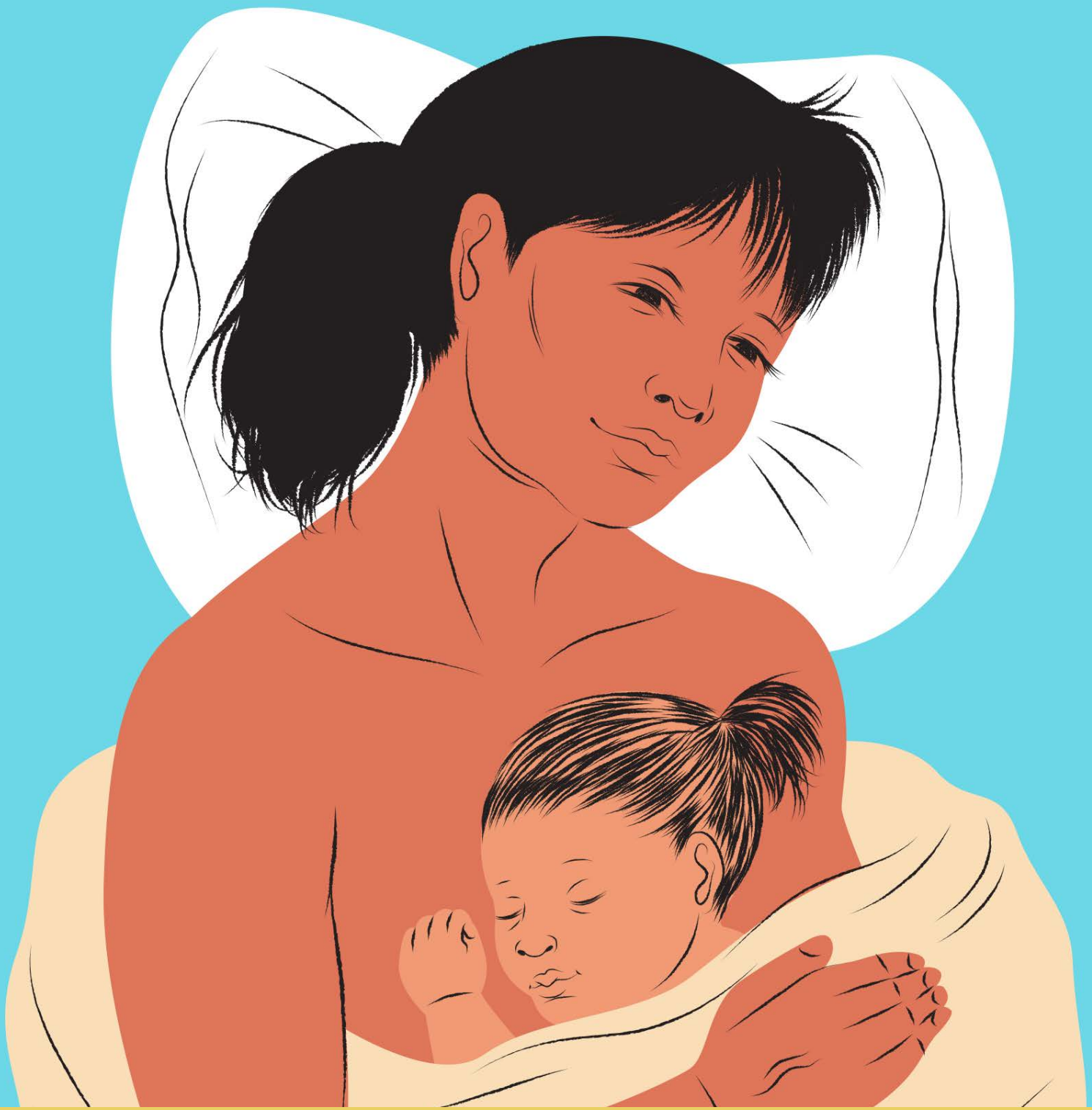


2025-2026

Continuing Education Sessions

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

2024-2025 Continuing Education Sessions
Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Thank you for your interest in this education series. The goal of each session is to synthesize research so that it is easy to apply in clinical settings. These sessions fall within three topic areas: trauma, mental health, and breastfeeding and are presented by Dr. Kathleen Kendall-Tackett. Dr. Kendall-Tackett is a health psychologist and IBCLC. She is the Editor-in-Chief of *Psychological Trauma* for the American Psychological Association and is author of more than 500 articles and author or editor of 42 books. For more information, or to schedule a session, please contact Ken Tackett (ken@praeclaruspress.com).

Trauma

Violence against Women in the Perinatal Period

Violence against Women in the Perinatal Period: Military version *new*

Birth Trauma: Causes and Consequences of Childbirth-Related PTSD

Burnout, Secondary Traumatic Stress, and Moral Injury in Maternity Providers

Depression and Perinatal Mental Health

Does Breastfeeding Protect Maternal Mental Health? The Impact of Oxytocin and Stress

New Findings and Emerging Trends in Postpartum Mental Illness: Risk Factors and Treatments

A New Paradigm for Depression in New Mothers

Feeding, Crying, and Mother-Infant Sleep: Why Standard Sleep Advice Threatens Breastfeeding and Harms Maternal Mental Health

Breastfeeding

Hidden Barriers: Thoughts and “Support” that Undermine Breastfeeding

Cannabis Use During Pregnancy and Breastfeeding

Weighing in on Breastfeeding and Obesity: Addressing Weight Bias in Lactation Care

When Breastfeeding is Not Possible: How to Help Mothers Move Through Grief and Form a Secure Attachment with Their Babies

Trauma Presentations

Violence against Women in the Perinatal Period

