



Abstract Submission Guidelines

All abstracts should be submitted using the [abstract submission form](#). The abstract body should be no greater than 250 words (not including the author/affiliation). Each accepted abstract submission will require the author to provide a LIVE, 1-hour presentation during the Lactation Unlocked Conference on Saturday, March 25, 2023.

Title: 15 words or less

Authors: Include each author's first and last name, credentials (if applicable), and affiliation(s)

Affiliation(s): Include the appropriate affiliation(s), including city and state

Abstract Body:

Clinical topic/case presentation abstract: Include background information introducing the area of interest, a brief overview of the clinical topic, goals for the presentation, and implications for the field of human lactation

Research presentation abstract: Include a short background section introducing the topic, brief overview of materials/methods, results, and discussion and conclusions.

Conflicts of Interest: Declare any conflicts of interest that exist for any of the named authors.

Funding: Declare the funding source for the presentation, if any funding source exists.

Presenter Responsibilities:

- Attend the 2023 Lactation Unlocked Conference on Saturday, March 25, 2023 to give your 1-hour live oral presentation on the accepted topic.
 - Registration will be free of charge thanks to sponsorships from WHO Code compliant organizations supporting the conference.
 - Honorarium will be awarded in the amount of \$300 per 1-hour presentation after the completion of the presentation.
- Any expenses incurred during the creation of their presentation (for example: software for development, image licenses, etc.) will be the responsibility of the presenter.
- It is the presenting author's responsibility to inform any coauthors that the abstract has been accepted.



Example Clinical Topic/Case Presentation Abstract:

Interpreting Growth Charts in a Pediatric Population

Hope Lima, PhD, RDN, LRD, IBCLC^{1,2}

¹Department of Human Nutrition, Winthrop University, Rock Hill, SC

²Hope Feeds Babies, Rock Hill, SC

Growth charts are one of the primary tools that pediatric practitioners have to gauge if growth is progressing appropriately. The three growth measurements tracked in children under 2 are weight, recumbent length, and head circumference. Despite the importance of these clinical anthropometrics, there are common misunderstandings with how to read growth charts, which growth charts are most appropriate to use, when to change the type of growth chart you are using, and how to use a growth chart to determine when growth is suboptimal. When practitioners utilize growth charts inappropriately, recommendations for supplementation can be made at inappropriate times. In many instances, this involves interruption of exclusive breastfeeding and supplementation with formula. This course will provide evidence-based education so that the participant is able to use a growth chart to plot weight, recumbent length, and head circumference, determine whether a child's growth is appropriate or suboptimal, and list clinical situations that would require a specialized growth chart.

Conflicts of Interest: the authors have no conflicts of interest to disclose

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Example Research Presentation Abstract:

Assessing Healthcare Provider Perceptions and Roles: Validation of a Survey on Lactation Practices

Meghan Ganio-Molinari¹, Rebekah Culp, RDN, LDN¹, Mokeela Brown¹, Sydney Van Scyoc², Nicole Arnold, PhD³, Lauren Sastre, PhD, RDN, LDN³, Danielle Nunnery, PhD, RDN, LDN², Hope Lima, PhD, RDN, LRD, IBCLC¹

¹Department of Human Nutrition, Winthrop University, Rock Hill, SC

²Nutrition and Foods Program, Appalachian State University, Boone, NC

³Department of Nutrition Science, East Carolina University, Greenville, NC

Current public health recommendations support human milk as the most appropriate feeding method during infancy. New mothers may experience many challenges affecting both breastfeeding initiation and duration rates in the postpartum period. Approximately 82.3% of women in the United States initiated breastfeeding in 2015 while only 24.9% of U.S. infants were exclusively breastfed at six months in the same period. Healthcare providers in primary care settings have a unique opportunity to provide education, counseling, and support to this vulnerable population. Currently no valid survey instrument exists to investigate provider perceptions and roles related to lactation practices in outpatient settings. A cross-sectional survey questionnaire targeting medical doctors and ancillary providers was developed using Qualtrics. The pilot instrument was both content and face validated through an electronic method using a panel of 18 experts known to work with pregnant and lactating populations. The pilot instrument consisted of 49 questions while the final instrument expanded to include 57 questions. The additional questions provide further clarity on provider perceptions of their patient's needs as well as specific roles of ancillary providers in a primary care setting. The final survey questionnaire provides a foundation for data collection on outpatient clinical practices related to lactation and infant feeding. This instrument can be used to investigate perceptions and roles of healthcare providers that work with pregnant and postpartum women in primary care settings.

Conflicts of Interest: the authors have no conflicts of interest to disclose

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