbers of lectures in symposia, conferences and workshops in the field of Nutrition, Health, Administration and Planning. He participated in teaching a number of courses in diet and food services. He represented KSA in many scientific conferences and meeting related to nutrition. He is a lecturer at part of co-operation training at King Saud University.

Dr. Nadia Mohana AlHazmi is a Consultant in Obstetrics and Gynecology. She has a subspecialty in Feto-Maternal Medicine at King Faisal Specialist Hospital & Research Center Riyadh 2008. She is currently the Head of Obstetrics and Gynecology Department at East Jeddah Hospital.

Dr. Hanan Ali Sultan, MBchB, FRCOG, ABOG, MSc (Res), IBCLC

Senior Consultant Obstetricians & Gynaecologist at East Jeddah Hospital. She is the 1st Obstetrician in Saudi Arabia certified as International Board Lactation Consultant - IBCLC in 2017. Hanan had a special interest in Empowering Women; Prevent Domestic Violence; Human Rights and Islamic Bioethics with wide experience in social responsibilities & volunteer work. She is certified as External Assessors for BFH - MOH. She is the Coordinators of Training at "Jeddah City Baby Friendly Projects "- MOH 2019. She organized several workshops (20hs & 40hs) and participate in the 90hours courses in Madinah. She is a Member of Academy of Breastfeeding Medicine. Life member of Saudi Society of Obstetrics & Gynaecology and Member of Board Director of the Saudi Scientific Society for Juristic Medical Studies.

Hanan had double qualifications (ABOG & MRCOG) in 1992 / FRCOG in 2005; Master (Res) Reproductive & Development Biology, Imperial College London, 2006; Reproductive Medicine (IVF& Minimum Invasive Surgery Fellowship London – 2005. Reproductive Genetics, Imprinting laboratory & Reproductive Bio-ethics at UCL- London, Cambridge & Newcastle (2007-20016).

Hanan had wide Experience working & Studying in UK for 13 years (2003-2016). Was the 1st lady to be the Chair the OB/GYN Department at MOH in 2001. She was Former head of Training, Planning & Development & Deputy Head Clinical Audit Administration, MOH Jeddah Region-2016. Hanan has an enormous experience in CME throughout her carrier for more than 30 years. Member of Scientific Board Council & Head of Supervisory Committee Western Region – SCFHS / 2001-2003.

She organized more than 60 International Conferences, Seminars and Forum both National and International in UK.

Mrs. Albandri Abdulrahman Abonayan is a Nutritionist. She is a Central Trainer of Breastfeeding. She Accredited institutions of the baby -friendly program. She is the Coordinator of Breastfeeding National Program at MOH. She was the Chairman of the Committee set up parental messages - National Committee for Childhood at 2015.

Prof. Abdalelah Saaty

البروفيسور الدكتورعبدالاله ساعاتي حاصل على درجة الدكتوراه من الولايات المتحدة الأمريكية في ادارة الخدمات الطبية والمستشفيات. عضو مجلس الشورى , رئيس اللجنة الصحية بمجلس الشورى . بروفيسور في إدارة الخدمات الطبية والمستشفيات . له العديد من المؤلفات والأبحاث المنشورة عالميا ومحليا . شغل عدة مناصب في وزارة الصحة وفي جامعة الملك عبدالعزيز وجامعة جدة

Dr. Kathleen Marinelli MD, IBCLC, FABM, FAAP

Kathie is a Clinical Professor of Pediatrics, University of Connecticut School of Medicine, and has served as a Neonatologist, and member of the Human Milk Research Center, Connecticut Children's Medical Center, Hartford, Connecticut. She graduated from Cornell University and Cornell University School of Medicine; and completed postgraduate clinical training as a pediatric resident, nephrology fellow and neonatology fellow at Children's National Medical Center, George Washington University, Washington DC.

Having served 12 years on the Academy of Breastfeeding Medicine Board of Directors and many as chair of its Protocol committee, she was in the first group of physicians to receive the designation of Fellow of the Academy of Breastfeeding Medicine (FABM). Kathie is also Past-Chair of the United States Breastfeeding Committee, Chaired the Baby-Friendly Hospital USA NICU Initiative from 2013-2017, serves on the Baby-Friendly USA medical advisory committee, and served on the International Lactation Consultant Association's Board of Directors (2014-2018). She is an ad-hoc member of the 5 Organization-WHO-UNICEF Collaboration on the global implementation of the new BFHI Ten Steps.

She is co-Medical Director of the Human Milk Banking Association of North America, Mothers' Milk Bank of the Western Great Lakes and as Associate Editor of the *Journal of Human Lactation* since 2016. She has authored many chapters, research papers, and ABM protocols. Among her research interests are breastfeeding and human milk in the NICU, Baby-Friendly and Baby-Friendly NICU, donor milk and milk banking, and educating medical professionals. She lectures extensively around the world. Her proudest achievement are her four accomplished children, ages 22 to 32.

Dr. Mona Alsumaie currently is the Director of Community Nutrition Promotion Department at Kuwait Public Authority for Food and Nutrition. A Pediatrician, Senior Nutritionist, and an International Certified Lactation Consultant. She is a Country Focal Point for WHO about MIYCN and the Coordinator of Kuwait Breastfeeding Promotion and BFHI Implementation Program, and the Country Coordinator of International Board Lactation Consultant Exam (IBLCE). She is also the Head of Kuwait Lactation Consultants Society and a Member of the Board of Directors of the local non-profit BirthKuwait mother to mother support group. She is a temporary advisor about nutrition for WHO, the President of IBFAN Arab World (IAW), Member of International Advisory Council (IAC) of World Alliance of Breastfeeding Action (WABA), Member of the Marketing Committee of IBLCE.

Dr. Ghada Sayed, Consultant of Neonatology and Pediatrics. International Board-Certified Lactation Consultant (IBCLC) (2003) and Clinical Nutritionist (European Society for Clinical Nutrition and Metabolism ESPEN). I am International Baby Food Action (IBFAN) Arab World Regional Coordinator (2010 till present). I was elected to be a member of IBFAN Global Council (2013 till present). I have worked as temporary Consultant for nutrition for WHO Eastern Mediterranean Region, WHO Egypt, UNICEF Egypt and WEP Egypt.

Dr. Tomomi Kitamura is a Pediatrician. She is the child survival and development specialist at the UNICEF Regional Office for the Middle East and North Africa, Amman, Jordan. She worked as a technical officer for the World Health Organization (WHO) Regional Office for Africa. She published many papers and attended a lot of symposia. She has professional membership at International Epidemiological Association, EpiCore, Japan Paediatric Society, Japan Society for Premature and Newborn Medicine, Japan Society of Perinatal and Neonatal Medicine and Japan Association for International Health.

Dr. Amal Omer-Salim is the Executive Director of the World Alliance for Breastfeeding Action (WABA). Also serves as a Senior Technical Advisor to WABA. Amal is a nutritionist with a PhD from Uppsala University, Sweden. Her areas of expertise are nutrition, breastfeeding, international health, gender, program planning, research, and advocacy. For many years, she has been working as a consultant to the Swedish International Development Cooperation Agency, Sida. Amal has been working with WABA and its Core Partners in the ILO Campaign for Maternity protection for working women and is now working with WABA on coordinating the Health care practices area, amongst other things

Prof. Khalid A. Bin Abdulrahman

البروفيسور خالد بن عبد الغفار العبدالرحمن بروفيسور في طب الأسرة والتعليم الطبي وعميد مؤسس لكلية الطب بجامعة الإمام محمد بن سعود الإسلامية والمشرف العام على الخدمات الطبية سابقا .ويرأس حاليا مجلس إدارة الجمعية السعودية للدراسات الطبية الفقهية. وقد كان وكيلا لجامعة الإمام للتخطيط والتطوير والجودة ومستشار غير متفرغ لمعالي وزير التعليم السابق. وكان أيضا رئيس ا للجنة عمداء الطب بالجامعات السعودية. وهو أستاذ كرسي الدكتور الخولي لتطوير التعليم الطبي بالمملكة العربية السعودية. ورئيس تحرير ملحق مجلة المعلم الطبي الدولية. ورئيس تحرير مجلة جامعة الإمام للعلوم التطبيقية. ورئيس تحرير مجلة الدراسات الطبية الفقهية. وعضو المجلس الصحي السعودية سابقا. وعضو مؤسس للجائزة الدولية للتميز في التعليم الطبي ومقرها بريطانيا. وقد شارك مؤتمر عالمي في مجال التعليم الطبي وطب الأسرة ولديه أكثر 300 كمتحدث رئيس في أكثر من من سبعين بحث محكم ومنشور في دوريات عالمية ومحلية. وهو المحرر الرئيس لكتاب روتليدج " - 2016 الدولي للتعليم الطبي The Routledge International Handbook of Medical Taylor - - الناشر: روتليدج الدولية للكتب، التابعة لمجموعة تيلور و فرانسيس - & "Education العالمية المعروفة . بروفيسور خالد له اهتمام كبير في العمل الصحي Francis Group التطوعي حيث تم تكريمه من معالي وزير الصحة بمناسبة اليوم العالمي للتطوع الموافق للخامس م. وحصل على العديد من الجوائز وشهادات التقدير المحلية والعالمية من 2017من شهر ديسمبر أخرها جائزة التميز في التحرير من الجمعية الأوربية الدولية للتعليم الطبي في شهر سبتمبر في المؤتمر الدولي للتعليم الطبي الذي عقد في مدينة ميلانو الايطالية AMEE 2014

Dr. Asma Hawsawi is a Consultant in Obstetrician and Gynecology at Maternity and Children Hospital at Makkah. She is a certified board lactation consultant 2018 (IBCLC). She is a member of the safe birth committee at Makkah Region. She is an external assessor at Ministry of Health of Baby Friendly Hospital Initiative.

Dr. Amal El Taweel (El-Tawil), MD, PHD, IBCLC
Graduate of Cairo Faculty of Medicine (1986). Master's pf Pediatrics (1992). Doctorate (PHD) of Pediatrics (2002). Devoted to breastfeeding promotion since certification as IBCLC in 2003. Board member of treasurer, executive manager and educational coordinator of the Egyptian Lactation Consultant Association (ELCA). Director of the reputable pre exam educational program conducted by ELCA. Member of ILCA and ILCA global Collaboration Committee. Member of ABM since 2009. Member of the international committee and Regional Network Coordinator for the Middle East of ABM since October 2016. Member of the education committee of ABM since November 2018. Member of International Baby Food Action Network (IBFAN) and member of the Advisory committee of IBFAN Arab World.

Dr. Razaz Mohammed Ameen Wali is a Family Medicine Consultant. She has a Women and Child Health Degree at McGill University -Canada. She also has a master's degree in medical education. She is an IBCLC and the Breastfeeding program coordinator PHC. She is also a Member of Baby friendly initiative team. She is Head of Maternity section at the specialized polyclinic KAMC. She is the director of Baby-

Friendly Program in the PHC-KAMC. She has many booklets regarding breastfeeding and she was a speaker in many national and international symposia.

Mrs. Faten AlYafi has a Master of Information Technology since 1999. She is currently the Executive Director of Ektefaa National Association since July 2018. She was an administrative Development Consultant at the Saudi Law Center. She was also a Governance Advisor at Al Siraj Holding Co. Ltd.

Mrs. Aljouharah Fahad Alajaji, former Secretary General of Preschool Education in the Ministry of Education, cofounder and Chairperson of the philanthropic society "The Child Care Association" (CCA) has dedicated her 35 years career to early childhood education in Saudi Arabia. After graduating from Eastern Michigan University in 1982, she worked as a preschool teacher for 10 years giving her expertise in the field. Some of her notable contributions to the field include the composing and training of a preschool curriculum in the Sultanate of Oman. In 1996, she participated in the committee formed by the General President of Girls' Education Decree to reformulate and develop the curriculum of preschool education. She later supervised the development of the two months training course for preschool education professionals in the Training Center of Riyadh. Aljouharah Alajaji continues to contribute to the field through the CCA by providing training courses and consultations. The CCA has created strategic partnerships with ministries, private and non-governmental organizations. Through those partnerships, the CCA has successfully implemented the "Mother Child Education Program", developed by ACEV, that has trained more than 10,000 mothers and caregivers across Saudi Arabia during the past 9 years. The CCA has also introduced The Breastfeeding Support Program in collaboration with the King Abdulaziz Medical City in Riyadh under the Ministry of National Guards. The Breastfeeding Support Program has provided training to 80 lactation counsellors who provide support to lactating mothers in local hospitals and support groups.

Mrs. Tahani Mosad AlHarbi is a coordinator of breastfeeding support program at the child care association and breastfeeding counselor.

Mrs. Hussban Kheder is a Physiotherapist specialized in women's health and MSK, AMANI childbirth Educator and Labor & Birth Doula. She is an active member of the Saudi Physiotherapy Association (SPTA) and Saudi Physiotherapist Association for Women's Health. She is a Board-Certified Lactation Consultant (IBCLC) in 2019.

Dr. Buthaina Mohammed Alwafi is a consultant in obstetrics and gynecology. She is the Head of the local committee to supervise the Saudi board program in obstetrics and gynecology in Western region since 2018. She is the Program directors of Saudi board in obstetrics and gynecology since 2016. ALSO, Instructor since 2008. She was the Head of obstetrics and gynecology department, MCH, Jeddah 2013-2015. She attended a Breastfeeding course attendance 20 h 2017

Dr. Sumayyah Mohammed Alsharif is a Consultant family medicine. She is the Acting PHC director since 2017. She is an Assistant clinical professor at Taibah university since 2016. She is a Trainer at post graduate family medicine program in AL Madinah.

Mrs. Eveline Dolleman is an internationally experienced Breastfeeding Counselor and peer-to-peer breastfeeding supporter with the world's largest breastfeeding support organization La Leche League. She is Studying for IBCLC. Well-versed in setting up and leading internationally orientated breastfeeding support groups. Passionate about breastfeeding since becoming a mother of three. Abroad since 2009, helping her family settle has been a priority until her accreditation as a La Leche League Leader.

Dr. Afnan Mohammad Abo Alwa is a Family Medicine Consultant, SBFM, ABFM. She acquired the International Board-Certified Lactation Consultant (IBCLC) in 2017. She was a speaker in many Breastfeeding lectures and workshops. She was a member in the Breastfeeding Support Committee in the Directorate for Health Affairs in Jeddah. She conducted a research titled "The Current Attitude of Primary Health Care Female Workers Towards Exclusive Breastfeeding in PHC in Jeddah KSA" during the year 2014. She is currently training for a fellowship in the National Guard Hospital in Jeddah, KSA.

Mrs. Samah Soliman is a Graduate from Fakeeh Collage for medical science in 2008. She was Certified with International Lactation Board Consultant in 2013. She had Management & Quality Diploma form Oxford University 2016. Master in Maternity & Women health Mansura university Egypt 2018. She is Working at Dr. Fakeeh Hospital Jeddah since 2010 as a clinical Nursing Director, BFHI Chairperson, and

Lactation Consultant.

Dr. Fadwa AlNahdi is a Family Medicine Consultant. She is the Maternity care coordinator in public health administration of Jeddah. She is also the coordinator of breastfeeding promoting program in Jeddah. Dr.Fadwa is a member of reproductive health task force committee at MOH. She is a Breastfeeding trainer.

Dr. Luthfa Khalid discovered her passion in the birthing field when she was expecting her first child in 2016 . The amazing experience of birth has the profound effect of opening up to something bigger and unstoppable. She is passionate about empowering mothers and fathers equally with knowledge and power to be aware of their rights. she is a mom of one boy and is currently pursuing and continuing education for being a Breastfeeding Specialist and Antenatal & Postnatal Fitness Specialist . She is also a certified NLP practitioner and have attended 54 births so far since 2017 December as an AMANI Doula and have taught about 40 expectant couples and mommas to be since 2016 as an AMANI childbirth educator.

Dr. Fahad Alaql is a Consultant Neonatologist and the Chairman of Pediatric Department in Riyadh National Hospital since 2013; He is adviser to the Ministry of Health and the Director of Neonatal Improvement Program in MOH since 2009. He has contributed to the development and standardization of process, manpower, equipment, consumables and medications in Neonatal Services currently adopted in more than 250 MOH hospitals. On the other hand, he contributed with the Saudi Central Board for Accreditation of Healthcare Institutions (SBAHI) in updating the accreditation standards for health facilities in the field of Neonatology. He also contributed in updating the design of NICUs which was adopted in the Ministry of Health.

Dr. Fahad has a degree in medicine and surgery from the Faculty of Medicine, King Saud University in Riyadh; he got his Arabic Board in General Pediatrics from Saudi Arabia, Diploma in Child Health from the Royal College of Physicians of Ireland and Royal College of Surgeons in Ireland and FRCP from Royal College of Physicians and Surgeons of Glasgow. He holds a Canadian Fellowship in Neonatal-Perinatal Medicine and Canadian Fellowship in Neonatal Follow-up from the University of British Columbia, Canada. Dr. Fahad started his carrier in Neonatology at Riyadh Military Hospital; in 2003, he moved to King Fahad Medical City, where he was appointed the Head of Neonatology department. In 2010, he was appointed the Director of Continues Professional Education at King Fahad Medical City in addition

to his work as a Consultant Neonatologist and the Director of Neonatal Follow-up Program.

Dr. Maha Faden is a Consultant neonatologist at King Abdullah Medical Complex at Jeddah. MBBH from KAU medical college Jeddah 1986. She is a Certified Board Lactation Consultant (IBCLC 2018). DCH Dublin 1991. Arab board pediatrics 1996. She was the Head of NICU in MCH Jeddah and Coordinator of breastfeeding before. She Attended many National & International symposiums

Dr. Batool M. S. Ali is an Internal Medicine and Adult Infectious Diseases Consultant. She is also a Representative of the Deputy Minister for HIV Medical Services since Jan 2015. She is a Former Medical Director at King Saud Hospital at HIV Care Center/Jeddah and a Former Head of Infection Control department at East Jeddah Hospital. She is a Member of the National Scientific Committee of AIDS since 2011. She published many papers in HIV. She attended and participated in many symposia.

Dr. Rajaa Al Raddadi is an Assistant Professor at King Abdulaziz university. She is also a Member of the scientific Board for preventive Medicine, SCFHS. She is a Trainer at the Joint Program of Preventive Medicine in Jeddah. Dr.Rajaa is the Vice president Saudi Epidemiology Association. She is also a board member, Saudi Society for Evidence Based Health Care. She has more than 100 publications and papers.