Violence can cast a long shadow over women's lives, but not all trauma survivors are negatively affected. This session examines three common types of violence and their effects on perinatal women: adverse childhood experiences (ACEs), intimate partner violence, and sexual assault. Surprisingly, trauma alone does not have a negative impact on breastfeeding. However, symptoms of trauma, such as depression, anxiety, or PTSD, can have a negative effect. Breastfeeding can be particularly helpful for trauma survivors because it can lessen trauma symptoms and help with parenting. Participants will learn how to offer trauma-informed care while staying within their scope of practice.

Objectives

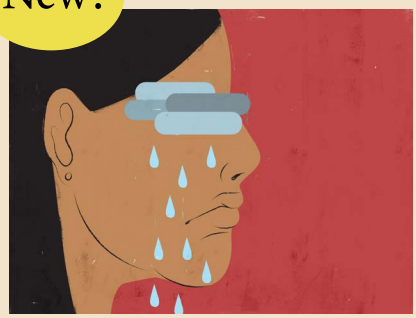
I. To describe research findings on the impact on adverse childhood experiences (ACEs), partner violence, and sexual assault on breastfeeding.

II. To understand the pathways by which violence can influence sequelae including depression, anxiety, and PTSD.

III. To understand the ways that breastfeeding helps trauma survivors.

IV. To describe specific steps providers can take to work with breastfeeding abuse survivors.

New!



Violence against Women in the Perinatal Period: Military Version

Previous violence can influence a woman's mothering experience, but do not have to be the blueprint for the rest of their lives. Breastfeeding intersects with the sequelae of violence in several interesting ways. This session provides an overview of recent research on the effects of adverse childhood experiences (ACEs), intimate partner violence, and sexual assault on perinatal women. Trauma is more likely to influence breastfeeding if there are sequelae such as depression, anxiety, or PTSD. In addition, there are potential benefits of breastfeeding for trauma survivors. You will learn how to offer trauma-informed care while staying within your scope of practice as a breastfeeding supporter.

Objectives

I. Describe the mixed findings on the impact on adverse childhood experiences (ACEs), partner violence, sexual assault, and military sexual trauma on breastfeeding and mental health.

II. Understand the pathways by which abuse, or trauma can influence sequelae including depression, anxiety, and PTSD.

III. Describe specifics steps providers can take to work with breastfeeding abuse survivors.

Birth Trauma

In last decade, both the World Health Organization and U.S. Centers for Disease Control have issued statements denouncing abusive or disrespectful care of women during labor, which is unfortunately common around the world. Traumatic birth negatively impacts both breastfeeding and maternal mental health. In this session, participants will learn the DSM-5 criteria for PTSD and why some types of births are more likely to cause symptoms for both mothers and providers who witness them. They will learn that common birth interventions can increase the risk of both depression and breastfeeding difficulties. For women who have had traumatic births, breastfeeding can either exacerbate trauma (particularly when there are problems) or heal its effects. Finally, participants will learn how to support breastfeeding when it is off to a difficult start and to help mothers heal in its aftermath.

Objectives

I. To describe criteria for PTSD under DSM-V.

II. To describe the prevalence of traumatic birth in the U.S. and other countries.

III. To identify the objective and subjective factors that increase the risk of birth trauma.

IV. To understand that link between traumatic birth and breastfeeding.

V. To understand what providers can do to help within their scope of practice.

Burnout, Secondary Traumatic Stress, and Moral Injury in Maternity Care Providers

Caring for birthing women can be deeply rewarding or can lead to job-related burnout, secondary traumatic stress, and moral injury. COVID-19 exacerbated problems that already existed in the maternity system and many providers are feeling the effects. Burnout happens when there is too much work and too few resources. Providers can also feel betrayed by their institutions. Burnout happens gradually, while secondary traumatic stress and moral injury can happen after one event. Unfortunately, burnout, secondary trauma, and moral injury are remarkably common among caregivers for perinatal women. They can lead to physical and mental health sequelae. Self-care is essential for being able to provide care to others. In this presentation, participants will learn the causes and consequences of burnout, secondary traumatic stress, and moral injury. Providers can recover from burnout, secondary trauma, and moral injury, but they first need to recognize the symptoms. In this session, participants will learn some specific strategies and resources for recovery, and for integrating self-care into their care for others.