Dr. Noha Dashash Founded the Evidence Based Medicine Jeddah Working Group, Jeddah, 2002. Members of this active group are currently 45 active members, dedicated to teach the concept and skills of Evidence Based Health Care. The group has held more than 100 courses training over 11000 health care professionals in the region. Dr. Dashash was first-ever Saudi woman to be appointed as Assistant Director of health affairs and later, Director of Primary Health Care. Lead the quality team to establish policies and procedures in primary care and in preventive medicine. Leader of the 'Clinical Practice Guideline Committee' – Established 15 Evidence Based National Guidelines for common diseases in primary health care including the recently published Diabetes Guideline. Has several books and publications in the fields of Evidence based medicine, Childhood asthma, Dengue fever, Medical education; and participated in numerous National and International conferences as a Chairperson, member of organizing committees and speaker

Dr. Hessa Khalfan Alghazal, MBBS (UAE University), MSc(UK), MPH(USA), DrPH(USA)

Dr. Hessa al-Ghazal, Public Health Consultant, and the Executive Director of Sharjah Child Friendly Office. She received her Bachelor of Medicine and Surgery with distinction from the Faculty of Medicine and Health Sciences, University of Emirates and MSc in Maternal and Child Health from Aberdeen University, Scotland, UK, and a Master of Public Health (M.Sc.) specializing in motherhood and childhood excellence from Tulane University, Louisiana. She received a clinical doctorate in public health from the University of Tulane, Louisiana, USA, and a certificate of advance study in Child Rights from Geneva University.

Ms. Kholoud Al AlShammari is one of the valued Saudi Nursing Leaders in the organization. She has started her nursing profession since 2003 which is 17 years at KFSHRC- Riyadh KSA. Currently she is a Program Director in nursing Administration. Kholoud has completed her Executive Master Businesses Administration degree (EMBA) with Honor last 2015 form Alyamamah University, Additionally to her Bachelor Degree in nursing science (BSN) from King Saud University in 2002. By November 2019, Ms. Kholoud will be completing her one-year program of Director Fellowship from American organization of Nursing Leadership – USA. Ms. Kholoud is certified in Professional Patient Safety and Lean Six Sigma Green Belt. She is a CBAHI Nursing Surveyor and Just Culture trainer. Being a mother for five Kids never stops Ms. Kholoud from building up a better future for her nursing career

Dr. Nouf Yasin Indarkiri is a Family Medicine Consultant. She is an International Board-Certified Lactation Consultant. She is a Director of Health Education Administration in Prince Sultan Military Medical City. She is the Head of Breastfeeding committee in Armed Forces Medical Services Department. She is also a Member of Saudi Health Counsel of Health Education and a trainer in Saudi Residency Program of Family Medicine.

Dr. Nourah Hasan Al Qahtani is a Consultant in Obstetrics & Gynecology from the Royal college of Obstetricians and gynecologists 2016. She has a degree in Feto-maternal medicine form Queens Medical Centre. She has a Master of medical science in Obstetric Ultrasound from the University of Nottingham. She is currently an Associate Professor at Department of Obstetrics and Gynecology, College of Medicine, University of Dammam, Dammam 31451, Saudi Arabia.

Workshop Facilitators

Dr. Mona Sameer Ibrahim is a Consultant in Obstetrics & Gynecology. She is the organizer of breastfeeding program in Riyadh health since 11/1438. She has 90 hours course of breastfeeding. She also made 14 courses of 20 hours course from the UNICEF. She worked before at Al Yamamah Hospital for 11 years in OBS/GYNE department

Dr. Eman Zayed Al- Zayed is a Family Medicine Specialist. She is the Head of Breastfeeding committee- MCH- Dammam since 1417h till now. She is also the Head of breastfeeding support administration in eastern province. She had a certificate in train the trainer courses on breastfeeding counseling. She participated as a speaker in several breastfeeding courses inside and outside the hospital. She attended training courses for preparation for international board of lactation exam (IBLCE) and was certified as an international lactation consultant (IBCLC)on Oct 2016. She Attended many symposiums on breastfeeding, infant feeding and growth in Kuwait, Jeddah, Madinah, South Africa, France, Holland, Germany and Spain. She is also an External assessor for baby friendly health facilities.

Mrs. Buenafe B. Cala is a Neonatal Intensive Care Unit Nurse Professional with 16 years of experience, with 3 years of experience of Pediatric (ED Nurse, Oncology Nurse and Operating Theater Nurse). Currently, NIDCAP Professional 2013 to Present (Head of NIDCAP Professional Admin and Certification Process). NICU Developmentalist/NIDCAP Professional – Consulting and Guiding 31 NICU –MCH Hospital Tertiary, under Neonatal Improvement Program (Ministry of Health, KSA) from 2015-Present. She is also a Member of NIDCAP Federation International -2015-present

Dr. Fayza Al Malki is a Consultant Neonatologist at Maternity & Children Hospital at Al Dammam City, KSA

Dr. Ahmed Elnagib had his Bachelor of Medicine and Surgery at University of Khartoum, 1981. Has a Master of Public Health and Environmental Health - University of Khartoum, 2002. He is the Breastfeeding Program Coordinator Northern Borders Region, K.S.A., and a central Assessor of Breastfeeding Program and Baby Friendly Hospitals' Initiative. He is a Coordinator of health promotion (TOT) and director of the Tobacco Control Program Public Health Department at the Directorate General of Health Affairs in the Northern Borders. He is a Member of the Consultancy Advisory Committee for Ararr Healthy City Program, Northern Borders, K.S.A and a member of several other committees. He attended & actively participated in the annual meetings, workshops of the local coordinators of the breastfeeding support program held by general Directorate of Nutrition, 1428 -1434. He participated in the evaluation of King Abdul-Aziz Hospital of the National Guard and National Guard health center Al-Ahsa region. Also participated in the process of evaluation & re- evaluation of KFMC & NGH Riyadh, Khabur General Hospital and Prince Abdul Mohsen Al Ola district in Madinah Region and the re- evaluation of the Maternity and Children Hospital in Tabuk

Mrs. Julie Tannaci is a La Leche League leader and has experienced many benefits from the support and research-based information LLL provides during her time breastfeeding her four children now ages 10 years, 8 years, 5 years and currently breastfeeding her 1 year old. She has loved working with mothers and babies over the last 15 years either as a Registered Nurse caring for them after delivery in the hospital in California, U.S.A. or as she was training with an IBCLC at KAUST Health outpatient clinic in Saudi Arabia or now as a LLL leader. She lives with her family in the King Abdullah University of Science and Technology community, Thwal, Saudi Arabia.

Mrs. Nour Hafifi The birth of her first child, Eman had led her towards the world of birth and supporting woman. Being bedridden due to her sciatica through her pregnancy, had her spent her time reading and researching on natural birth. This led her to discover about Doula support and Midwifery led birth. She had her first-born in October 2013 with a support of a Doula and Midwife, and an amazing birth experience and vowed to share that birth is an amazing journey and empowering experience. Since March 2016, she has supported over 55 births and over 60 couples preparing them for childbirth. She has equally been supporting expatriate's community in Jeddah as well as local Arabs and Saudi women. The various birth experiences she supported are Spontaneous Vaginal Delivery, Caesarean Section, Stillbirth, Vaginal Birth After Cesarean, VBA2C & Miscarriages.

Mrs. Sakina Salawati is a creative ethical personality educator. She attended an under-water birth in Aya Hospital, 2018. She also attended her First birth as a Doula in Jeddah, 2017. She held her First Natural pain ease workshop in 2017. She is currently Teaching AMANI natural birth since 2015

Scientific Program

30 CME Hours

D1-Monday 25 November 2019

Time	Title	Speaker
07:00 - 08:00	Registration & Networking	
08:00 - 08:10	Welcome	
Scientific Session 1: National Strategies to Advocate BFC Chairpersons: Mr. Mishary AlDakheel Dr. Nadia AlHazmi		
08:10 - 08:35	Government of Saudi Arabia: More than 3 Decades Supporting Breastfeeding – Overview within 2030 Vision	Dr. Hanan Sultan MOH
08:35 – 08:50	Saudi National BF Support Program: Successful Strategies	Mrs. Albandri Abonayan MOH
08:50 - 09:00	Monitoring Code Violations Committee, KSA لجنة النظر في مخالفات احكام نظام تداول بدائل حليب الأم ولائحته التنفيذية 2019م	Mr. Mishary AlDakheel MOH
09:00 - 09:15	The Role of the Saudi Legislative Council in Fostering Baby Friendly Community	Prof. Abdalelah Saaty Shura Council
09:15 - 09:40	Opening Ceremony	
09:40 - 10:00	Coffee Break	
Scientific Session 2: International Organizations to Advocate BFC Chairpersons: Dr. Hanan Sultan Dr. Afnan Abo Alwa		
10:00 - 10:30	Keynote lecture: Revised BFHI Steps, 2018 – Critical Management Step 1 & 2	Dr. Kathleen Marinelli ABM & ILCA – BOD
10:30 - 10:50	Keynote lecture: ICBMS & WHA Resolutions	Dr. Mona Al Sumaie IBFAN (IAW) – President
10:50 - 11:10	Keynote lecture: NetCode & Role of IBFAN in Code Monitoring	Dr. Ghada Sayed IBFAN (IAW)- Coordinator
11:10 - 11:30	Keynote lecture: Role of UNICEF in implementing BFHI & BFC	Dr. Tomomi Kitamura UNICEF- Europe
11:30 – 12:00	Keynote lecture: Governments Support for lactating Working Mothers	Dr. Amal Omer-Salim ED – WABA
12:00 – 13:00	Duhur Prayer & Lunch Break Poster View / Networking & Exhibits	

Scientific Session 3: Breastfeeding Provisions Between Sharia's Law & Science Chairperson: Dr. Khalid Al Abdulrahman Dr. Asmaa Hawsawi		
13:00 – 13:15	Breastfeeding Provisions in Islam	Dr. Khalid Al Abdulrahman Imam University – Riyadh
13:15 – 13:40	Keynote Lecture: Milk Sharing: An Islamic & Scientific Overview	Dr. Amal El Taweel ABM Regional Coordinator
13:40 – 14:00	Islamic Human Milk Banking Experience in Kuwait NICU	Dr. Mona Al Sumaie IBFAN (IAW) – President
Scientific Session 4: Non-Governmental Organizations (NGO) Fostering BFC Chairperson: Mrs. Albandri Abonayan Dr. Buthaina AlWafi		
14:00 – 14:25	Keynote Lecture: Role of NGO in Fostering BFC	Dr. Amal Omer-Salim ED – WABA
14:25 - 14:40	Induced Lactation: It's NOT only Breast Milk	Dr. Razaz Wali MNG-PHC
14:40 – 14:50	Human Milk for Orphans: Al Wedad Association Experience	Al Wedad Association
14:50 - 15:00	Child Care Association CCA & Fostering BFC	Mrs. Tahani Alharbi CCA
15:00 - 15:10	Rofaida Women's Health Organization & Fostering BFC	Mrs. Hussban Kheder RWHO
15:10 – 15:30	**Prayer & Coffee Break / Poster View / Networking & Exhibits**	
Scientific Session 5: Community Support & FBFC Chairperson: Dr. Kathleen Marinelli Dr. Razaz Wali		
15:30 – 15:55	Keynote Lecture: Creating a Warm Chain of Support for BF-BFC	Dr. Amal Omer-Salim ED – WABA
15:55 – 16:05	Strategic Planning Fostering BFC: Curriculums & Training	Dr. Buthaina Al Wafi MOH- SCHS
16:05 – 16:20	Impact of Media / Social media in BF Practice	Dr. Sumayyah Al Sharif MNG – PHC
16:20 – 16:35	Mothers Peer Support of Lactating Women	Mrs. Eveline Dolleman Leader of LLLI
16:35 – 16:50	Sociocultural Prespective & Taboos on BF- KSA: Myths & facts	Dr. Afnan Abo Alwa MOH
Scientific Session 6: Podium Presentations Chairperson: Dr. Fadwa Alnahdi Mrs. Samah Soliman		
16:50 - 17:00	Case Study of BirthKuwait's Mobile Messaging Service Based Breastfeeding Support Line	Dr. Fatima Boujarwah BirthKuwait
17:00 - 17:10	Breast Milk for Preterm is luxury or Necessity?	Dr. Mariam AlNowaimi EJH-MOH SA
17:10 - 17:20	WHO Ten Steps to Successful Breastfeeding in Two Saudi Maternity Hospitals: Nurse & Midwives' Survey	Dr. Afnan Albokhary Umm AlQura Uni
17:20 - 17:30	Assessment of Milk Fatty Acids for the mothers of Term & Preterm infants and it is correlation to Maternal Diet	Pro. Gihan Fouad Al-Azhar Uni -Egypt

D2-Tuesday 26 November 2019

Time	Title	Speaker
Scientific Session 7: Professional Conduct & International Code Implementations Chairpersons: Dr. Ghada Sayed Dr. Mona Ibrahim		
08:00 – 08:35	Keynote Lecture: Code of Ethics and Professional Conduct in BF Medicine	Dr. Kathleen Marinelli ABM & ILCA – BOD
08:35 - 09:10	Implementation of the Code in the Arab World	Dr. Ghada Sayed IBFAN (IAW) - Coordinator
09:10 – 09:40	Revised Saudi Executive Regulations of Breastmilk Substitutes Marketing Code – 2019	Dr. Hanan Sultan MOH
09:40 - 10:00	Coffee Break / Poster view / Networking & Exhibits	
Scientific Session 8: Revised BFHI Key Clinical Practice Steps & MFP Chairpersons: Dr. Mona Al Sumaie Dr. Hessa AlGhazal		
10:00 - 10:35	Keynote lecture: Revised BFHI, 2018 Steps 3 & 10	Dr. Mona Al Sumaie IBFAN (IAW) – President
10:35 - 11:10	Keynote lecture: Revised BFHI, 2018 Steps 4 – 9	Dr. Ghada Sayed IBFAN (IAW)
11:10 - 11:25	Women & Health Today's Evidence Tomorrow's Agenda	Dr. Nadia AlHazmi MOH
11:25 – 11:45	Empowering & Inspiring Mothers: Doula Experience, KSA	Dr. Luthfa Khalid AMANI Birth
11:45 – 12:30	Duhur Prayer & Lunch Break / Poster View Networking & Exhibits	
Scientific Session 9: Neo-BFHI & Breastfeeding Support in Special Circumstances Chairpersons: Dr. Fahad Alaql Dr. Maha Faden		
12:30 – 12:50	Fostering Baby-Friendly NICU Project – MOH- KSA	Dr. Fahad Alaql MOH
12:50 – 13:10	Kangaroo Mother Care (KMC)	Dr. Kathleen Marinelli ABM & ILCA – BOD
13:10 - 13:30	Optimal Infant Feeding Support in Special Cases in NICU	Dr. Kathleen Marinelli ABM & ILCA – BOD
13:30 - 13:50	Messages to Health Care Workers	Dr. Amal El Taweel ABM Regional Coordinator
13:50 - 14:10	HIV & Lactation Policy in KSA: HIV Centre of Excellence Experience	Dr. Batool Ali MOH

Scientific Session 10: BF Researches & Publications **Chairperson: Dr. Amal Omer-Salim Dr. Noha Dashash**		
14:10 - 14:25	**Global Standards and KPI for Infant & Young Children Feeding**	**Dr. Rajaa Al Raddadi** **KAUH- Jeddah**
14:25 - 14:40	**Effective Research Methodology in Breastfeeding**	**Dr. Noha Dashash** **MOH**
14:40 - 15:00	**BF Research: Maximize your Chances for Publication**	**Dr. Kathleen Marinelli** **ABM & ILCA – BOD**
15:00 - 15:15	**IBCLC Recertifications using CERPs & Exam: New Regulations 2021**	**Dr. Mona Al Sumaie** **IBFAN (IAW) – President**
15:15 – 15:45	**Prayer & Coffee Break** **Poster view / Networking & Exhibits**	
Scientific Session 11: New BFHI Implementation: Monitoring Tools & Overcome Challenges **Chairperson: Dr. Tomomi Kitamura Dr. Amal El Taweel**		
15:45 – 16:05	**Sharjah Baby Friendly Project (SBFP) won the inaugural UNICEF Child Friendly Cities Initiative (CFCI): Success Story & Challenges**	**Dr. Hessa Al Gazal** **ED - SCBO**
16:05 - 16:15	**KFSHRC, Riyadh BFHI Re-Accreditation: Success Story & Challenges**	**Mrs. Kholoud Al Shammari** **KFSH-RC**
16:15 - 16:25	**MOH - BFHI & PHC Experience in KSA**	**Mrs. Albandri Abonayan** **MOH**
16:25 – 16:35	**Armed Forces Institutes, BFHI Experience: Challenges**	**Dr. Nouf Indarkiri** **AFH**
16:35 - 16:45	**Saudi Universities Affiliated Hospitals: Challenges to be Baby Friendly Community**	**Dr. Nourah Al Qahtani** **KAFU - Al Hafouf**
16:45 - 17:05	**KPI Self-Monitoring tools for BFHI Assessment**	**Dr. Kathleen Marinelli** **ABM & ILCA – BOD**
17:05 - 17:20	**Closing Remarks**	**Dr. Hanan Sultan**

19:00-22:00 Round Table Discussions for Stockholders – Special Invitation

Abstracts for Conference Presentations

Scientific Session 1:
National Strategies to Advocate BFC

Dr. Hanan A. Sultan
FRCOG, ABOG,
IBCLC, MSc (Rep)
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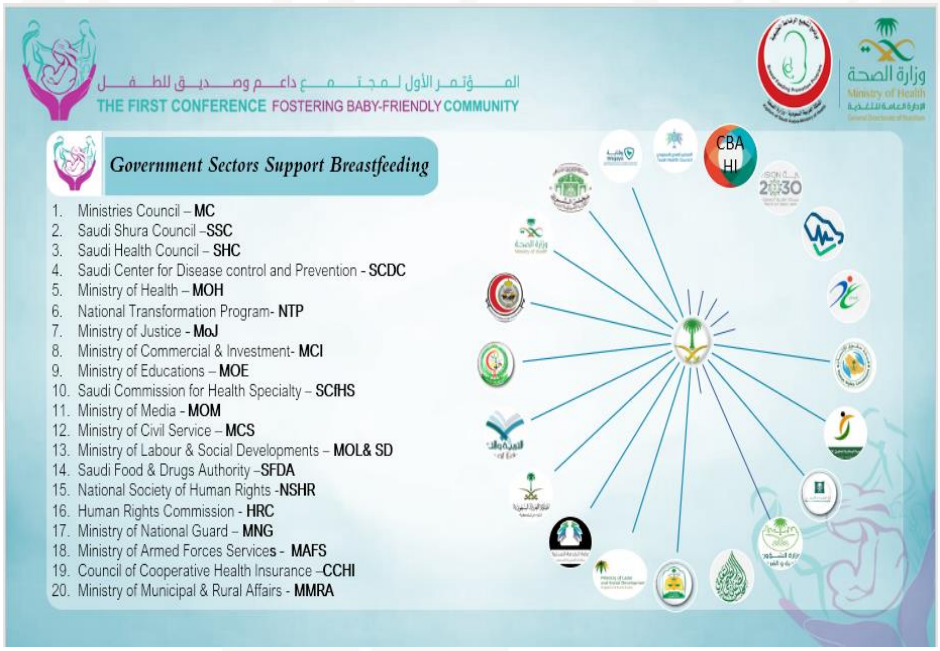
Government of Saudi Arabia: More than 3 Decades Supporting Breastfeeding – Overview within 2030 Vision

The Kingdom of Saudi Arabia constituting the bulk of the Arabian Peninsula, with a land area of 2,150,000 km^2. Geographically it is the largest sovereign state in the Middle East. Saudi Arabia has one of the world's youngest populations; 50 percent of its 34 million people are under 25 years old with a male: female distribution of 57:42% respectively. It is categorized as a World Bank high-income economy with a high Human Development Index . It is also the only Arab country to be part of the G-20 major economies.