Objectives

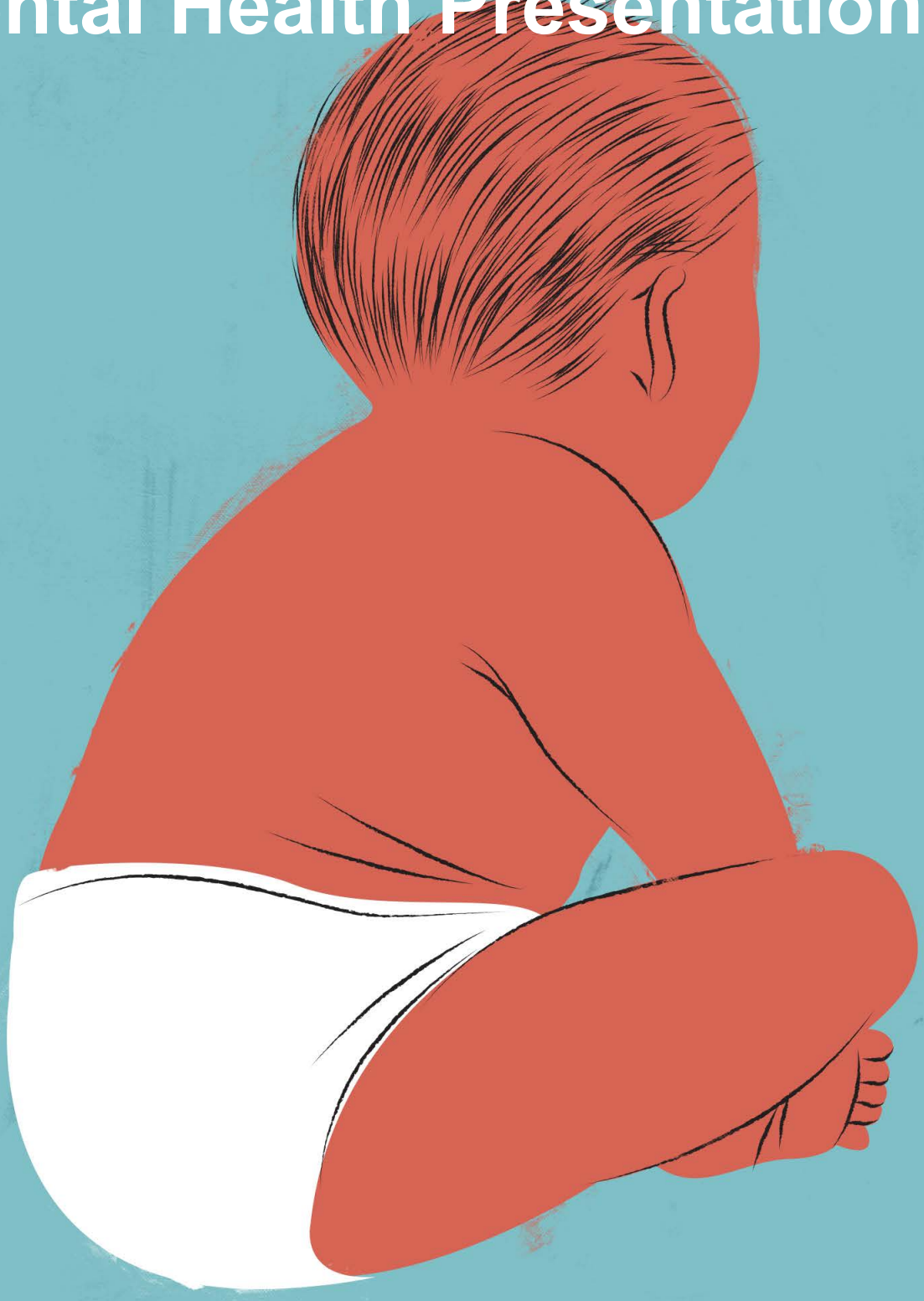
I. To understand the causes of burnout for maternity care providers.

II. To understand the causes and symptoms of secondary traumatic stress and moral injury in maternity care providers.

III. To differentiate between secondary traumatic stress and moral injury.

IV. To describe steps to recovery from burnout and secondary traumatic stress and moral injury.

Depression and Perinatal Mental Health Presentations



New!

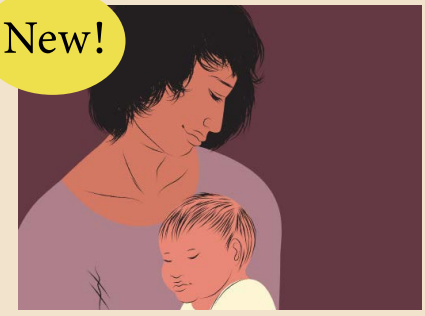
Does Breastfeeding Protect Maternal Mental Health? The Impact of Oxytocin and Stress

Breastfeeding and depression have a complicated relationship; depressed mothers are less likely to breastfeed, yet exclusive breastfeeding lowers the risk of depression. Understanding the physiology of depression helps untangled these apparently contradictory findings. The key is understanding the stress vs oxytocin systems, which mutually suppress each other. Oxytocin suppresses stress, which lowers mothers' risk. Conversely, when stress is dominant, it suppresses oxytocin, which makes both depression and breastfeeding difficulties more likely. Both skin-to-skin contact and breastfeeding release oxytocin, but suckling releases far more via different neurons. Breastfeeding is unique in its ability to inhibit the stress response. Participants will learn about the oxytocin vs stress systems and understand the physiology that protects maternal mental health.