Saudi follows the Islamic Sharia Law (Quran & Sunnah) which encourages breastfeeding and considers it as the optimal method of infant feeding for the first 2 years. Culturally, the majority of women initiate breastfeeding and continue for 2 years. However, in 1980s three main factors reduced the exclusive breast-feeding (EBF) rate at 3-6 months. Probably the great influx of oil wealth, and the massive advancement of the socioeconomic status, lead to the breast milk substitute industry to target the Saudi market. In addition, more women were enrolled in higher education and employed without being supported for breastfeeding at work, which made mixed feeding the norm; particularly with full paid maternity leave only covering the first 60 days after labour.

In 1991, the Baby Friendly Initiative was launched after the Innocenti Declaration Report, in which the government of Saudi Arabia was one of the countries that signed the agreement with the WHO/UNICEF. In the same year, the Saudi Ministry of Health launched the National Program supporting Breastfeeding and the first Accredited Baby Friendly Hospital was the "Maternity and Children Hospital, Riyadh" in early 1992. The Royal Decrees in 2004 which was effective by 2007 through the Executive Regulations of Breast Milk Substitutes, was an important step to implement the International Code in Saudi. The government continued its support by enforcing several new laws and legislations (through Ministry of civil Services; and the Ministry of Labour) to facilitate and help working mothers to EBF their infants.

Probably one of the major challenges to implement the code was the acceptance of the free or reduced-price milk formula samples donated to the Hospitals. To overcome this major issue, the Ministries Council on 16 May 2016 approved the recommendations from Shura Council that the Ministry of Health should provide all Maternity units with the breast milk substitutes (milk formula) in their Pharmacies to feed those infants with medical indications NOT to be breastfeed from their mothers. This was done by the

	MOH directly paying for the breastmilk substitutes from the milk formula companies and replacing their logos with the MOH logo (to ensure no advertisement to any consumers). These formula milks are readily available through the MOH Medical suppliers to all MOH Hospital Pharmacies. This paid formula milk should be given ONLY with prescriptions by the Neonatologist to those babies with medical indications. More recently, the MOH launched the Maternal Friendly Practice Initiatives in April 2018 and encouraged all Maternity Units in the Kingdom to be a "Mother and Baby Friendly Practice" with the implementations to the Ten Steps towards Maternal Friendly practice in order to facilitate the implementations of the Baby Friendly WHO Ten Steps Other Ministries play a major role in supporting breast feeding such as the Ministry of Civil Services and the Ministry of Labour & Social Development who made legalisations to facilitate breastfeeding for working mothers in form of Maternity and Paternity leave (paid & unpaid) which will be discussed in the presentations. The roles of other Ministries and governmental organizations in supporting breastfeeding, directly or indirectly by implementing the code will be elaborated. This includes: the Saudi Health Council, Ministry of Education, Saudi Commission for Health Specialty, Ministry of Media, Council of Cooperative Health Insurance, National Society of Human Rights, Ministry of Justice, Saudi Food & Drugs Authority, Ministry of National Guard, Ministry of Armed Forces, CBIAHI and Saudi Centre for Disease Center & Control. 

Mrs. Albandri Abonayan MOH – BF Program Supervisor **Email: abonayyan-b@moh.gov.sa**	الورقة ستتكلم عن تاريخ البرنامج و كيف حقق انجازاته خلال الفترة من 1999 حتى الان وكيف تغيرت مفاهيم ممارسات الرضاعة الطبيعية بين الأمهات و المؤسسات الصحية ومنسوبيها. سيتم استعراض مسيرة البرنامج في التدريب و التقييم و تسمية المستشفيات صديقة الطفل و الجهود التي تقوم بها البرنامج في الادارة العامة للتغذية للمشاركة بين القطاعات و الجهات المختلفة لرفع نسبة الرضاعة الطبيعية ودعم الأم و الطفل The paper will review the history of the program and how it achieved its achievements during the period from 1999 till now. And how the concepts of breastfeeding practices among mothers and health institutions and their staff have changed. The course will be reviewed in training, evaluation and naming of child friendly hospitals. And the efforts of the program in the General Directorate of Nutrition to participate between sectors and different agencies to raise the rate of Breastfeeding and support mother and child.
Mr. Mishary AlDakheel MOH – General Directorate Of Nutrition **Email:** Dokhayel-m@moh.gov.sa	**لجنة النظر في مخالفات أحكام نظام تداول بدائل حليب الأم ولائحته التنفيذية** صدر نظام تداول بدائل حليب الأم بمرسوم ملكي عام 1425 هـ الموافق لعام 2004 م بناء على توقيع السعودية على تطبيق المدونه الدولية لتداول بدائل حليب واستلزم هذا النظام صدور لائحة تنفيذية صدرت بقرار وزاري بتاريخ 1428هـ الموافق 2007م تم تحديث اللائحة في عام 2018م. نص النظام على تشكيل لجنة للنظر في مخالفات أحكام نظام تداول بدائل حليب الأم ولائحته التنفيذية من وزارة الصحة ، وزارة العدل و وزارة التجارة تنظر في المخالفات وتوقع عليها العقوبة المناسبة حسب النظام. ***Monitoring Code Violations Committee, KSA*** The National Code of breast milk substitutes was issued in 2004. The law provided for the formation of an opposition committee in the code of provisions on breast milk substitutes and its executive regulations from the Ministry of Health, the Ministry of Justice and the Ministry of Commerce to consider violations and impose the appropriate penalty according to the low.
Prof. Abdalelah Saaty Chairman of the Health Committee in Alshura Council	***The Role of the Saudi Legislative Council in Fostering Baby Friendly Community*** In Saudi Arabia, as in most countries, there are three authorities. The legislative, the executive, and the judicial authorities. The legislative council (Alshura Council), which consists of (150) elite members, is responsible of forming and amending national laws and regulations. In addition, it monitors the job of the executive ministries and agencies through studying its annual reports. The council works through (14) committees, one of these committees is the (Health Committees) which is consisted of members of the council who are experts in the health field. The council considers fostering baby friendly committee as an important objective in the frame of the Saudi 2030 Vision. The council has acted in that line and passed a detailed law of protecting, supporting, and encouraging breast feeding. The law includes monitoring code.

Scientific Session 2:
International Organizations to Advocate BFC

Dr. Kathleen A. Marinelli IBCLC, FABM, FAAP Clinical Professor of Pediatrics, University of Connecticut School of Medicine Baby-Friendly USA Clinical Committee Member BFHI US Expert Panel for 2018 Guidelines

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Keynote lecture: Revised BFHI Steps, 2018 – Critical Management Step 1 &2

Let's start with a little history. October 11, 2017 WHO and UNICEF released the draft revised BFHI Operational Guidance for 2-week review. There were extensive concerns expressed by many stakeholders about the magnitude of changes proposed and the extremely short review and feedback timeframe of 2 weeks. WHO and UNICEF decided to delay publication of "Protection, promotion, and support of breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2017" (a.k.a. the BFHI Operational Guidance). November 6, 2017 WHO released the guideline "Protection, promotion, and support of breastfeeding in facilities providing maternity and newborn services" (a.k.a. the updated evidence for the Ten Steps) A WHO/UNICEF/5 Organization Group formed consisting of representatives of the Baby-Friendly Network, IBFAN, ILCA, La Leche League and WABA. Intensive work among WHO, UNICEF and members of the WHO/UNICEF/5 Organization Group ensued and continues to this day. April 11, 2018, WHO UNICEF released the final version of the "Implementation Guidance: Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018". Many positive changes have been accomplished by working together. There continued to be intensive work on the issues of rollout. Formation of "Step 2 Task Force" occurred in August 2019. I serve on both the WHO/UNICEF/5 Organization Group and the Step 2 Task Force.

Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services – there is a difference between the Guideline and Implementation Guidance. They are two related documents. WHO Guidance 2017 is a Guideline. Guidelines for WHO purposes: a "Guideline" is a document that contains a WHO health recommendation about a health intervention. WHO issues both clinical and public health/public policy guidelines. Implementation guides are NOT guidelines. This document is also known as the "evidence document" because it lays out the evidence WHO/UNICEF used to change the BFHI

and the Ten Steps.

2018 Revised	Original
1 a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions. 1 b. Have a written infant feeding policy that is routinely communicated to staff and parents. 1 c. Establish ongoing monitoring and data management systems.	1 a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.	2. Train all health care staff in the skills necessary to implement this policy.
3. Discuss the importance and management of breastfeeding with pregnant women and their families	3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.	4. Help mothers initiate breastfeeding within one hour of birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day	7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.	8. Encourage breastfeeding on demand.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.	9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and car	10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
	Comply with the International Code of Marketing of Breast-milk Substitutes.

2018 BFHI Implementation Guidance: WHO considers "implementation guidance" to be a strategy and/or series of strategies that may be utilized to implement a recommendation about a health intervention. From WHO/UNICEF 2018 BFHI Implementation Guidance, p. 9

"Breastfeeding is a vital component of: realizing every child's right to the highest attainable standard of health, while respecting every mother's right to make an informed decision about how to feed her baby, based on

	complete, evidence-based information, free from commercial interests, and the necessary support to enable her to carry out her decision". " The revised 10 Steps and have been published in a WHO Poster found here: https://www.who.int/nutrition/bfhi/ten-steps/en/ Clinical Guidance and Revised Step 1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions. WHO Guidance: Explains the responsibility of health care facilities and professionals for implementing the International Code and places it prominently in Step 1, setting the stage for the International Code to be embodied in all aspects of patient care. Continue requirement to purchase infant feeding products at Fair Market Price. Assess staff knowledge of the Code during the on-site assessment. Assess education material for compliance with the Code. Continue restriction on use of education materials featuring proprietary products or those that bear a product logo. Continue restriction on displays of infant feeding products; stronger guidance on breastfeeding messages to be included on safe sleep and SIDS reduction materials that feature pacifiers. Clinical Guidance and Revised Step 1b WHO Guidance: Clearly states "policy drives practice" and the expectation that facilities must have a comprehensive infant feeding policy that effectively guides staff to deliver evidence-based care. Continue requirement for comprehensive infant feeding policy supportive of breastfeeding and inclusive of all Ten Steps. Continue the requirement for posting the Ten Steps. Assess staff knowledge of the infant feeding policy during the on-site assessment. Assess patient education materials for alignment with the infant feeding policy during the on-site assessment. The Academy of Breastfeeding Medicine (ABM) Model Hospital Policy is an excellent source for writing your policy. https://www.bfmed.org/assets/7%20ABM%20Model%20Maternity%20Policy%20Supportive%20of%20 Breastfeeding%20English.pdf It is current – released in November 2018. It is evidence based with 194 references. And it is comprehensive – addresses all Ten Steps. It offers guidance on safe implementation of practice as well. ABM protocols are written by physicians and others for physicians, and any other healthcare professionals. They are freely available on the ABM website www.bfmed.org/protocols and are translated into many languages. (I sit on the committee and was Chair for many years. Anyone interested in translating or back-translating into other languages—like Arabic—please contact me! Clinical Guidance and Revised Step 1c. Establish ongoing monitoring

	and data-management systems. WHO Guidance: Stresses the importance of and proposes systems for monitoring and sustaining the practices. Clinical Guidance and Revised Step 2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding. WHO Guidance: Sets a mandate for evidence and practices embodied in the Ten Steps included in health care pre-service curricula; retaining in-service education until this is accomplished and several classes have graduated and entered into practice. Lays out a clear expectation for regular competency verification. Still under development in the US and much of the world. Working on methods & tools to reasonably accomplish WHO expectations. Step 2 may be the hardest to accomplish with large difference between required hours of breastfeeding/ lactation education required in the past and demonstrating competencies on 20 or more skills every 2 years for all health care providers who come in contact with mothers feeding infants. As stated in the Clinical Guidance "All staff who help mothers with infant feeding should be assessed on their ability to": 1. use listening and learning skills to counsel a mother; 2. use skills for building confidence and giving support to counsel a mother; 3. counsel a pregnant woman about breastfeeding; 4. assess a breastfeed; 5. help a mother to position herself and her baby for breastfeeding; 6. help a mother to attach her baby to the breast; 7. explain to a mother about the optimal pattern of breastfeeding; 8. help a mother to express her breast milk; 9. help a mother to cup feed her baby; 10. help a mother to initiate breastfeeding within the first hour after birth; 11. help a mother who thinks she does not have enough milk; 12. help a mother with a baby who cries frequently; 13. help a mother whose baby is refusing to breastfeed; 14. help a mother who has flat or inverted nipples; 15. help a mother with engorged breasts; 16. help a mother with sore or cracked nipples; 17. help a mother with mastitis; 18. help a mother to breastfeed a low-birth-weight baby or sick baby; 19. counsel a mother about her own health; 20. implement the Code in a health facility. How will we do this? Stay tuned for updates from WHO and UNICEF, the WHO/UNICEF/5 Organization Group and the Step 2 Task Force.

Dr. Mona Al Sumaie MBBch, IBCLC **Email:** m.alsumaie@gmail.com	***Keynote lecture: ICBMS & WHA Resolutions*** The International Code of Marketing of Breastmilk Substitutes ICBMS, known as the WHO Code, is an international health policy framework for breastfeeding promotion adopted by the WHA in1981. The Code aims to shield breastfeeding from commercial promotion that affects mothers, health workers and health care systems. The Code recommends restrictions on the marketing of breast milk substitutes, feeding bottles and teats. A number of subsequent WHA resolutions have further clarified or extended certain provisions of the Code. 84 countries have enacted legislation implementing all or many of the provisions of the Code and subsequent relevant WHA resolutions. 60 countries have now introduced laws implementing most or all of the provisions.
Dr. Ghada Sayed (IBFAN) Arab World regional coordinator World Health Organization (EMRO) Consultant **Email:** ghadasay@yahoo.com	***Keynote lecture: NetCode & Role of IBFAN in Code Monitoring*** The Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions (NetCode) was established in 2015 under the leadership of the WHO Department of Nutrition for Health and Development (NHD) and the UNICEF Nutrition Section. Civil society member organizations include IBFAN, Helen Keller International, Save the Children Foundation, World Alliance for Breastfeeding Action, Action against hunger, Emergency Nutrition Network (ENN), The Bill & Melinda Gates Foundation, La Leche League International, International Lactation Consultant Association (ILCA) and The World Alliance for Breastfeeding Action. The goals of NetCode are to strengthen the capacity of Member States and civil society to monitor the International Code of Marketing of Breast-milk Substitutes and all relevant World Health Assembly resolutions, and to facilitate the development, monitoring and enforcement of national Code legislation by Member States.
Dr. Tomomi Kitamura UNICEF Regional Office for the Middle East and North Africa **Email:** tkitamura@unicef.org	***Keynote lecture: Role of UNICEF in implementing BFHI & BFC*** Breastfeeding benefits both babies and mothers. Benefits for babies include lowering neonatal and infant mortality, providing protection against infections such diarrhea and acute respiratory infections, and lowering likelihood of overweight and obesity and non-communicable diseases in future. In a long run, benefits include better cognitive development, higher learning and educational attainment, productivity, and higher GDP. However, despite well-known benefits, only two out of five children started breastfeeding within 1 hour of birth or being exclusively breastfed for 6 months. Rates of breastfeeding at 1 year of age or 2 years of age are still not high. Proportion of under-five children with overweight is now reaching 6% globally and the proportion in the Middle East and North Africa region is higher than global average. Baby-Friendly Hospital Initiative is one way to

	change this situation. A country like Saudi Arabia has been implementing this initiative since 1991 and Saudi Arabia has successfully designated not only hospitals but also PHC centers as "Baby-Friendly". However, in spite of this huge success, some challenges remain, and it appears to be important to address behavior, attitudes, and knowledge of caregiving at the community level. UNICEF aims to realize the rights of every child through five goal areas. In order to realize its aim, UNICEF thinks it is important to address Early Childhood Development. UNICEF supports parents and key caregivers with skill and information on early stimulation, positive interaction, and emotional attachment including breastfeeding and responsive feeding.
Dr. Amal Omer-Salim Executive Director, World Alliance for Breastfeeding Action (WABA) **Email:** amalomersalim@gmail.com	***Keynote lecture: Governments Support for lactating Working Mothers*** The presentation will cover the ILO Maternity Protection Convention C 183, the scope, status of parental social protection, the WABA Empowering Parents Campaign, challenges and ways forward using the tripartite model. An overview of the status of maternity/paternity protection globally will be presented. The four groups (government, trade union, employer and civil society) perspectives will be discussed including the top 3 challenges and solutions for advancing maternity protection from the stakeholder perspective. This represents a social dialogue approach to advance maternity protection rights at country level.

Scientific Session 3: Breastfeeding Provisions Between Sharia's Law & Science

Dr. Khalid Al Abdulrahman MBChB, DPHC, ABFM, IAF (U of T), MHSc (Med) **Email:** drkhalid63@gmail.com	***Breastfeeding Provisions in Islam*** The rules of Shariah (Islamic Law) have clearly stated that mothers should breastfeed their babies for two years. Many Muslims considered breastfeeding as the Almighty Allah SW has given the right of the child according to the bases of Shariah. Breastfeeding is strongly supported by Muslim scholars based on clear instructions and guidance of the Quran and Sunna as Allah SW recognizes that mother milk is the most wholesome source of food for newborn babies. It is already made on a daily bases upon an infant's demand for growth and development, while formulas don't match the infant's daily needs. The duration of breastfeeding in Islam is two years. However, the Muslim mother doesn't need to breastfeed her baby for two years if both the parents agree to wean the baby for a legitimate reason. There is a considerable difference in tradition regarding the maximum duration of breastfeeding. Generally, it

	ranges between two to seven years. Cultural practices heavily influence weaning practices in Muslim families. The father must help and encourage his wife to breastfeeding their baby by providing her with food and other necessary clothing. Other breastfeeding related issues will be elaborated in this paper.
Dr. Amal El Taweel MD -IBCLC **Email:** amaleltaweel@hotmail.com amaleltaweel@yahoo.com amaleltaweel@gmail.com	***Keynote Lecture: Milk Sharing: An Islamic & Scientific Overview*** In Islam, the primary source of legislation is Quran, the Holy Scripture, followed by the Sunnah of Prophet Mohammad interpreting and applying the Quran, then scholarly reasoning applying basic rules in obtaining religious rulings. • Basic rules to direct reasoning and set priorities: - Preserving life. حفظ النفس مقصد رئيسي من مقاصد الشريعة - Preventing damage has priority over bringing benefit درء المفسدة مقدم على جلب المصلحة - Actual benefits have priority over possible benefits المنفعة المؤكدة العاجلة مقدمة على المحتملة الآجلة. - Seeking simplicity. يسرواولاتعسروا • Milk sharing issues in Islam and modern medicine. - Nursing a baby other than mother's biological one; establishes milk kinship. - Milk Kins cannot marry so mother must be identified. - Recent discovery of genetic material transfer to the nursling can resemble biological kinship. - Induced lactation is increasingly practiced by Muslim families to gain the greatly rewarded virtue of supporting orphans when adoption is otherwise religiously forbidden. - Milk banks need to explore more flexible options to identify donors such as bar coding
Dr. Mona Al Sumaie MBBch, IBCLC **Email:** m.alsumaie@gmail.com	***Islamic Human Milk Banking Experience in Kuwait NICU*** Mother's own milk is widely recognized as the optimal feeding for term infants, but also provides health benefits that are of vital importance for sick and preterm infants in neonatal intensive care units (NICUs). The use of human milk in the NICUs is emerging, as the beneficial effects are being realized. When mother's milk is unavailable or in short supply, donor milk represents the second-best alternative. Challenges facing the practitioners include offering an alternative when mother's own milk is unavailable, or supply is insufficient in addition to the religious implication of breast milk donation in Islamic countries. The strategies for the use of donated human milk in Kuwait NICUs will be reviewed and discussed in this presentation.

Scientific Session 4: Non-Governmental Organizations (NGO) Fostering BFC

Dr. Amal Omer-Salim Executive Director, World Alliance for Breastfeeding Action (WABA) **Email:** amalomersalim@gmail.com	***keynote Lecture: Role of NGO in Fostering BFC*** WABA is a global network of individuals and organizations concerned with the protection, promotion and support of breastfeeding worldwide. Our work is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant and Young Child Feeding. WABA works on advocacy for enabling policies and social mobilization for demand creation. World Breastfeeding Week, Warm Chain of Support for Breastfeeding and the Empowering Parents are the three WABA Campaigns. The Global Breastfeeding Collective scorecard evaluated 194 low-, middle- and high-income countries on factors including financial investment, health care services, workplace protections and community support for breastfeeding. It showed that no countries score highly on all eight policy and programme indicators and only 23 countries have met the 2030 global goal (70%) of exclusive breastfeeding for six months (GBC). Trends in breastfeeding rates around the world show a modest increase between 2000 and 2015 Currently about 40% of babies below 6 months are exclusively breastfed. Several factors on the structural, setting and individual-level impact on breastfeeding rates. Several international guidelines exist and breastfeeding NGOs play a critical role in their implementation. This session discusses the main roles of the NGOs and highlights both challenges and opportunities for partnership and collaboration with governments, trade unions, and other civil society groups. Examples of successful advocacy and programmatic work will be given.
Dr. Razaz Wali SBFM, ABFM, IBCLC **Email:** dr_razazwali@hotmail.com	***Induced Lactation: It's NOT only Breast Milk*** Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Not only that, breastfeeding contains many immune factors and stem cells that can help in protecting the infant from many diseases and it is a way of transferring the mother's genetic codes to the adopted baby. Feeding babies with no parents have many benefits. Ia addition to the Islamic law for adapting a baby, it is a way to build up bonding between mothers and their babies, as well as the future emotional connection. rm induced lactation refers to the ability of a woman to breastfeed without through a pregnancy. This can be done in several ways one of which is the al protocol.

Mrs. Faten AlYafi	***Human Milk for Orphans: Al Wedad Association Experience***
Mrs. Tahani Alharbi	***Child Care Association CCA & Fostering BFC*** Child Care Association is a non- government organization registered in the Ministry of Labor and Social Development under No (594). It was established in 2011, with individual efforts to support childhood in the Kingdom of Saudi Arabia. It depends in its funding on donations and membership fees. It provides free various services in the field of childcare extended to the age of eighteen. Believing in the importance of breastfeeding for the nursing mother and the community, and to achieve the Saudi Vision 2030 in building a happy and healthy society, Child Care Association has adopted the breastfeeding support program. It is a free awareness program to support the nursing mother about the importance of breastfeeding and its effective role in the healthy development of the child. Among its objectives are the following: 1. Educating the stakeholders about the importance of breastfeeding. 2. Training and qualifying breastfeeding mentors. 3. Providing support and assistance for the nursing mother. In collaboration with the Ministry of National Guard – Health Affairs, Child Care Association has trained 76 breastfeeding mentors for 40 hours. Those mentors are licenced by WHO and the UNICEF and they have provided: • Specialized educational workshop to educate the mothers and the community about the importance of breastfeeding and its challenges. 140 of those specialized educational workshops were held, and attended by 5001 attendants. • Direct mentoring session to support the nursing mother during the breastfeeding period in hospitals and public places. 996 direct mentoring sessions were conducted with 3531 beneficiaries. • Supporting groups for the nursing mother to provide support, guidance, and answer the questions of the nursing mothers and exchange experiences among them. There were 16 support groups which were benefited by 111 mothers. • Providing direct support and advice to mothers and the community through WhatsApp communication messages. 19,733 persons were benefited from these messages in Saudi Arabia and another 14 countries (including Kuwait, Bahrain, UAE, Oman, Yemen, Egypt, Jordan, Morocco, Tajikistan, Germany, Mauritania, Indonesia, USA).

	• Providing support and advice to mothers, the community, and other institutions through social media where 222,066 has benefited from this in Saudi Arabia and other countries. • Participating with other institutions in public and specialized events about breastfeeding to provide support and advice for the nursing mother and the community. Child Care Association has participated in 7 events which were benefited by 20835 persons. The Child Care Association also sought to allocate breastfeeding places in public facilities under specific conditions. The Child Care Association is aspired to achieve the following: • Increasing the rate of breastfeeding in the first six months to 50%, to achieve the Saudi Vision 2030, and build a healthy and happy community in Saudi Arabia. • Improve the care for mother and new-borns by allocating suitable places for breastfeeding in public places. • Enhancing existing partnerships and developing ways to support breastfeeding for a more sustainable future.
Mrs. Hussban Kheder IBCLC **Email:** Hussban86@gmail.com	***Rofaida Women's Health Organization & Fostering BFC*** Rofaida Women's Health Organization is a non-profit organization, officially registered in Ministry of Labor and Social Development by no. 770 in Riyadh. Rofaida is committed to promoting women's health by providing reliable information and effective programs and contributes strategically to guiding policies that serve women's health in the Kingdom.

Scientific Session 5: Community Support & FBFC

Dr. Amal Omer-Salim Executive Director, World Alliance for Breastfeeding Action (WABA) **Email:** **amalomersalim@gmail.com**	***Keynote Lecture: Creating a Warm Chain of Support for BF-BFC*** Continuous support for mothers across the 1000 days from conception has been shown to be effective in increasing the duration and exclusivity of breastfeeding. WABA has developed the warm chain of support for breastfeeding concept. The warm chain aims to provide consistent messages/information, robust referral systems and access to skilled lactation support services across the healthcare, workplace and community sectors along the continuum of care. WABA coordinates a project called "Making Penang Breastfeeding Friendly" (MPBF) to scale up a *warm chain of support* for breastfeeding mothers across healthcare, community and workplace sectors in the State of Penang, Malaysia. Although breastfeeding has

	improved over time, many barriers to optimal breastfeeding still exist and include lack of access to consistent and coordinated information and support, non-conducive traditional confinement practices, short duration of maternity leave, a lack of support in the workplace and in public spaces and a lack of access to help available support for managing common breastfeeding problems. The warm chain MPBF project connects all the known initiatives. The protection, promotion, and support of the warm chain include elements of training, community support, supportive workplaces, awareness-raising to the public and full compliance with the Malaysian Code of Ethics. All these elements are important for creating the enabling and supportive environment for breastfeeding to take place. Creating and scaling up the warm chain of support should be a top priority for communities and nations as it will also help achieve the World Health Assembly target for at least 50% exclusive breastfeeding for six months by 2025.
Dr. Buthaina Al Wafi SBOG - MOH **Email:** **Dr_b_wafi@yahoo.com**	***Strategic Planning Fostering BFC: Curriculums & Training*** The **key** to **success** usually depends on **educated people, so if we want to succeed in** Fostering **baby friendly comminuty, we need to educate, through** Strategic Planning in curriculums aim to support the implementation of practices. Although breastfeeding is a natural practice, it is also a learning behavior. A comprehensive body of research has shown that mothers and other parents need active support for breastfeeding by comminute Example is to integrate breastfeeding concepts and consistent messages into provincial K-12 curricula, early learning initiatives and child care policies. Second example include it as mandatory subject in under and postgraduate education. By these consistent messages of breastfeeding concepts, we will have achieved Fostering BFC.
Dr. Sumayyah Al Sharif ABFM, SBFM **Email:** alshareif2004@hotmail.com	***Impact of Media / Social media in BF Practice*** Breastfeeding is an important public health intervention that impacts significantly on both mothers and their babies. Its importance is reinforced by the World Health Organization's (WHO) recommendation of exclusive breastfeeding for around 6 m and for breastfeeding to continue for 2 years and beyond. Health professionals have an important role to play in educating and supporting mothers to not only initiate but also maintain breastfeeding for the recommended duration. Various interventions are proven effective to support better IYCF practices; interpersonal counselling and group meetings to provide education and/or support for mothers have been shown to increase exclusive breastfeeding practices Mass media (TV, radio, billboard,

	newspaper, and other print or electronic materials) are increasingly used to deliver health messages to promote social and behavior change, as they have the potential to modify the knowledge and attitudes of large proportions of the population simultaneously (As the primary outcome of a mass media intervention, EBF also presents interesting challenges and opportunities. The challenges lie mostly in that, as we have just established, EBF is likely to be a difficult behavior to change via any sort of behavior change intervention. However, one of the great advantages of using mass media to promote EBF is that mass media can reach a wider audience than is typically reached through interpersonal counseling by health workers. If carefully crafted, mass media messaging can simultaneously reach pregnant women, nursing mothers, mothers-in-laws and other influential women, fathers, and health professionals.
Mrs. Eveline Dolleman ILLL Counselor **Email:** edolleman@gmail.com	***Mothers peer Support of Lactating Women*** **Title: Breastfeeding Counsellor (Leader) with La Leche League** Introduction: The importance of breastfeeding support groups is expressed in the 10th step towards breastfeeding (BFHI). In this lecture, we will explore the many facets of support groups and the best practices that may be applicable in supporting Baby Friendly Communities. Aim: to create an understanding how support groups contribute towards Baby Friendly Communities, and to explore various models of support groups that may fit local communities. Main discussion points: Support groups in general – concepts and goals What does science say about support groups? Exploring a variety of groups: large national or international organizations, government-initiated organizations, and local community or hospital-based groups. What is needed to set up a support group? What can be downsides of support groups and how to apprehend these? Options for communities in Saudi Arabia Practical tips for health care centers regarding support groups Results and outcomes of implementing support groups: Increased breastfeeding initiation and duration. Conclusion: Breastfeeding support groups can make a significant difference for pregnant and breastfeeding women. Successful support groups require continuous support and facilitation through local healthcare providers or other (international) organizations. The various models presented have their own pros and cons and need to be considered in the light of local circumstances.

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Sociocultural Perspective & Taboos on BF- KSA: Myths & facts

Sociocultural perspective is a theory used in fields such as psychology and is used to describe awareness of circumstances surrounding individuals and how their behaviors are affected specifically by their surrounding social and cultural factors. According to Catherine A. Sanderson (2010) "Sociocultural perspective: A perspective describing people's behavior and mental processes as shaped in part by their social and/or cultural contact, including race, gender, and nationality." Sociocultural perspective in breastfeeding is a significant aspect in our being. It affects how we pass knowledge with each generation and how this knowledge affects our behavior.

Breastfeeding is a life skill which requires prior knowledge and acceptance. One primary way to increase the likelihood of later breastfeeding success and thereby increasing infant health is to educate Healthcare workers about Breastfeeding in order for them to educate mothers with the right information. Most mothers want to breastfeed but stop early due to a lack of ongoing support and education. Certain factors make the difference in whether and how long infants are breastfed, if mothers knew in advance the myths and facts regarding breastfeeding, they will have higher chance to continue breastfeeding exclusively for 6 months and to two years with complimentary food. As per the Center of Disease Control (CDC), Only 1 in 4 infants is exclusively breastfed as recommended by the time they are 6 months old. CDC also showed that low rates of breastfeeding add more than $3 billion a year to medical costs for the mother and child in the United States. So, correct knowledge about breastfeeding and fighting the myths that raises challenges for mothers is an important factor to ensure the sustainability of breastfeeding as Dr. Jerome M. Adams, U.S. Surgeon General said:

"*Given the importance of breastfeeding on the health of mothers and children, it is critical that we take action to support breastfeeding. Only through the support of family, communities, clinicians, healthcare systems, and employers will we be able to make breastfeeding the easy choice*."

Scientific Session 7: Professional Conduct & International Code Implementations

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Keynote Lecture: Code of Ethics and Professional Conduct in BF Medicine

I am taking as a given: this audience believes that breastfeeding and human milk are the normative feeding for all infants and young children and yield optimal health, economic and developmental outcomes throughout life.

Ethics can be defined as the system of moral principles that govern the conduct of an individual or a group of individuals and according to which human actions are judged as right or wrong, good or bad. Ethics can be defined as the system of moral principles that govern the conduct of an individual or a group of individuals and according to which human actions are judged as right or wrong, good or bad. (Professionalism and Ethics Handbook for Residents: A Practical Guide, Saudi Commission for Health Specialties, Department of Medical Education and Postgraduate Studies, 2015) There are 5 ethical principles: Beneficence - to do good; non-maleficence - to do no harm; respect for autonomy; justice; and truthfulness.

Beneficence is compassion, taking positive action to help others, a desire to do good. It is the core principle of our patient advocacy. Non-maleficence (Primum non nocere) is the avoidance of harm or hurt; core of medical oath and nursing ethics. It extends to making sure you are doing no harm in the beneficent act of using technology to extend life or in using experimental treatments that have not been well tested. Autonomy is Latin for "self-rule". Agreement to respect another's right to self-determine a course of action, support of independent decision-making, the principle of human dignity. It is an obligation to respect the decisions made by competent people concerning their own lives. Justice is the equal and fair distribution of resources, based on analysis of benefits and burdens of decision. It implies that all citizens have an equal right to the goods distributed, regardless of what they have contributed or who they are, and is an obligation to treat all people equally, fairly, and impartially. Truthfulness is a facet of moral character denoting positive and virtuous attributes such as integrity, truthfulness, and straightforwardness, including straightforwardness of conduct, absence of lying, cheating, and theft. It is being trustworthy, loyal, fair, and sincere. Here lies the concept of Informed Consent.

The Hippocratic Oath dates from the fourth century B.C., approximately 2,500 years ago. It lays out several clear measures of ethical behavior, including doctor-patient confidentiality and avoidance of intimate relationships with patients. Its modern form in part reads “I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of

	overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug…(https://owlspaceccm.rice.edu/access/content/user/ecy1/Nazi%20Human%20Experimentation/Pages/Hippocratic%20Oathmodern.html) The World Medical Association (WMA) is an international physician organization founded on 17 September 1947, to ensure the independence of physicians, and to work for the highest possible standards of ethical behavior and care by physicians, at all times. This was particularly important to physicians after the Second World War. The World Medical Association International Code of Medical Ethics was Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949, Amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968, and the 35th World Medical Assembly, Venice, Italy, October 1983, and the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006. It states that a physician shall always exercise his/her independent professional judgment and maintain the highest standards of professional conduct; be dedicated to providing competent medical service…; deal honestly with patients and colleagues…; not receive any financial benefits or other incentives…; strive to use health care resources in the best way to benefit patients and their community. https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/ Saudi Arabia has several Medical Codes Of Ethics for different professions including The Code of Ethics for Healthcare Practitioners from The Saudi Commission for Health Specialties, Professionalism and Ethics Handbook for Residents: A Practical Guide by the Saudi Commission for Health Specialties, Department of Medical Education and Postgraduate Studies, and the Code of Ethics, Department of Medical Education & Postgraduate Studies King Saud University College of Dentistry. Islamic bioethics are deeply rooted in Islamic teachings and heritage. These are the methodology of defining, analyzing, and resolving ethical issues that arise in health care practice or research; based on the Islamic moral and legislative sources (Quran, Sunnah, and Ijtihad; القرآن، السنة والاجتهاد); and aimed at achieving the goals of Islamic morality (i.e., preservation of human religion, soul, mind, wealth, and progeny). The Professionalism and Ethics Handbook for Residents: A Practical Guide is am amazing handbook that I wish all countries had similar for their medical students and residents. Here are the modules included: • Module 1 - Introduction to medical ethics • Module 2 - Principles of Western & Islamic approaches to bioethics • Module 3 - Doctors' professional relationships and duties • Module 4 - Truth telling and breaking bad news • Module 5 - Patients' rights and responsibilities • Module 7 - Patient autonomy and consent to treatment • Module 8 - Privacy and confidentiality