Objectives

I. To understand that depression and other mental health conditions increase the risk of premature breastfeeding cessation.
II. To understand why stress increases the risk of mental illness and how oxytocin suppresses the stress response.
III. To describe the role of the parvocellular vs magnocellular neurons in breastfeeding vs skin-to-skin contact.
IV. To describe the unique benefits of breastfeeding for trauma survivors.
V. To describe why secure attachment is the most important goal of all, which breastfeeding facilitates.

New!



New Findings and Emerging Trends in Postpartum Mental Illness: Risk Factors and Treatments

Depression, anxiety, and posttraumatic stress disorder are common in pregnant and postpartum women, with some groups at especially high risk. High-risk populations include women who have experienced violence, women in the military, and immigrants. Smoking has also emerged as a risk factor. Recent world events, such as COVID-19, wars, and terrorist attacks, also increase women's risk of depression, anxiety, and posttraumatic stress disorder. This session highlights interesting emerging trends on risk factors and treatment innovations including medications for severe depression (esketamine, and brexonolone), repetitive transcranial stimulation (rTMS); acupuncture and types of community support. This session is based on the new edition of *Depression in New Mothers, Vols I and II* (2023, 2024, Routledge UK).

Objectives

I. To identify mothers at higher risk for postpartum mental illness.
II. To understand the impact of world events on perinatal women.
III. To understand new treatment options: Integrated and medical.

New Paradigm for Depression in New Mothers

For the past three decades, researchers have found that inflammation, part of the stress response, is the underlying physiology of depression and other mental health conditions. The perinatal period makes women especially vulnerable because inflammation naturally increases during the last trimester of pregnancy, the time when women are most at risk for depression. In addition, common experiences of new motherhood, such as sleep deprivation, pain, and psychological trauma, cause inflammation levels to rise. Breastfeeding specifically downregulates the inflammatory response system, especially when exclusive. In addition, breastfeeding alters the effects the other risk factors, further adding to its protection of mothers' mental health. This session will describe the inflammatory response system as a critical part of the stress response. This session will also show why breastfeeding and anti-inflammatory treatments for depression, such as Omega-3s, cognitive therapy, and SSRI antidepressants, protect maternal mental health by lowering inflammation.

Objectives

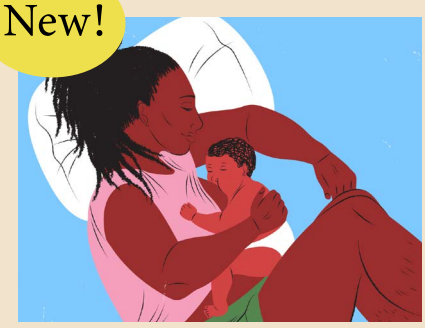
I. To describe the three components of the stress response and their impact on mothers' mental health.

II. To identify the factors that contribute to inflammation in new mothers and how breastfeeding modifies them.

III. To describe the role of breastfeeding and standard treatments for depression in lowering inflammation and downregulating the stress response.

Note for conference organizers: This topic overlaps with Does Breastfeeding Protect Maternal Mental Health. We recommend that you do not select both topics for your conference.

New!



Feeding, Crying, and Mother-Infant Sleep: Why Standard Sleep Advice Threatens Breastfeeding and Harms Maternal Mental Health

Does nighttime breastfeeding elevate the risk of postpartum depression? Mental health practitioners sometimes urge new mothers to avoid nighttime breastfeeding to prevent depression. While this advice is well-intended, it is not consistent with the evidence. Avoiding nighttime breastfeeding is difficult, if not impossible, to maintain, and does not work. Instead, researchers have found that exclusively breastfeeding mothers sleep more and are less tired than their formula- or mixed-feeding counterparts. In this session, participants will learn to help mothers differentiate between normal and problematic fatigue that requires intervention. Participants will also learn how to address extreme fatigue while still supporting breastfeeding.

Objectives

I. To describe how characteristics, such as infant temperament and sex, and mothers' mental health during pregnancy can influence mother-infant sleep.

II. To understand the bidirectional nature of mothers' sleep and depression.

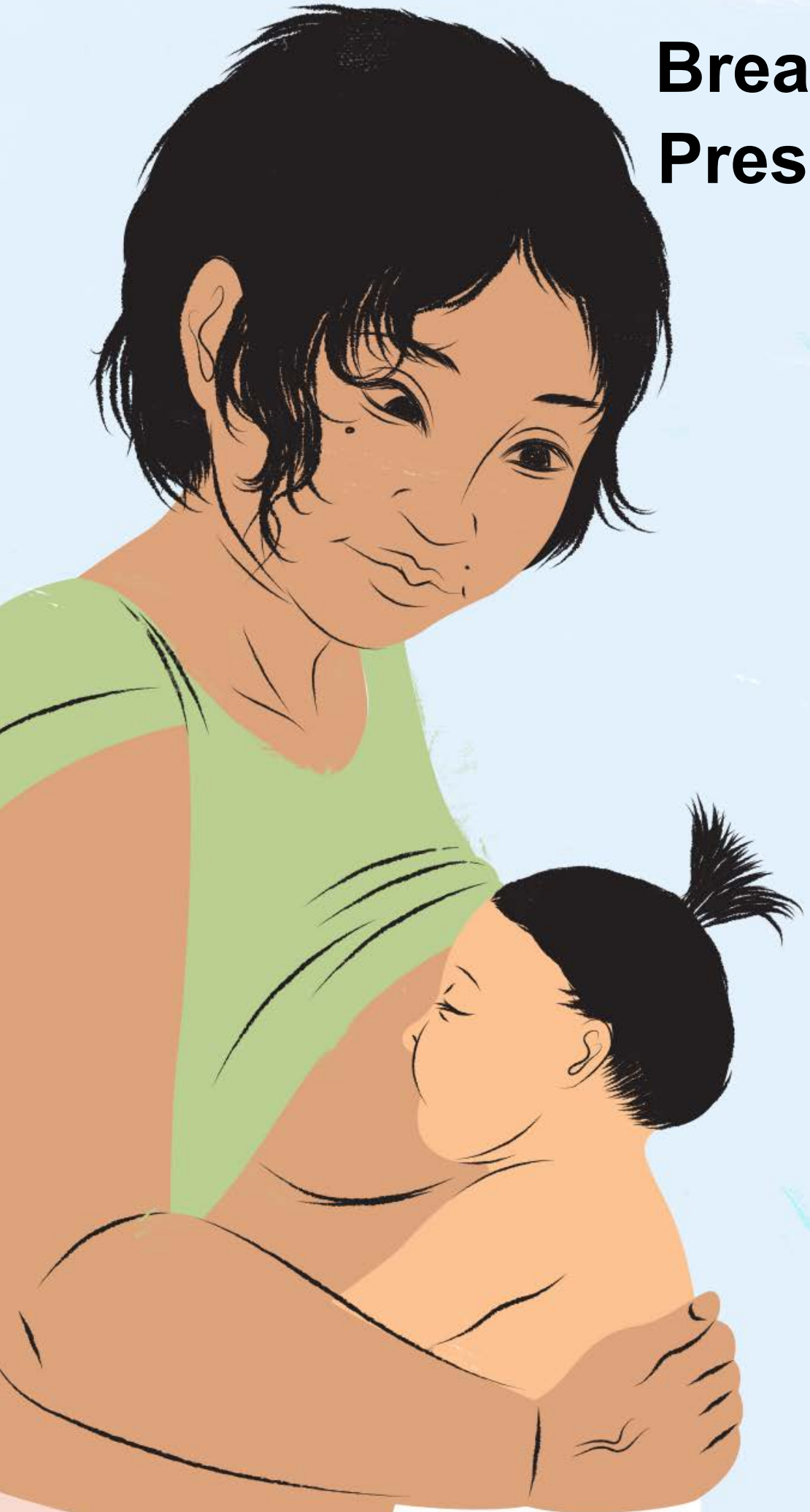
III. To compare a multi-factorial model of mother-infant sleep with simplistic sleep advice that increases mothers' fatigue, cause breastfeeding to fail, and increase mothers' risk of depression.