	• Module 9 - Terminally incurable diseases and end-of-life decisions • Module 10 - Health practitioner relationships with pharmaceutical industry: practice and conflict of interest • Module 11 - Ethical issues in research • Module 12 - Resource allocation in health care • Module 13 - Ethics of public health and health promotion • Module 14 - Ethics of emergency medicine • Module 15 - How to resolve ethical issues in clinical practice • Module 16 - Ethical issues in reproductive health • Module 17 - Organ transplant and donation There are several codes of ethics specific to breastfeeding medicine. The first is the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions. (http://www.infactcanada.ca/wha-resolutions.html) WHO and UNICEF emphasized the importance of maintaining and reviving breastfeeding to improve the health and nutrition of infants and young children. At the 27th World Health Assembly (WHA) (1974) they noted the general decline in breastfeeding related to different factors including the production of manufactured breast-milk substitutes and urged Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures. The statement and recommendations agreed by consensus at the joint WHO/UNICEF meeting were endorsed in their entirety at the 33rd WHA (May 1980). Particular mention was made of the recommendation that "There should be an international code of marketing of infant formula and other products used as breast-milk substitutes". In May 1981 WHA debated the issue and adopted the code as proposed 21 May by 118 votes. https://www.who.int/nutrition/publications/code_english.pdf "International Code of Marketing of Breast-milk Substitutes" purpose was to protect and promote breastfeeding, through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breastmilk substitutes, bottles and teats. There was to be absolutely no promotion of breastmilk substitutes, bottles and teats to the general public. Neither health facilities nor health professionals should have a role in promoting breastmilk substitutes. Free samples should not be provided to pregnant women, new mothers or families. All governments should adopt the Code into national legislation. The International Code protects breastfeeding from inappropriate marketing of breast-milk substitutes. In 2016 the global sales of breastmilk substitutes total US$ 44.8 billion. By this year (2019) it is expected to rise to US$ 70.6 billion. Aggressive and inappropriate marketing of breastmilk substitutes, and other food products that compete with breastfeeding, continues to undermine efforts to improve breastfeeding rates. Such marketing practices negatively affect the choice and ability of mothers to breastfeed their infants optimally. The International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions are vital tools to regulate and

	reduce inappropriate marketing. Monitoring and enforcement of the Code is weak. There is a lack of political will to legislate and enforce the Code. There is continued interference from manufacturers and distributors in governments' efforts to initiate or strengthen Code monitoring and enforcement measures, and lack of sufficient data and expertise on Code-related matters. There remains absence of coordination among responsible stakeholders, and limited national and international resources for legislation, monitoring and enforcement. https://apps.who.int/iris/bitstream/handle/10665/206009/WHO_NMH_NHD_16.1_eng.pdf?ua=1 The Code of Professional Conduct for International Board Certified Lactation Consultants (IBCLCs) lays out how IBCLC's must conduct themselves. https://iblce.org/wpcontent/uploads/2017/05/code-of-professional-conduct.pdf. What is interesting is that in some countries like the United States, IBCLCs can be from many backgrounds, including non-medical professionals, so may not have professional codes of conduct they must follow from their own profession. In many other areas of the world, IBCLCs are almost exclusively physicians, and so would also have the codes of conduct of their professions to adhere to. The Code of Professional Conduct (CPC) requires every IBCLC to: Principle 1: Provide services that protect, promote and support breastfeeding 1.1 Fulfill professional commitments by working with mothers to meet their breastfeeding goals. 1.2 Provide care to meet clients' individual needs that is culturally appropriate and informed by the best available evidence. 1.3 Supply sufficient and accurate information to enable clients to make informed decisions. 1.4 Convey accurate, complete and objective information about commercial products. 1.5 Present information without personal bias. Principle 2: Act with due diligence. 2.1 Operate within the limits of the scope of practice. This can be a serious issue for non-healthcare IBCLCs. 2.2 Collaborate with other members of the healthcare team to provide unified and comprehensive care. 2.3 Be responsible and accountable for personal conduct and practice. 2.4 Obey all applicable laws, including those regulating the activities of lactation consultants. 2.5 Respect intellectual property rights. Principle 3: Preserve the confidentiality of clients. 3.1 Refrain from revealing any information acquired in the course of the professional relationship, except to another member of a client's healthcare team or to other persons or entities for which the client has granted express permission, except only as provided in the definitions and interpretations to the CPC. 3.2 Refrain from photographing, recording or taping (audio or video) a mother or her child for any purpose unless the mother has given advance written consent on her behalf and that of her child. Principle 4: Report accurately and completely to other members of the healthcare team. 4.1 Receive a client's consent, before initiating a consultation, to share clinical information with other members of the client's healthcare team. 4.2 Inform an appropriate person or authority if it appears that the health or safety of a client or a colleague is at risk, consistent with Principle 3. Principle 5: Exercise independent judgment and avoid conflicts of interest. 5.1 Disclose any actual or apparent conflict of interest, including a financial interest in relevant

	goods or services, or in organizations which provide relevant goods or services. 5.2 Ensure that commercial considerations do not influence professional judgment. 5.3 Withdraw voluntarily from professional practice if the IBCLC has a physical or mental disability that could be detrimental to clients. Principle 6: Maintain personal integrity. 6.1 Behave honestly and fairly as a health professional. 6.2 Withdraw voluntarily from professional practice if the IBCLC has engaged in substance abuse that could affect the IBCLC's practice. 6.3 Treat all clients equitably without regard to ability/disability, gender identity, sexual orientation, sex, ethnicity, race, national origin, political persuasion, marital status, geographic location, religion, socioeconomic status, age, within the legal framework of the respective geo-political region or setting. Principle 7: Uphold the professional standards expected of an IBCLC. 7.1 Operate within the framework defined by the CPC. 7.2 Provide only accurate information to the public and colleagues concerning lactation consultant services offered. 7.3 Permit use of the IBCLC's name for the purpose of certifying that lactation consultant services have been rendered only when the IBCLC provided those services. 7.4 Use the acronyms "IBCLC" and "RLC" or the titles "International Board-Certified Lactation Consultant" and "Registered Lactation Consultant" only when certification is current and in the manner in which IBLCE authorizes their use. Principle 8: Comply with the IBLCE Disciplinary Procedures. 8.1 Comply fully with the IBLCE Ethics & Discipline process. 8.2 Agree that a violation of this CPC includes any matter in which: 8.2.1 the IBCLC is convicted of a crime under applicable law, where dishonesty, gross negligence or wrongful conduct in relation to the practice of lactation consulting is a core issue; 8.2.2 the IBCLC is disciplined by a state, province or other level of government and at least one of the grounds for discipline is the same as, or substantially equivalent to, this CPC's principle; 8.2.3 a competent court, licensing board, certifying board or governmental authority determines that the IBCLC has committed an act of misfeasance or malfeasance directly related to the practice of lactation consulting. The Academy of Breastfeeding Medicine (ABM) is an international, multispecialty, all physician/dentists who deal with oral-suckling issues organization. (www.bfmed.org) ABM Affirms the Following Tenets in its Position paper on Breastfeeding: a. Breastfeeding is, and should be considered, normative infant and young child feeding. b. There is a need for a continuum of maternity, neonatal, and child care across time, place, and health needs. c. Breastfeeding is a continuation of the reproductive cycle, providing support for early child development and resolution of maternal pregnancy-based physiological changes. Noninvasive maternity practices, immediate skin-to-skin, and early initiation of breastfeeding are essential for enabling exclusive breastfeeding. d. Breastfeeding is a human rights issue for both mother and child. e. Improved breastfeeding promotion, protection, and support are needed globally and

	at all levels, including increased support by physicians… f. Medical professionals have a responsibility to promote, protect, and support breastfeeding in their practice of medicine according to at least three values of medical ethics: the ethical mandates of ‘‘beneficence,’’ the principle of taking actions that benefit your patient, and that is in their best interest; ‘‘non-maleficence,’’ that is, first do no harm; and ‘‘truthfulness and honesty,’’ the principle of informed consent. g. Medical professionals must recognize the important role that fathers/partners, and sometimes extended family members, have in the decision to initiate breastfeeding as well as their ongoing support… h. Physician undergraduate and postgraduate medical education must include knowledge of the current evidence, instill the necessary attitudes, and provide experience in the skills necessary…to promote, protect, and support breastfeeding. i. The practice of medicine, at clinical, administrative, public health/preventive medicine, and policy levels, should be guided, whenever possible, by available evidence. j. Medical professionals and healthcare systems have an ethical responsibility to avoid conflict of interest, or at the very least disclose potential conflicts k. Corporations and all other manufacturers and distributors of breastmilk substitutes and other foods that may displace breastfeeding (e.g. toddler formulas and foods) have an ethical responsibility to adhere to the World Health Assembly’s International Code of Marketing of Breast-milk Substitutes1 and subsequent resolutions, and physicians have the responsibility to avoid support of companies that do not adhere to this Code. l. A comprehensive approach, including civil society, social structures, communities, and all levels of the socio-ecological framework, in addition to the skilled support of the medical professionals, is necessary to achieve and sustain optimal breastfeeding in all settings. m. Civil society and government…should also assume the ethical responsibility to support and protect an optimal breastfeeding norm. n. Family, community, government, and employer recognition for the contribution made by the breastfeeding woman is necessary, as is commensurate support… o. Governments are responsible for protecting the rights of women and children, including the right to breastfeed in the hospital, home, community, workplace, and any setting where the mother’s presence is legal. p. Alliance and collaboration with other international organizations seeking to promote, protect, and support breastfeeding may be mutually beneficial and are therefore objectives of the ABM. https://www.bfmed.org/assets/DOCUMENTS/abm-position-breastfeeding.pdf. Finally, a word about ethics in breastfeeding research

Dr. Ghada Sayed (IBFAN) Arab World regional coordinator World Health Organization (EMRO) Consultant **Email:** ghadasay@yahoo.com	***Implementation of the Code in the Arab World*** **Background:** Optimal breastfeeding practices and appropriate complementary feeding improve child health, survival and development. The countries of the Arab World have made significant strides in formulation and implementation of legislation to protect and promote breastfeeding based on The International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent relevant World Health Assembly resolutions. **Aim:** To assess the implementation of the Code in the Arab World. **Methods:** Assessment was conducted by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean using a WHO standard questionnaire. **Results:** Seventeen countries in the Arab World have enacted legislation to protect breastfeeding. Only 6 countries have comprehensive legislation or other legal measures reflecting all or most provisions of the Code; 4 countries have legal measures incorporating many provisions of the Code; 7 countries have legal measures that contain a few provisions of the Code; 4 countries are currently studying the issue; and only 1 country has no measures in place. Further analysis of the legislation found that the text of articles in the laws fully reflected the Code articles in only 6 countries. **Conclusion:** Most countries need to revisit and amend existing national legislation to implement fully the Code and relevant World Health Assembly resolutions, supported by systematic monitoring and reporting
Dr.Hanan Sultan FRCOG, ABOG, IBCLC, MSc **Email:** Nona.tan50@yahoo.com	***Revised Saudi Executive Regulations of Breastmilk Substitutes Marketing Code – 2019*** The WHO International Code of Marketing Breastmilk Substitutes (ICMBS) was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by the protection & promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes, when these are necessary. One of the main principles of the Code is that health care facilities should not be used for the purpose of promoting breast milk substitutes, feeding bottles or teats. Subsequent WHA Resolutions have clarified the Code and addressed some related issues. The Revised WHO/UNICEF Ten steps indicate that comply fully with the WHO code is the minimal requirement and each country can implement more regulations than the what is in the code to ensure a full support of infant and young children nutrition. The Kingdom of Saudi Arabia was one of the 60 countries that introduced National Law to implement the ICMBS-WHA. In Ramadan 21, 1425 (4 November 2004), the Royal Decrees number 49/m was launched based on the agreement of the Shura and Ministries Councils of the National Code. In 14-08-1428 (27 August 2007), the Rule and Executive Decision for the Breast-Milk Substitutes Marketing Saudi Code was launched by the Minister of Health. This was updated through Decision No. 3749 dated 25-03-1435 based on Article A1/26R where a committee was formed to review, amend and update the

	Executive regulations. The updated articles were launched and be effective to implement from 1-10-1440 (4 June 2019). In this Presentation, the revised updated articles will be highlighted (28 articles). For example, Article 3 indicate that the following are considered violent to the code: Breast-milk substitutes and complementary foods from milk products, foods and beverages, including bottle-fed complementary foods or baby foods when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total substituted of breastmilk; feeding bottles and teats; the breast-milk substitutes and complementary foods for preterm infants, infants, and young children from birth to 3 years of age, and related products, including the followings: Infant milk from birth to 12 months of age; Growth milk and follow-up milk or any other name products for the age from 12 months to 36 months, marketed as suitable for infants and young child feeding; Pacifiers and feeding bottles made of glass or other materials; Related devices and tools (milk pumps, teat covers, etc); Complementary (processed) foods; Water used to mix infant formula; Any other liquids, such as herbal tea, juice or any product marketed or presented as suitable for children under 36 months. While Article No. 5 (A3/5) state that Producers, importers, or marketers of breast-milk substitutes, are prohibited from sponsoring any educational or entertainment activity which include all medical specialties. The Challenges of implementation of these new regulations will be highlighted.

Scientific Session 8:
Revised BFHI Key Clinical Practice Steps & MFP

Dr. Mona Al Sumaie MBBch, IBCLC **Email:** m.alsumaie@gmail.com	***Keynote lecture: Revised BFHI, 2018 Steps 3 & 10*** The Baby-friendly Hospital Initiative provides guidance on the implementation of the Ten Steps to Successful Breastfeeding and the Code. This presentation reviews and introduces the evidence for the revised Ten Steps to successful breastfeeding with focus onto Step 3 and Step 10. Step 3: Discuss the importance and management of breastfeeding with pregnant women and their families. Rationale is that pregnant women and their families must have basic information about breastfeeding in order to make informed decisions. Step 10: Coordinate discharge so that parents and their infants have timely access to ongoing support and care. Rationale is that mothers need sustained support to continue breastfeeding and that maternity facilities must refer mothers to community resources
Dr. Ghada Sayed (IBFAN) Arab World regional coordinator World Health Organization (EMRO) Consultant Email: ghadasay@yahoo.com	***Keynote lecture: Revised BFHI, 2018 Steps 4 – 9*** WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding. The Ten Steps summarize a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding. WHO has called upon all facilities providing maternity and newborn services worldwide to implement the Ten Steps. Countries are called upon to fulfill nine key responsibilities through a national BFHI programme *Ten steps to successful breastfeeding* *Critical management procedures* **1a.** Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions. **1b.** Have a written infant feeding policy that is routinely communicated to staff and parents. **1c.** Establish ongoing monitoring and data-management systems. **2.** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding. *Key clinical practices* **3.** Discuss the importance and management of breastfeeding with pregnant women and their families.

	4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth. **5.** Support mothers to initiate and maintain breastfeeding and manage common difficulties. **6.** Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated. **7.** Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day. **8.** Support mothers to recognize and respond to their infants' cues for feeding. **9.** Counsel mothers on the use and risks of feeding bottles, teats and pacifiers. **10.** Coordinate discharge so that parents and their infants have timely access to ongoing support and care.
Dr. Nadia AlHazmi SBOG - MOH **Email:** nalhazmi@moh.gov.sa	***Women & Health Today's Evidence Tomorrow's Agenda*** *The world health report 2008: primary health care – now more than ever*, are laying particular emphasis on the urgent need for more coherent political and institutional leadership, visibility and resources for women's health, to enable us to make progress in saving the lives and improving the health of girls and women in the coming years. Women's health is often confined to reproductive health. While critical, this focus is not sufficient to improve the health and well-being of women throughout her life course. The structure around a life course is divided into stages that have particular relevance for health – early childhood (from birth to nine years), adolescence (from 10 to 19 years), adulthood (from 20 to 59 years, and including the reproductive ages of 15–44 years) and older age (from 60 years onwards) While many of the factors that affect the health of the girl child, the female adolescent, the adult and the older woman do not fit neatly or exclusively into these stages, the approach fosters a deeper understanding of how interventions in childhood, through adolescence, during the reproductive years and beyond affect health later in life and across the generations (**World Health Organization 2009)** Saudi ministry of health has adopted Model of Care addressing women health by creating pathway for Women and Child aiming support of patients and activate them to access the right care at the right time and provide the education to manage their care while supporting patients to return home and to community services. The vision is Timely access to primary health center's antenatal and postnatal maternity services, which will be closely linked to other hospitals to support pregnancy, childbirth, child wellbeing and new parenthood, with fostering maternal friendly/baby friendly environment.

	Services and a workforce that promote healthy lifestyles which has a positive effect on the health outcomes for mother and child, Midwifery-led continuity of maternity care as standard, Support from clinical experts and highly-skilled multidisciplinary teams to deliver high quality, kind, safe, and effective services and Good availability of necessary hospital-based medical interventions. There are a lot of prevention measures to be accounted for when a woman is pregnant, such as smoking, occupational safety diet etc. All prevention care interventions such as home and environmental child safety, vaccination, work wellness, school education, community wellness should promote and optimize a healthy pregnancy and a healthy child and women through all her stages of life. (*Source: Current Status Consensus, a baseline document in designing the new Model of Care, Dec 2016)*
Dr. Luthfa Khalid AMANI Birth **Email:** luthfakhalid29@gmail.com	***Empowering & Inspiring Mothers: Doula Experience, KSA*** **Introduction:** Antenatal Childbirth Classes are sessions designed to give mothers and fathers-to-be information & knowledge about pregnancy, Labor, Delivery, Breastfeeding and caring for yourself and your newborn after birth. Childbirth Educators are trained to help & support families with evidence-based resources so they can make informed decisions about their pregnancy & birth. A Birth Doula is a non-clinical (non-medical) care provider trained in providing physical, emotional, mental and informational support throughout the pregnancy till labor & birth. They serve as a bridge of communication between women &their providers, lifting them up to help them find their voices and advocate for the very best care. In this presentation, we are going to discover how education and Doula support transform the birthing system to a mother-baby friendly one. **Our aim** is to emphasize the significance of having antenatal education & doulas during pregnancy, labor & birth and to present how they are an integral part of the maternity care Main discussion points includes Introduction to AMANI childbirth classes, History of AMANI, Training, What is a Doula? , Where to find us? & Labor & birth practices to support early breastfeeding **Results/Outcomes:** Improved maternal & neonatal outcomes, reduced caesarians & other medical interventions, positive birth experiences, improved mother-baby bonding, improved breastfeeding rates and reduced perinatal mental health issues. Conclusion Antenatal classes and doulas can make a big difference in the current birth and breastfeeding culture and maternal-neonatal outcomes.

Abstracts of Scientific Session 9:
Neo-BFHI & Breastfeeding Support in Special Circumstances

Dr. Fahad Alaql Email:	***Fostering Baby-Friendly NICU Project – MOH- KSA***
Dr. Kathleen A. Marinelli IBCLC, FABM, FAAP Clinical Professor of Pediatrics, University of Connecticut School of Medicine Baby-Friendly USA Clinical Committee Member BFHI US Expert Panel for 2018 Guidelines **Email:** kathleen.marinelli@cox.net	**Kangaroo Mother Care (KMC)** **Kangaroo Mother Care** is defined as continuous, skin-to-skin, chest-to-chest contact, ventral surface of the infant against the ventral surface of the mother or another person that provides unlimited access to the breast, thermoregulation, and attachment/bonding for the stable preterm infant (WHO, 2003). **Skin to skin care** is defined as intermittent, skin-to-skin, chest-to-chest contact, ventral surface of the infant against the ventral surface of the mother or another (Ludington-Hoe, 2011). They are often used interchangeably. But skin to skin could be contact of a hand with a cheek, a cheek with a cheek. The importance of ventral to ventral surface contact is that it is the location of the unmyelinated c-afferent nerves that respond only to pleasing human touch, sends the message of pleasure to the insular cortex to produce oxytocin (Bystrova, 2009). It is also the center of vagal nerve stimulation. When stimulated through touch/contact, corticotrophin releasing hormone is released initiating a hormonal cascade that minimizes stress responses and regulates the cardiorespiratory system among other things. Impact of premature and low birth weight (LBW) births. Infectious diseases and perinatal complications remain primary causes of deaths globally. Infant deaths account for ~40% of the under-5, developing country mortality rate, with premature birth and/or LBW the leading cause of mortality. >20 million infants are born either premature or LBW worldwide yearly. Babies born LBW have 20 times the mortality rate of their heavier counterparts. One third die within 12 hours of birth. Premature babies are the most vulnerable. Their inability to regulate body temperature leads to them stopping feeding, and increased risk of infections. Premature birth and/or LBW is a substantial health care burden with costs averaging just over $50,000 per infant (Akbari E et al, 2018). The birth rate in Saudi Arabia in 2018 was 17.8 per 1,000 people, with the infant mortality rate 12/1,000 live births (Population Reference

	Bureau 2018, Saudi Arabia). Neonatal mortality rate 10/1,000 live births in 2010, with 54% due to prematurity (https://data.unicef.org › country profiles › Saudi Arabia › Maternal SAU). King Fahd Hospital of the University, Al-Khobar, conducted a study on the epidemiology of prematurity in the Eastern region of Saudi Arabia from June 2008-2013. They found in their sample preterm infant prevalence 7.5%; extremely preterm infants (<28 weeks' gestation) 9%; very preterm infants (28 to <32 weeks' gestation) 20%; and extremely low-birthweight (ELBW) infants (<1000 g) 11%. 157 (32%) infants were small for gestational age. In this cohort 58% were discharged, overall mortality was 7.6%, mortality rate of male infants 53%, and survival to discharge according to gestational age ranged from 30-97.6% (Al-Qurashi FO, et al. 2016). In 1978, at the "Instituto Maderno Infantile" in Bogotá, Colombia, Edgar Rey developed what is now universally known as Kangaroo Mother Care (KMC) for the care of premature or LBW infants (Rey E, 1983). Kangaroo position (skin-to-skin contact on the mother's chest) offers thermal regulation, physiological stability, appropriate stimulation, and enhances bonding and breastfeeding. Kangaroo nutrition is based on breastfeeding. Kangaroo discharge policy relies on family empowerment and early discharge in kangaroo position with close ambulatory follow-up. The main aims are to promote breastfeeding, reduce pain from procedures, help the achievement of physiological stability, accelerate maturation, and end mother–infant separation By 1989, there was controversy about the effectiveness and safety of KMC. A group of researchers in Colombia began the evaluation of safety and effectiveness of KMC. A two-cohort study was conducted in Bogotá for 1 year; mortality was not higher in the kangaroo cohort. 1991, Anderson reviewed published and unpublished studies on responses to limited STS contact in hospitalized patients in developed countries. Infants demonstrated: (1) temperature regulation was at least as good as that obtained inside an incubator; (2) regular breathing patterns were more frequent, with a decrease in episodes of apnea and periodic breathing; (3) transcutaneous oxygen levels did not decrease; (4) regulation of the infants' behavioral state was better, including longer periods of alertness and less crying; (5) infants had no additional risk for infection and the rates and duration of breastfeeding were higher. In follow up studies mothers reported greater self-confidence, a sense of fulfillment, less stress, more confidence in breastfeeding. Some studies showed shorter hospitalizations, and a positive change of attitude among health personnel. In 1993, the Kangaroo Foundation (KF) was founded to develop further research, training, and advocacy. They have published research

	showing a reduction in mortality of infants weighing <1,500 g; as good as or better than the traditional method; and evidence for its effectiveness and safety. In 2010 and 2012, a pilot study conducted in Colombia by the KF in collaboration with Laval University (Canada) used transcranial magnetic stimulation to explore the effect of KMC on brain maturation in adolescents who were former preterm infants. The results showed the hemispheric and callosal motor circuits worked better in KMC adolescents (Schneider C et al Acta Paediatric, 101 (2012), pp. 1045-1053). Philosophy of Care: Transition to Breast. KMC is a method of placing an infant between or on the mother's breasts dressed only in a hat and nappy so that the frontal contact of mother and baby is skin to skin. Skin-to-skin should be initiated as soon as physiologically stable enough to tolerate movement: endotracheal tubes, CPAP, and in-dwelling lines are not contraindications. KMC: Maternal benefits include an enhanced sense of bonding; decreased anxiety; an increased sense of mastery in care-giving skills; increased confidence and self-esteem and activation of reconciliation and healing after the trauma of preterm birth. KMC: Infant benefits include improved thermoregulation; improved oxygenation; less periodic breathing, apnea and bradycardia; no increase in infection; longer bouts of regular sleep; fourfold increase in alert activity; transferred out of incubator to open cot sooner; decreased crying at 6 months; discharged home sooner; and improved growth. Early SSC (1st week) in 24-29 weeks GA is associated with a reduced risk of bronchopulmonary dysplasia development, cholestasis, and nosocomial infection. Prolonged daily skin-to-skin contact is associated with a lower incidence of nosocomial infection and better rates of breastfeeding (Casper C et al 2018). Most studies reported decreased pain responses (crying, heart rate, O2 saturation) to heel prick during SSC compared to placebo methods (Seo et al 2016; Freire et al 2008). KMC: Breastfeeding benefits include stimulates prolactin and oxytocin production; decreased maternal anxiety resulting in enhanced milk ejection; increased maternal milk volume; and improved breastfeeding success rates. In summary kangaroo mother care physiological benefits are well established; lowers infant mortality rates; decreases the risk of sepsis, hypoglycemia, hyperthermia, and hospital readmission; increases the rates of exclusive breastfeeding; lowers neonatal respiratory rate; increases oxygen saturation; and improves growth. The effects of KMC are most notable for LBW and/or preterm neonates. Less well understood are the effects of KMC on the biopsychosocial development of neonates such as temperament, motor, cognitive, socio-emotional, and self-regulation outcomes. KMC has expanded globally

especially in resource limited settings supported by the World Health Organization and UNICEF (WHO, 2003). UNICEF: In Haiti, kangaroo mother care helps stabilize the health of premature babies. https://www.unicef.org/health/haiti_66377.html (2012).

In a study to examine the non-physiological potential benefits of KMC and its use as developmentally supportive care infants exposed to KMC show significantly better emotion regulation than infants exposed to usual care. The duration of KMC was associated with cognitive and motor development. No harm was found associated with KMC. Long-term effects of KMC are thought to be multifactorial. They can be mediated through improved neonatal outcomes, (increase overall physiological stability, decrease infection, management and reduction of stress and pain, increase in likelihood of exclusive breastfeeding at discharge). Enhanced maternal care can decrease hypothalamic pituitary-adrenal (HPA) axis reactivity and attenuate preterm infant's cortisol response to stress. KMC may enhance development of neural networks in preterm infant's brain through positive sensory information provided by skin-to-skin contact with mother or father. Nurturing the preterm brain with early positive parent-infant experience may promote the organization of neuro-behavioral systems, by reducing psychological stress and increasing capacity of state regulation (Akbari E, et al. 2018).

Does Kangaroo care affect the weight of preterm/low birth-weight infants in the neonatal setting of a hospital environment? A metanalysis was done with 17/839 studies eligible for inclusion. 10 RCT's demonstrated that KC increases weight of preterm/LBW infants in the neonatal setting of a hospital environment. 7 quantitative studies also reported an increase in weight. Increased rates of breastfeeding were also consistently associated with regard to KC across the 17 studies (Cunningham C, 2018). Factors associated with sustained breastfeeding in late preterm and early term infants at 2 months included continued maternal skin-to-skin contact (P = .007). Unstained breastfeeding at 1- and 2-months was associated with the occurrence of supplemental feedings (P = .001) and pumping at discharge (1 month, P =.002; 2 months, P = .015). Kuhnly JE. J Perinat Neonatal Nurs. 2018 Apr/Jun;32(2):175-188.

An increase in oxytocin from skin-to-skin contact enhancing development of parent–infant relationship was studied by Vittner D et al 2018. Salivary OT levels increased significantly during SSC for mothers ($p < .001$), fathers ($p < .002$), and infants ($p < .002$). Infant salivary cortisol (SC) levels decreased significantly ($p < .001$) during SSC as compared to before and after SSC. Parent anxiety scores were significantly related to parent OT and SC levels. Parents with higher OT levels exhibited more synchrony and responsiveness ($p < .001$) in

their infant interactions.

Skin-to-skin care for procedural pain in neonates was reviewed in a Cochrane Review (Johnston C et al. 2017). SSC appears to be effective as measured by composite pain indicators with both physiological and behavioral indicators and, independently, using heart rate and crying time; and safe for a single painful procedure. Purely behavioral indicators tended to favor SSC. Physiological indicators were mixed although the common measure of heart rate favored SSC. There is a need for replication studies that use similar, clearly defined outcomes. Studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed.

Skin-to-skin contact is associated with earlier breastfeeding attainment in preterm infants (Oras P et al. 2016). 104 infants GA 28 + 0 to 33 + 6; followed up to 1-year corrected age. 53 infants attained full breastfeeding in the NICU at median (range) 35 + 0 (32 + 1 to 37 + 5) weeks postmenstrual age. STS only factor influenced earlier attainment in regression analysis (R 20.215 $p < 0.001$). Daily duration of STS in NICU did not affect duration of breastfeeding or infant growth after discharge. Infant growth was not affected by feeding strategy of exclusive, partial or no breastfeeding.

How do we promote STS or KMC in the NICU? NEO BFH or similar program!! (Nyqvist K et al, J Hum Lact 2013 29: 300). Facilitation of early, continuous, and prolonged STS/ KMC. Step 4: Encourage early, continuous, and prolonged mother–infant skin-to-skin contact (kangaroo mother care) without unjustified restrictions. Includes all infants requiring neonatal intensive care, not just those breastfeed. Core concepts in KMC are warmth, human milk, and love. WHO guidelines recommend initiation of KMC for stable infants from 28 postmenstrual weeks or from a birth weight of 600 g. The NICU should have a written KMC protocol. Parents should be informed and encouraged to commence KMC as early as possible, ideally from birth, for as long a period per day as they want, continuously, around the clock, without unjustified restrictions. Ideally, KMC is continued as long as needed by infant for thermal control, in hospital and home, provided that program for safe early discharge and adequate follow-up is in place.

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Dr. Kathleen A. Marinelli IBCLC, FABM, FAAP Clinical Professor of Pediatrics, University of Connecticut School of Medicine Baby-Friendly USA Clinical Committee Member BFHI US Expert Panel for 2018 Guidelines **Email:** kathleen.marinelli@cox.net	***Optimal Infant Feeding Support in Special Cases in NICU*** Determinants of the early initiation of breastfeeding in the Kingdom of Saudi Arabia: May August 2016, sample of 1700 mothers of children <24 months, randomly selected from >165 health centers distributed across the country. There were at least 33 centers in each of the five geographical regions. Breastfeeding initiation rate 91.7% overall. 8.3% mothers never breastfed. Initiation of breastfeeding within 1 hour of birth was 43.6%. Initiation rates for 1-24 hours and for more than 24 h were 27 and 21% respectively. Regional variation showed poor prevalence 26% in Northern region; fair 38.4% in the Central, 45% Western, 49%, Eastern; good 63% Southern region. 47% of the newborns fed colostrum. 51% of newborns fed infant formula as first feed. Eastern, Western and Southern regions reported the highest initiation rates of 96.7, 95 and 94% respectively, and 90% for the Central region. Northern region reported the lowest (83%) initiation rates. Factors associated with early initiation bf (≤ 1 h. after birth) were mode of delivery (50% for natural vs 24% caesarean delivery); residential location (46% for rural vs 43% urban residence); birthweight (31% for LBW <2.5 kg, 49% for 2.5 kg and 43% for ≥2.5 Kg.) [13.6% weighed less than 2.5 Kg]; birth order (39% one child vs 46% ≥ second child) (Ahmed AE et al, 2019). In ideal circumstances, term, healthy infants in the first 24 hours undergo immediate and prolonged skin to skin, rooming in, and uninterrupted access to mother's breast. O the other hand, premature and/or ill NICU infants in the first 24 hours are whisked to the open warmer, undergo procedures/observation, taken to the NICU, and are separated from their mother. On-going care of the term, healthy infant includes teaching the mother to respond to early feeding cues (rooting, fist to mouth, early arousal), diaper counts; stools; weights, use of laid back nursing, mom and infant together; lots of skin to skin, hand expression of colostrum on nipple if needed and frequent small feeds until secretory activation occurs. For the premature and/or ill NICU infant, they start out NPO, then progress to gavage feeds with small volumes. Feeding regimens are on schedule not on cues. There are strict weights; scientific calculations; "rules" for breastfeeding. Mom and infant are separated. Maybe there is STS and KMC. There is fear of allowing the infant to nuzzle at breast. There are "rules" and conditions for breastfeeding. There are many NICU obstacles to breastfeeding/human milk: Mother-infant separation, delayed milk expression; poor volumes; fear of skin-to-skin

	care/Kangaroo Mother Care; delayed suckling at breast. And there are many disruptive institutional policies like “easier to bottle-feed”—must show proficiency with bottle first; unease with unable to monitor volumes; inflexible feeding schedules; no provision for a private or comfortable environment. Initiating and maintaining lactation by expression is not easy. Initiation depends on mother’s health, misinformed advice, pump availability/type/hand expression, difficulty eliciting MER, delayed lactogenesis, stress and fatigue. When to start?—within 1st hour! Frequency should be at least 8 times in 24 hours, and expressing when prolactin levels highest. Excellent paper on facilitating early colostrum collection by hospitalized women in the early postpartum period (Haase B, 2018). Developmental Steps Toward Breastfeeding as I see it are Colostrum Oral Care/Oral Immune Therapy; Skin to Skin/KMC; Non-Nutritive Sucking at “empty” breast; Nutritive sucking at breast with NG supplementation; Nutritive sucking at breast with NG and/or alternative feeding supplementation; Demand feeds. Physiology in utero, the fetus swallows up to 200 mL/kg/d of bacteriostatic amniotic fluid. This allows direct oropharyngeal exposure to many immune and trophic biofactors including immunoglobulins (ie, sIgA), cytokines, glycoproteins (ie, lactoferrin) and intestinal trophic factors (ie, EGF and TGF-b). In the 3rd trimester the weight of intestinal mucosa increases > 50%. This rapid growth is attributed to the abundance of growth factors in amniotic fluid during this period of gestation. ELBW infants are born before 3rd trimester. Many biofactors are also contained in MOM. The highest concentrations are found in the milk of mothers of ELBW infants, with the highest concentrations found in colostrum. These protective biofactors remain high in preterm milk for several weeks. Colostrum Oral Care (Oral Immune Therapy). Small quantities of colostrum given to LBW babies were seen to decrease the incidence of infection (Narayanan 1983, Lee 2015). Colostrum inhibits secretion of pro-inflammatory cytokines (Lee 2015) and increases levels of circulating immune-protective factors (Lee 2015). Colostrum sIgA protects against antigens crossing immature, permeable mucosa. sIgA remains active in neonatal gut (Schanler 1986, Lee 2015). Giving colostrum orally has been shown to reduce the time to reach full oral feeds (Rodriquez 2015), protection against bacteremia, NEC, and ventilator associated pneumonia; an earlier attainment of full enteral feeds; enhanced maturation of oral feeding skills; improved growth; enhanced breastfeeding outcomes. Colostrum is applied as oral care in NPO/NG fed babies. It is intended as an immune therapy. Recent studies suggest that frequent and prolonged dosing, until per oral feeds of MOM can be safely introduced are more likely to provide sustained immune effects and impact health outcomes for recipient infants. MOM especially colostrum should be prioritized for

	oropharyngeal administration. Milk should be treated as a medication, with the precise dose administered using a sterile syringe. 0.2 mL dose consistently receive biofactor doses comparable or better with in utero exposure of a fetus weighing 1 kg exposed to ~38ng of EGF and 172mg of lactoferrin daily via amniotic fluid (200 mL/kg fetal weight/d); receive a dose of 396ng of EGF and 658mg of lactoferrin with dosing every 2 hours (2.4mL/d), and 216ng of EGF and 450mg of lactoferrin with dosing every 3 hours (1.6 mL/d) of colostrum (Garofalo NA, 2019). Findings from recent studies suggest many potential benefits for premature infants including enhanced immune status (higher concentrations of serum IgA, urinary sIgA, salivary sIgA, urinary lactoferrin, and salivary lactoferrin); reduced inflammatory markers (lower concentrations of urinary IL1b, salivary TGF-b-1, and salivary IL-8); lower risk for clinical sepsis; enhanced oral microbiota; reduced time to achieve full enteral feedings and full per oral feedings; improved growth; enhanced breastfeeding outcomes and decreased length of hospitalization. A recent Cochrane review of oropharyngeal colostrum (OPC) in preventing mortality and morbidity in preterm infants (Nasuf AWA et al, 2018) looked at 6 studies that compared early OPC vs water, saline, placebo, DHM, or no intervention in 335 preterm infants with GA 25 to 32 weeks and birthweight 410-2500gms. There were no significant differences between OPC and control for the incidence of NEC; late-onset infection; death before hospital discharge; or length of hospital stay. Days to full enteral feeds were reduced in the OPC group; mean difference of -2.58 days (95% CI -4.01 to -1.14; six studies, 335 infants; P = 0.0004). Effect of OPC was uncertain due to small sample sizes and very low-quality evidence. There were no adverse effects associated with OPC. Large, well-designed trials are required to better evaluate effects of OPC on important outcomes for preterm infants. Philosophy of Care: Transition to Breast. Skin-to-skin/KMC as soon as physiologically stable enough to tolerate movement. Endotracheal tubes, CPAP, in-dwelling lines are not contraindications. Nuzzling at breast with transition to non-nutritive sucking as soon as infant shows interest with no gestational age or weight requirements. Should occur during gavage feeds when infant able. Nutritive suckling at breast when able to show evidence of coordinated suck-swallow-breathe at breast. Able to handle swallowing secretions. Use alternative feeding methods when mothers not present to breastfeed. Must stay vigilant to support and protect mother's milk supply. Non-nutritive sucking during gavage feeds associates satisfaction of hunger with oral activity (Bernbaum 1983). It is also associated with accelerated organization and efficiency of sucking pattern, decreased energy expenditure, decreased transition from gavage to oral feeds, more rapid weight gain, improved lipid absorption

	(lingual lipase is released), and results in taking full oral feedings sooner, with better weight gain, and earlier hospital discharge (Measel 1979, Conde-Agudelo A 2016). Non-nutritive sucking at breast indications for initiation are clinical stability, tolerance of enteral feedings and the ability to suck on pacifier and swallow secretions. This allows imprinting positive experiences at breast, practice and gain confidence with positioning for the mom when it doesn't "count" for nutrition, and time to work on principles of proper latch. Suck - Swallow – Breathe Development. Preemies begin with an immature pattern:1-3 sucks per burst with swallowing and breathing before or after the burst. A coordinated cycle is suck-swallowbreathe movements related in a 1:1:1 sequence. We are taught this occurs at 34 weeks gestation to organize suck-swallow-breathe (Bu'Lock 1990, Nyqvist 1999). Rate of milk flow is one of the most important variables influencing the suck to swallow ratio, and therefore the ease of coordination of suck - swallow – breathe (Wolf & Glass 1994). The Scientific Basis for Early Breastfeeding: Infants including preemies maintain more stable TcPO2 levels, body temperature and heart rate patterns during breastfeeding than bottle feeding (Meier 1987, 1988). There are the positive effects of skin to skin contact. Infants learning effect enhances oralmotor capabilities. "Guidelines for initiation of breastfeeding in preterm infants should be based on cardio-respiratory stability, irrespective of current maturity, age or weight" (Nyqvist 1999), heartily seconded by me! Positioning for breastfeeding: Chest to chest, head supported and in midline, shoulders in forward flexion, alignment of ear, shoulder and hip. Several suitable positions like cross-cradle hold, slide-over hold, football hold, and laid-back positioning. Latch is traditional with facilitation of mouth opening wide, asymmetric latch, lips flanged, chin buried into breast, tongue over alveolar ridge. Most NICU infants need chin support (Dancer hand hold), and often mothers need help with breast support as infants are too weak to hold the weight of the breast in their mouths and effectively suckle. Duration and Frequency of breastfeeding attempts recommendations: 30 min. maximum if feeding q3h schedule unless transferring milk at 30 minutes, then let continue until no longer transferring milk. Reward feeding cues by allowing to feed at those times and not on schedule. Flexibility is key! It will mean changing feeding schedules, number of feedings/day, and flexibility in a micro-managed environment. In the NICU there is fear of missing a feed, not meeting volumes, fear of not getting cc/kg/d "written for" and then not growing. Trials of ad lib on cue are terrifying to neonatologists for fear of losing weight. As infants take larger volumes and mothers available, important to trial these. If you have the facilities for rooming in, it is important to facilitate for these mothers and infants, especially when it

	is getting close to discharge so they can work on ad lib on cue feedings. Evidence of Milk Transfer. Observe for: Nutritive sucking pattern, deeper jaw excursions and pauses, and drawing in of the areola. Additional techniques to improve milk transfer include employing deep tissue massage before and during feeds, and deep breast compression with suckling if the infant can tolerate the extra volume they will receive. Milk weights can be used to more accurately determine amount of milk transferred. Mothers report difficulty using subjective clues to determine milk intake. There have been documented large and random differences between test weights and investigator's estimation. How to support breastfeeding while supplementing. Use lots of KMC/STS. Lots of positive support and feedback to mom. She requires on-going help. Need to express milk to increase volumes, or maintain volumes while other issues addressed. Preparation for discharge begins on admission. Use a developmental approach to breastfeeding care. Involve the father, family, other supports. Employ a philosophy of support in NICU that normalizes breastfeeding in your culture. Selected References Ahmed AE, Salih OA. Determinants of the early initiation of breastfeeding in the Kingdom of Saudi Arabia. Int Breastfeed J. 2019 Apr 2;14:13. doi: 10.1186/s13006-019-0207-z. eCollection 2019. Garofalo NA, Caplan MS. Oropharyngeal Mother's Milk: State of the Science and Influence on Necrotizing Enterocolitis. Clin Perinatol. 2019 Mar;46(1):77-88. doi: 10.1016/j.clp.2018.09.005. Epub 2018 Dec 13. Haase B, Johnson TS, Wagner CL. Facilitating Colostrum Collection by Hospitalized Women in the Early Postpartum Period for Infant Trophic Feeding and Oral Immune Therapy. J Obstet Gynecol Neonatal Nurs. 2018 Sep;47(5):654-660. doi: 10.1016/j.jogn.2018.05.003. Epub 2018 Jul 2. Lee J, Kim HS, Jung YH, et al. Oropharyngeal colostrum administration in extremely premature infants: an RCT. Pediatrics 2015;135:e357–66. Nasuf AWA, Ojha S, Dorling J. Oropharyngeal colostrum in preventing mortality and morbidity in preterm infants. Cochrane Database Syst Rev. 2018 Sep 7;9:CD011921. doi: 10.1002/14651858.CD011921.pub2. Rodriguez NA, Meier PP, Groer MW, et al. A randomized clinical trial of the oropharyngeal administration of mother's colostrum to extremely low-birth-weight infants in the first days of life. Neonatal Intensive Care J Perinatol Neonatol. 2011;24(4):31–35.
Dr. Amal El Taweel MD -IBCLC	***Messages to Health Care Workers*** Some important messages for Healthcare providers dealing with a

Email: amaleltaweel@hotmail.com amaleltaweel@yahoo.com amaleltaweel@gmail.com	breastfeeding mother or baby: They need to agree upon some important basic questions before questioning the importance of breastfeeding as a health care issue as to the percentage of newborns around the world needing to be fed to that of newborns needing a NICU or that of e of infants born with inborn errors of metabolism or that of infants born with a syndrome, and given the low rates of breastfeeding, do they think breastfeeding is an instinctive behavior that every mother can do? All physicians, upon prescribing drugs are advised to weigh Risks Vs. Benefits and ask themselves whether the medication is needed, is there a safer or better studied alternative, how does the medication pass to breast milk and if the medication passes to breast milk, what is the effect on the infant. • Internists need to weigh Risks Vs. Benefits in dealing with infections and prescribing antimicrobials • Obstetricians and Gynecologists need to start education on BF in the antenatal care, institute mother friendly practices for delivery, avoid rushing to CS, start Skin to Skin, in the first Golden Hour after delivery, facilitate rooming in, chose suitable contraception for BF. • Surgeons need to be aware not to damage breast innervation • Pediatricians need to stop recommending Prelacteal, educate themselves on management of Jaundice and Hypoglycemia and various neonatal issues and make use of the Academy of Breastfeeding Medicine Protocols, examine baby's mouth, tongue, lips, use WHO growth curves, prohibit expression of witches' milk, not to rush to formula and stay away from conflict of interests and if they have to insert a chest tube they need to beware of the innervation. • All members of the health care team, they need to be able to empower parents by updating themselves on breastfeeding basics, adhere to Evidence Based Medicine, think multidisciplinary and team up and use the services of a lactation consultant**. OR Become a Lactation Consultant!** **All health care providers should seek to achieve a baby friendly status in their facility and community.**
Dr. Batool Ali SBIM, ID **Email:** Batool.shamshir@gmail.com	***HIV & Lactation Policy in KSA: HIV Centre of Excellence Experience*** Mothers known to be HIV-infected should be provided with lifelong antiretroviral therapy or antiretroviral prophylaxis interventions to reduce HIV transmission through breastfeeding. In Saudi Arabia where safe alternative sources of infant feeding readily are available, HIV-infected women should be counseled not to breastfeed their infants even if they have undetectable HIV viral loads

	Today …what's the number of pregnant women HIV infected in Saudi Arabia? and why?

Abstracts of Scientific Session 10: BF Researches & Publications

Dr. Rajaa Al Raddadi MBBS, ABCM **Email:** saudiresearcher@yahoo.com	***Global Standards and KPI for Infant & Young Children Feeding***
Dr. Noha Dashash SBFM, ABFM **Email:** drnohadashash@yahoo.com	***Effective Research Methodology in Breastfeeding*** Breastfeeding is the optimal method of infant feeding. Research has shown its benefits to both the infant and mother. Monitoring and reporting of breastfeeding practices is essential to plan and implement effective breastfeeding promotion programs. However, the World Health Organization does not report breastfeeding data in countries' profile probably due to the lack national data on breastfeeding. As with many other countries data on breastfeeding in Saudi Arabia is insufficient. Attempts to close this gap were made by interested researchers. Reviews show that available studies and data on breastfeeding in Saudi Arabia, are predominantly cross-sectional studies that focus on determining prevalence and factors affecting breastfeeding practices and duration. Qualitative studies evaluating our local true reasons for choosing to breastfeed or not, are scarce. Similarly, interventional studies that can help determine effective breastfeeding promotion programs for our society, are also scarce.

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Publication Ethics

The major publication misconduct issues are plagiarism (text recycling, including self-plagiarism), authorship, following international standards, conflict of interest/competing interests, transparency, consent to publish, and Institutional Review Boards.

Plagiarism is 'unattributed use of large portions of text and/or data, presented as if they were by the plagiarist.' To avoid, cite all other people's ideas. All quotes need to have citations with page numbers.

Authorship requires all of these criteria be met: substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work or revising it critically for important intellectual content; final approval of the version to be published; and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Activities that do not qualify for authorship include acquisition of funding; general supervision of a research group; general administrative support; writing assistance; technical editing; language editing and proofreading without other contributions.

What constitutes conflicts of interest? Receiving funds from a non-International Code compliant agency, being employed by the company funding the work, being a consultant to the funder, author(s) developed a product/program and then conduct a study to validate its effectiveness, or receiving equipment used in the study.

So, what are first steps? Determine what type of manuscript you are preparing. Decide authorship. Choose a journal. There are many manuscript types, a variety of research and non-research manuscripts. Then authorship must be decided looking at the expertise needed in the group, who conceived of the manuscript, who will do most of the writing, who is responsible for making sure it all gets done, and who will be the corresponding author? Authorship order matters.

You can only submit to one journal. So, choose wisely. "Authors have a responsibility to evaluate the integrity, history, practices and reputation of the journals to which they submit manuscripts". How do you choose a journal? Consider Audience (who needs to hear what you have to say?); aim high (which journal is the highest ranked?); be realistic in your choice; avoid predatory journals. Predatory journals purpose is to make money with minimal effort at the expense of the authors and communities that rely on professional integrity to create new knowledge. They lack adherence to publishing ethics, adequate editorial work, adequate peer review process, charge money to publish, and are open access. Open access journals are freely available on the web. To do this the publishers charge authors a fee. Not all open access journals are predatory, over 13,000 reputable open access journals exist. To determine legitimacy of open access journals see Directory of Open Access Journals.

https://doaj.org/faq#whatis

Next one obtains the specific Author Directions for the journal you will submit to. Each Journal has its own style to which you must adhere in submitting a manuscript. Find out what that journal uses and make use of resources. For JHL: http://us.sagepub.com/en-us/nam/journal/journal-human-lactation#submission-guidelines Common styles are:

Styles & Resources

APA = American Psychological Association (7th Ed)

https://apastyle.apa.org/products/publication-manual-7th-edition/

AMA = American Medical Association (10th Ed)

https://www.amamanualofstyle.com/page/About/about#about

MLA = Modern Language Association

https://owl.purdue.edu/owl/research_and_citation/mla_style/mla_formatting_and_ style_gu ide/mla_general_format.html

- Chicago Manual of Style (17th Ed)
  https://www.chicagomanualofstyle.org/home.html?_ga=2.41010721.2041999315.1561421 046-409614369.1527262209

There are standard parts of all manuscripts. We will discuss as follows:

Title page: Titles should be short, descriptive & compelling. Authors should be listed in authorship order with all the information required by the journal. The corresponding author needs to be identified.

Key words are usually MeSH terms, so choose carefully. Ideally you want keywords that identify the content, the methodology and the conceptual framework (if you use one). These are important because others will be able to find your article using the keywords.

Abstract you must follow directions closely. Stay within the word count. Answer these questions: Why is this topic important? What did you do or what is your position on this topic? What did you find? What are your conclusions and why should we care about them?

Body of the Text. Use headings to segment the paper into content pieces. Follow the logical order specified by the type of manuscript you are writing and the journal's style and directions. Avoid all redundancy. Use scholarly language and the language preferences of the journal.

Scholarly Language. Do use proper English (or language of the journal) grammar & structure. Use research terminology & notations. Use past tense. First person narrative is ok. Do not use (except in qualitative interviews) slang or contractions.

Conflict of Interest Statement. The purpose is to make clear to the readers any interest that any of the authors may have related to the content or financial gain that may occur because of the content of this paper. It is imperative to be transparent. Papers in top tier journals have been retracted for doing this inappropriately.

	Funding Statement: A clear statement of any and all funding received to conduct the work reflected in the paper. This includes any supplies donated, any resources used that belong to others. Failure to disclose funding is a major breech of ethics and results in retraction of the paper. Acknowledgements. A place to acknowledge the contributions made by non-authors that were instrumental in producing the work, for instance teachers, clerical assistance, conceptual ideas, those who contributed but did not meet the criteria for authorship. References must include references for all citations used, formatted in the style the journal uses. They include all the publication information: authors, publication date, title (article & journal or book), articles: Volume, issue & page numbers, Books: Publisher, place of publication. Tables. Format appropriately. Useful for displaying a lot of information that would take up a lot of space in the text. Need to be referenced in the text in sequential order. Journals may have limits on the number of tables per article. Figures. Format appropriately. Need to be referenced sequentially in the text. Common figures include PRISMA diagram identifying the way a sample was chosen; conceptual diagrams that display the relationships between concepts; graphs of study results. What To Do Just Before You Submit. Final spelling and grammar check. Make sure all references listed are cited in the text. Double check the formatting. Check to make sure all components of the manuscript are completed. Create a cover letter, which may need to have very specific information required by the journal. Submission. Assemble all parts of the manuscript and all information about each author before starting. Submission site is linked to journal webpage. Follow directions closely. You can save what you have done and re-enter later to finish. Double-check to make sure you have uploaded all the correct files. What happens after you submit your manuscript? You will receive confirmation that your manuscript has been submitted. The steps in the review are format check; plagiarism check; editor determines if manuscript is appropriate fit for the journal and sufficient quality to send for peer review. If not, the manuscript will be rejected (“desk rejection”). If yes, it will be sent to peer reviewers. Peer review is usually 3 reviewers reviewing your paper. They are content and/or methodological experts in your topic, who volunteer to do reviews, as a professional service. They often do not agree and may offer contradictory recommendations and may provide specific detailed feedback or not. It then becomes the editor’s decision to Accept as is (happens in about 4% - 5% of papers); Accept with minor revisions; Minor revisions; Major revisions; Reject. If it is not a rejection you will receive feedback from the peer reviews and the editor’s decision, which may have additional important information, and directions about what to do when you have revised your manuscript, along with a timeframe for completing your revisions. If it is a rejection use the reviews to improve the manuscript. Have a senior scholar read it and give you advice on

	how to make it better and send it to another journal! DO NOT GIVE UP! As you revise your manuscript be sure you understand what you need to do. Query the editor if you have questions. Address each item within each of the reviews and everything the editor said. Create a cover letter. Attach a word file with a table of each item and the revisions you made. All authors need to approve revisions. And the review process starts again. The editor will decide if your revisions need to go back to the peer reviewers or not. If not, you will get a decision quicker. For updates, special calls and helpful information, like and follow JHL on social media: FaceBook @JournalofHumanLactation https://www.facebook.com/JournalofHumanLactation Twitter @JHL_Lactation https://twitter.com/JHL_Lactation
Dr. Mona Al Sumaie MBBch, IBCLC **Email:** m.alsumaie@gmail.com	***IBCLC Recertifications using CERPs & Exam: New Regulations 20*** IBCLCs hold the certification for 5 years and then they are to recertify. IBCLCs have the option to recertify by Continuing Education Recognition Points (CERPs) or take the examination. It is mandatory that every 10 years IBCLCs sit for re-examination. The mandatory re-examination is based on the IBCLC's previous recertification method. For IBCLCs recertifying by either examination or CERPs in 2021 and going forward, IBLCE will require the following in each five-year recertification cycle: • 250 hours of practice in lactation consulting (full or part-time) in the area(s) of education, administration, research, clinical practice or advocacy. These hours may be earned as a volunteer or paid hour, or a combination of both. • Basic life support education. Examples of education that meets this are Cardiopulmonary Resuscitation (CPR) and Neonatal Resuscitation Program (NRP). • Certificates selected for audit will be asked to submit their card or certificate as proof of basic life support education.

Session 11: New BFHI Implementation: Monitoring Tools & Overcome

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Sharjah Baby Friendly Project (SBFP) won the inaugural UNICEF Child Friendly Cities Initiative (CFCI): Success Story & Challenges

The Sharjah Baby-Friendly City (SBFC) project (previously 'Sharjah Baby-Friendly Emirate Campaign') introduced the concept of a 'baby-friendly' city, under the theme 'A Right Beginning for a Better Future', through encouraging and promoting awareness about breastfeeding, its importance for early childhood development, and immense health benefits for both mother and baby.The SBF project spread awareness about the benefits of natural feeding for 0-2-year-olds and the risks and side effects of breastmilk substitutes and provide necessary emotional and practical support for mothers to resolve or prevent breastfeeding difficulties. It also safeguards the rights of working mothers by ensuring proper implementation of maternity leave and breastfeeding breaks during work hours.The project implemented four initiatives simultaneously for the first time in the world, including: 'Baby-Friendly Health Facilities' - which is based on the 1991 WHO and UNICEF 'Baby-Friendly Hospitals' initiative (BFHI). The three other initiatives were: breastfeeding-friendly nurseries, mother-friendly workplaces, and mother and baby-friendly public places. The project is responsible for assessing, evaluating and accrediting institutions and public places according to each category's criteria.The project is ongoing, currently being implemented and overseen by the Sharjah Baby Friendly Office, and continues to oversee accreditations of new institutions and the renewal of those previously accredited under each category. Sharjah implemented a 90-day paid maternity leave for government employees in June 2014 (up from 60 days), Dubai followed suit in March 2017. Based on the above, the project will be upgraded from 'baby-friendly' to 'family-friendly' with a dedicated new implementation plan.Results and Impact

Accreditations (2012-2019): 16 baby-friendly health facilities (of which 2 have been reaccredited in 2019)
facilities•
UAE Ministry of Health•
the world's first 'Baby Friendly City' by WHO and UNICEF in December 2015; a title created for the first time in the world to recognize our city's achievements.Today, Sharjah sets an example not only for its institutions and residents, but for other cities in the United Arab Emirates, the Gulf region, Arab region, and globally.

Ms. Kholoud Al Shammari **Email:** kashammeri@kfshrc.edu.sa	**KFSJRC , Riyadh BFHI Re-Accreditation: Success Story & Challenges** The King Faisal Hospital and Research Centre is a 1200 bedded tertiary, Magnet Designated hospital, located in Riyadh, Saudi Arabia. It has three (3) branches; Jeddah, Riyadh and Medina which will be opening soon. It has over twenty-eight (28) specialty units, and one of those is the Women and Infant Department, which has pre & post natal service as well as labor and delivery including Neonatal ICU. We have 1,300 deliveries per year. The King Faisal Specialist Hospital and Research Centre is a Baby Friendly Accredited Hospital since 2004 and has been re-designated in 2018. Evidence-based improvement initiatives sustained the accreditation throughout the journey of promoting it.
Mrs. Albandri Abonayan MOH – BF Program Supervisor **Email:** abonayyan-b@moh.gov.sa	***MOH - BFHI & PHC Experience in KSA*** Primary Health care centers (PHC) Health care centers are an important part of the health system, the commitment of the centers to the baby friendly initiative means better care for the mother and the child before and after birth. Summary of the health centers' support for breastfeeding and child nutrition: 1. Prepare the mother for breastfeeding before birth 2. Support the mother to continue breastfeeding after discharge from the hospital 3. Educate the mother to feed her child up to the age of one year How the breastfeeding program support the initiative in health centers. تعد مراكز الرعاية الصحية جزءًا مهمًا من النظام الصحي ، ويعني التزام المراكز بمبادرة صديق الطفل رعاية أفضل للأم والطفل قبل الولادة وبعدها. ملخص الدعم لمراكز صحة الرضاعة الطبيعية وتغذية الأطفال: • إعداد الأم للرضاعة الطبيعية قبل الولادة • دعم الأم لمواصلة الرضاعة الطبيعية بعد الخروج من المستشفى • تثقيف الأم لإطعام طفلها حتى سن عام واحد كيف يدعم برنامج تشجيع الرضاعة الطبيعية نجاح المبادرة في المراكز الصحية
Dr. Nouf Indarkiri SBFM, ABFM, IBCLC **Email:** **Nindarkiri@psmmc.med.sa**	***Armed Forces Institutes, BFHI Experience: Challenges*** At armed forces medical service, breast-feeding policy was not well applied due to multiple factors including poor educations of mothers, poor health staff support, and empowerment of Formulae Company. Project of baby friendly hospital initiative started on 27\ October\2017

	in 4 major hospitals at different areas to be applied to all military hospitals later on, which include 23 hospitals and 140 local dispensaries treating all armed forces military and their families Internal customer were all pregnant women attending antenatal care either at family medicine or at obstetrics clinic, work involved integrations between the following departments, obstetrics, pediatric, health educations, health dietitians, and family medicine and nursing departments. Scope of service cover 20000 deliveries in four major hospitals (Riyadh, Jeddah, Tabuk, and Dammam) Teams from each hospital formed, vision, mission, pathway, flow charts customer needs and feedback sited for the project. Main purposes to implement two things Implement 10 steps. Control marketing of breast feeding-milk substitutes. Team meets four times a year to discuss the process of the project and find solutions for the obstacles facing the teams. Working still under progress we need couple of years to be baby friendly initiative institute.
Dr. Nourah Al Qahtani FRCOG, MRCOG, MBBS **Email:**	***Saudi Universities Affiliated Hospitals: Challenges to be Baby Friendly Community*** The presentation will shed some light on the 37 medical college affiliated hospitals in Saudi Arabia. Data are actually deficient about the practice of exclusive breast-feeding in these hospitals. We will try to find what are the challenges facing these institutions to be more baby friendly. The bulk of the presentation will be a reflection on our own experience in Imam Abdulrahman Bin Faisal University in our efforts to be more baby friendly community. We will cover issues related to resources as well as attitudes of doctors, nurses and mothers.
Dr. Kathleen A. Marinelli IBCLC, FABM, FAAP Clinical Professor of Pediatrics, University of Connecticut School of Medicine Baby-Friendly USA Clinical Committee Member BFHI US Expert Panel for 2018 Guidelines **Email:** kathleen.marinelli@cox.net	***KPI Self-Monitoring tools for BFHI Assessment*** There are specific purposes of monitoring and reassessment of key performance indicators. The four common purposes are: to support and motivate facility staff to maintain baby-friendly practices; to verify whether mothers' experiences at the facility are helping them to breastfeed; to identify if the facility is doing poorly on any of the Ten Steps and thus whether needs to do further work to make needed improvements; to verify if governments and other responsible organizations are implementing and enforcing the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions. (4.2 Guidelines and Tools for Monitoring Baby-Friendly Hospitals,

	(1999), https://www.ncbi.nlm.nih.gov/books/NBK153494/ Monitoring and reassessment, however, each has a different focus. Monitoring is a dynamic system for data collection and review that can provide information on implementation of the Ten Steps to assist with on-going management of the Initiative. Reassessment can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the Ten Steps and other baby-friendly criteria. Post-Designation US Model: Designation is for 5 years in the United States. Re-designation is conferred through an on-site assessment. Achieving Baby-Friendly designation is an important part of the journey…but it is not the end point. On-going data collection, monitoring of practices and quality improvement activities are vital to ensuring that the Baby-Friendly standards are maintained. Facilities are responsible for on-going adherence to the most current Guidelines and Evaluation Criteria. Post-Designation Advice: Stay vigilant and prevent practice slippage. Keep auditing all the steps all year long. Routine audits serve as an early warning system. It is easier to maintain a practice than to fix one that has slid. Maintain your multi-disciplinary team to help communicate policy, training and on-going adherence to the most current Guidelines and Evaluation Criteria. Some Strategies for Monitoring: Self-Appraisal Tool; Chart review; Review of "mother or baby cards" or "passports"; Review of hospital infant feeding policies; Review of training materials and records; Review of receipted invoices; Oral discharge questions for mothers; Written discharge questions for mothers; MCH Clinic questions for individual mothers; Integrating BFHI monitoring into hospital programs for auditing or quality assurance; Competencies***. See Country experiences with the Baby-friendly Hospital Initiative Compendium of case studies from around the world (2017, p. 49-52) https://www.healthynewbornnetwork.org/resource/country-experiences-baby-friendly-hospitalinitiative/ Designation is for 5 years in the United States. The first three years post-designation are Annual Quality Improvement Phase, referred to as AQI. The 4th and 5th years post-designation are Re-Designation Phase. The 4th year is referred to as Re-Designation - Year 1; the 5th year is referred to as Re-Designation - Year 2. Designated facilities are expected to audit practices, and report results to BFUSA by conducting QI projects on steps assigned by BFUSA each year. They must use tools supplied by BFUSA. Information about the Annual QI for each year is emailed to each facility's BFUSA Primary Contact person. Specific annual instructions are posted in the www.babyfriendlyusa.org portal. Re-designation in the US is conferred through an on-site assessment

	effective with the "2017 Re-designation class". Re-designation classes are defined by the year the designation expires. For example: a facility designated from 2012-2018 is in the 2018 Re-designation class. During the 3 years of annual QI, the facility will have audited all 10 Steps and should be well-prepared for the on-site Re-Assessment. In the 4th year post-designation (referred to as Re-designation Year 1) a facility has a Readiness Assessment Interview (RAI) call with BFUSA. During the RAI BFUSA reviews: most current infant feeding policy; fair market price and code compliance; audit results and adherence to; practices; facility specific concerns/issues. In the 5th year post designation (referred to as Re-designation Year 2) the facility has the on-site assessment. The onsite assessment is the same as the initial assessment. Facilities are assessed on the currently active version of the Guidelines and Evaluation Criteria. Key Performance Indicator Self-Monitoring tools help a site up prepare for its initial evaluation, and then in between re-designation, lets a facility know if there are any areas it needs to improve on, and more importantly, keeps its practices in accordance with the evidence-based ideals of Baby-Friendly Hospitals. While this is a great accomplishment for any facility, its most important aspect is in the highest standard of care given to mothers, parents and infants in our facilities. One must always remember that! How should audits be conducted? The purpose of conducting audits on Baby-Friendly practices in your facility is to highlight areas of excellent care, as well as identify opportunities for quality improvement. There are two key factors to keep in mind as you are planning your audits. 1. Selecting auditors. 2. Sample to be audited. Auditor Skill Requirements are good command of the subject matter to evaluate accuracy/completeness of responses; ability to be objective; good interviewing skills; good critical thinking skills; and capable of probing without leading to the answer. The sample to be audited should be representative of the entire population of your facility and sufficient in size and diversity to effectively evaluate if the desired outcome is being achieved. For More Information visit: www.babyfriendlyusa.org

Workshop I

BFHI, Neo BFHI and Mother Friendly Practice: Challenges and How to Pass Assessments

Wednesday 27 November, 2019 - 30 Rab I 1441

Workshop Coordinator: Dr. Mona Ibrahim & Dr. Maha Faden
Workshop Director: Dr. Hanan Sultan

12 CME Hours

Learning Objective

1. **Overview of the BFHI, Neo BFHI and Mother Friendly Practice**
2. **Revised BFH Ten Steps & Assessment: Challenges from different Institutes at KSA**
3. **NIDCAP - Newborn Individualized Developmental Care & Assessment Program**
4. **Maternal Friendly Practice Ten Steps: Local Challenges of each step**

Facilitators

1- **Dr. Ghada Sayeed**
2- **Dr Mona Al Sumaie**
3- **Dr. Kathleen Marenilli**
4- **Dr. Hanan Sultan**
5- **Albandri Abo Nayan**
6- **Dr. Fadwa Alnahdi**
7- **Dr. Eman Al Zaid**
8- **Dr. Asmaa Hawsawi**
9- **Dr. Ahmed Alnajeeb**
10- **Dr. Mona Ibrahim**
11- **Dr. Nadia Al Hazmi**
12- **Dr. Maha Faden**
13- **Dr. Fayza Al Malki**
14- **Ms. Buenafe Cala**

Target Audience

1. **Obstetricians & Family Medicine practitioner**
2. **Neonatologist & Paediatricians**
3. **Midwifes & Nurses**
4. **Health Educators & Nutritionist**
5. **Breastfeeding Coordinators**
6. **Quality Managers & CEO**
7. **Maternity & Neonatology Units Directors**

Scientific Program

Time	Topic	Speaker / Facilitator
09:30 - 10:00	**Registrations**	
10:00 - 10:05	**Welcome**	
10:05 - 10:20	BFH in Saudi Arabia: Challenges	Dr. Mona Ibrahim
10:20 - 11:15	Revised Ten Steps to Successful Breastfeeding: Challenges	Dr. Ghada Sayeed Dr. Mona Al Sumaie
11:15 - 11:45	Maternal Friendly Practice, 2018	Dr. Mona Ibrahim
11:45 - 12:30	Neo-NICU BFHI: Scandinavian Experience	Dr. Kathleen Marinelli
12:30 - 13:30	Duhur Prayer & Lunch Break	
13:30 - 14:30	Round table discussion 3 main groups (BFHI / Neo-BFH / MFP)	
	Code & Training Implementations Challenges & Solutions	Dr. Ghada Sayed Dr. Eman Al Zayed
	Internal monitoring tools & External Assessment / Maintain the Assessment	Dr. Mona Al Sumaie Dr. Asmaa Hawsawi Dr. Ahmed AlNajeeb
	7 steps - BFI PHCs	Mrs. Albandri Abonayan Dr. Fadwa Alnahdi
	NIDCAP Kangaroo Care / Role of Parents in Caring For The LBW	Dr. Fayza Al Malki Mrs. Buenafe Cala Dr. Maha Faden
	Maternal Friendly Practice BFHI - Clinical Steps 4 to 9	Dr. Hanan Sultan Dr. Mona Ibrahim Dr. Nadia AlHazmi
14:30 – 15: 45	Feedback & Discussions from all Groups	
15:45 - 16:00	Closing Remarks	

Breastfeeding & Employment: Challenges & Solutions

Wednesday 27 November 2019 / 30 Rabi I 1441

Workshop Coordinator: Dr. Afnan Abo Alwa
Workshop Director: Dr. Hanan Sultan

12 CME Hours

Learning Objectives

1. Breastfeeding and Employment: Challenges
2. Role of different Organizations to support working lactating women
3. Rights of lactating working mothers in the Saudi civil service system and the new Saudi labor system
4. Recommendations to improve local policies and legalizations to support lactating working mothers and their families
5. Ways to maximize the support of your boss and colleagues
6. Role of the International Board-Certified Lactation Consultant (IBCLC)
7. Ways to massage the breast, milk expressions (manual and pump). Milk storage guidelines (home and work). Best ways to feed the expressed milk to your baby
8. How to increase milk production for exclusive breastfeeding and methods of Relactation

Facilitators

1- **Kathleen Marinelli**
2- **Dr. Amal ElTaweel**
3- **Dr. Hanan Sultan**
4- **Afnan Abo Alwa**

Target Audience

- Doctors **- Nurses** **- Working Lactating Mothers** **- Nutritionists**
- Midwifes **- Health Educators** **- Breastfeeding Coordinators**

Scientific Program

Time	Topic	Speaker
09:30 - 10:00	**Registration**	
10:00 - 10:05	**Welcome**	Dr. Afnan Aboalwa
10:05 - 10:35	Role of Different Organizations To Support Working Lactating Women	Dr. Amal El Taweel
10:35 - 11:05	Ways to Maximize The Support Of Your Boss And Colleagues. Emotional Benefits of Breastfeeding for Working Mothers	Dr. Kathleen Marinelli
11:05 - 11:35	Rights of Lactating Women's under Saudi Labor Law: Areas of Improvements?	Dr. Hanan Sultan
11:35 - 12:00	Recommendations to Improve Local Policies & Legalizations to Support Lactating Working Mothers & Their Families	Dr. Amal El Taweel
12:00 – 12:30	Role of the International Board-Certified Lactation Consultant (IBCLC) to Support Breastfeeding	Dr. Amal El Taweel
12:30 - 13:30	**Duhur Prayer & Lunch Break**	
Round Table Discussion 2 groups		
13:30 – 14:45	Milk Expression & How to Feed the Expressed Milk	Dr. Afnan Aboalwa
	How to Increase Milk Production For Exclusive Breastfeeding & Methods of Relactation	Dr. Amal ElTaweel
14:45 - 15:45	Feedback & Discussions with all Groups	
15:45 – 16:00	**Closing Remarks**	

Workshop III

Empowering Lactating Mothers through Peer Support

Wednesday 27 November, 2019 - 30 Rab I 1441

Workshop Coordinator: Dr. Nadia Alhazmi
Workshop Director: Dr. Hanan Sultan

12 CME Hours

Learning Objectives

1. The essential role of Family, Community & Non-Governments Organizations (NGO) to promote Breastfeeding Advocacy and Sustainability
2. NGO: LLLI, Breastfeeding (BF) USA, Australian Breastfeeding Association (ABA), Breastfeeding Net Work -UK; WIC-USA and others
3. Role of La Leche League International (LLLI) in Bromating BF Support in the community
4. How to be a mother counsellor with LLLI
5. How can Hospitals establish Mother - to Mother support group in their community?
6. Role of Doula in supporting women and the family during labour and postpartum
7. How to be a certified Doula
8. Enhance your Communications and listening Skills
9. Mock-meeting to what happen during the support group meeting

Facilitators

1. Dr. Tomomi Kitamura – **UNICEF, Europe**
2. Mrs. Eveline Dolleman- Van Wijk - **LLLI Counselor**
3. Mrs. Julie Tannaci- **LLLI counselor**
4. Dr. Luthfa Khaled- **Certified AMANI labour and birth Doula**
5. Mrs. Nour Hafifi - **Certified AMANI labour and birth Doula**
6. Mrs. Sakinah Salwat- **Certified AMANI labour and birth Doula**
7. Dr. Razaz Wali, SBFC

Target Audience

1. Doctors particularly Obstetricians and Family Medicine Practitioners
2. Nurses & Midwifes
3. Health Educators & Nutritionist
4. Breastfeeding Coordinators at the Maternity & NICU units
5. Mothers interested to be LLL Leaders / Counsellor
6. Ladies who is interested to be Doula

Scientific Program

Time	Topic	Speaker
09:30 -10:00	**Registration**	
10:00 - 10:10	**Welcome**	Mrs. Eveline Dolleman LLLI Counselor
10:10 - 10:50	WHO Revised Step 10 BFHI: Coordinate Discharge from Hospitals – Parents Access to Ongoing Support & Care	Dr. Tomomi Kitamura UNICEF- Europe
10:50 - 11:20	Role of La Leche League International (LLLI) in Supporting Lactating Women	Mrs. Eveline Dolleman LLLI Counselor
11:20 – 11: 35	How to Become a Breastfeeding Counselor with LLL	Mrs. Julie Tannaci LLLI Counselor
11:35 – 11:50	The Process of Doula Certification	Dr. Luthfa Khalid AMANI Birth
11:50 – 12:30	Doula's Skills in Supporting Women Antenatally & Intra-partum	Mrs. Nour Hafifi Mrs. Sakina Salawati AMANI Birth
12:30 - 13:30	Duhur Prayers & Lunch	
13:30 – 14:00	Doula's Skills in Supporting Families	Mrs. Luthfa Khalid Mrs. Nour Hafifi AMANI Birth
Round Table Discussion 2 groups		
14:00 - 14:30	Enhance your Communications and Listening Skills	Mrs. Luthfa Khalid Mrs. Nour Hafifi Mrs. Sakina Salawati AMANI Birth
14:30 - 15:00	Mock-Meeting to What Happens During The Support Group Meeting	Mrs. Julie Tannaci LLLI counselor
15:00 - 15:30	Feedback & Discussion with all Groups	
15:30 - 15:45	**Closing Remarks**	

Poster Presentations

	Title	Presenter
P-1	Colostrum or Mother's Own Milk as Oral Immune Therapy for Premature & Sick Neonates in NICU	Ms. Salma Najjar KFSH-RC, Jeddah
P-2	Does Having the Newborn Rooming in with the Mother Improve the Rate of Exclusive Breastfeeding Rate upon Discharge from Hospital	Ms. Layla Araft KFSH-RC, Jeddah
P-3	Journey Towards Becoming a Baby-Friendly Hospital	Dr. Fahima AlSomali KFMC, Riyadh
P-4	Effect of Breastfeeding Promotion Interventions on Babies Weight at 3 Months.	Dr. Eman AL Zayed MCH, Damam
P-5	Why Mothers not Exclusive Breastfeeding their Babies till 6 months of age? Knowledge & Practices Data from two large cities of the Kingdom of SA	Ms. Hafsa Raheel KSU, Riyadh
P-6	Breastfeeding in Preterm, Facts, Evidence & Limitations	Prof. Gihan Fouad Al Azhar University- Egypt
P-7	Human milk promotion. A new strategy to convince people about the unique and precious qualities of human milk	Dr. Iman Elfiki UDH, Jeddah
P-8	Breast feeding & Tobacco use: An unforeseen Threat & Breastfeeding Enemy	Ahmedelnagib Ahmed MOH- Ararr
P-9	Baby Friendly Hospital Concept Awareness among Medical Students in 3 Medical College: Cross sectional Survey	Dr. Lujain AlHazmi Dr. Samir Abbas Hospital, Jeddah
P-10	Using Skin-Skin Contact to Increase Exclusive Breastfeeding at Maternity & Children Hospital at Discharge	Dr. Eman AL Zayed MCH, Damam
P-11	The Current Attitude of Primary Health Care Female Workers Toward Exclusive Breastfeeding in PHC in Jeddah, Saudi Arabia	Dr. Afnan Abo Alwa MOH-Jeddah
P-12	Breast feeding & Breast cancer prevention	Ahmedelnagib Ahmed MOH- Ararr
P-13	The Miracle of breastfeeding	Ahmedelnagib Ahmed MOH- Ararr

الفؤاد لتنظيم المعارض والمؤتمرات

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