IV. To describe two ways that exclusive breastfeeding changes sleep in a way that protects mothers' mental health.

V. To understand why mothers are often pressured to supplement or wean.

VI. To facilitate emergency strategies for very fatigued new mothers.

Breastfeeding Presentations



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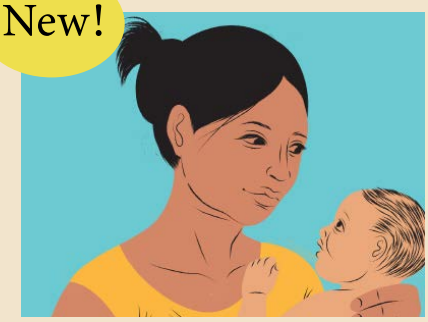


Hidden Barriers: Thoughts and "Support" that Undermine Breastfeeding

Recent research has revealed that some barriers to breastfeeding come in the guise of "help." This session identifies how mothers' thoughts can undermine their breastfeeding efforts and how formula companies often prey upon these thoughts. Much of this section was drawn from research on the effects of lockdown during COVID. There are many parallels between that situation and mothers isolated at home with a new baby. This presentation also addresses social support. Most professionals agree that it is important to have, but defining it is tricky. Some actions called "support" actually undermine breastfeeding and become hinderances. Participants will learn how partners, grandmothers, community groups, and healthcare providers can avoid ineffective support and provide effective support. Providers can work with new families to ensure that mothers receive effective support.

Objectives

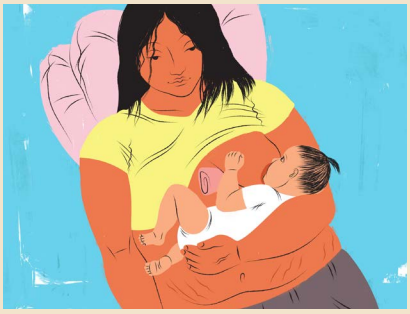
I. To understand how mothers' thoughts may lead to supplementation and early breastfeeding cessation.
II. To understand how "support" can undermine breastfeeding and how effective support ensures its success.

Cannabis Use During Pregnancy and Breastfeeding

Between 5% to 6% of pregnant and breastfeeding women in the U.S. use cannabis. Rates are significantly higher when other risk factors, such as unplanned pregnancy, childhood abuse, and 3 or more stressors in the past year are included. If women use cannabis during pregnancy, they are likely to continue using it while breastfeeding, which raises several concerns. Is breastfeeding contraindicated? If the mother is breastfeeding, how much cannabis transfers into milk? This session addresses these important questions and offers suggestions for creating a safe environment for mothers to discuss their cannabis use so providers can help her plan for infant safety. If mothers are not willing to abstain, practitioners should focus on harm reduction, while considering "how much is too much." Do recommendations vary for chronic vs occasional users? Can mothers use CBD? Is the infant in a safe sleep location? Harm-reduction strategies focus on decreasing frequency of use and include addressing reasons for cannabis use (such as sleep difficulties, depression, or anxiety) with referrals to supportive services. The most important goals are ensuring infant safety, caring for the mother, supporting breastfeeding (when possible), and facilitating mother-infant attachment.

Objectives

I. To understand the incidence of cannabis use in pregnant and breastfeeding women and how it compares to other substances.
II. To understand THC accumulation in breast milk and what contributes to higher levels.
III. To describe harm-reduction strategies for cannabis use during breastfeeding.
IV. To understand when breastfeeding is contraindicated.



Weighing in on Obesity and Breastfeeding: Addressing Weight Bias in Lactation Care

Public health officials have been sounding the alarm about the “obesity epidemic” for decades, not only in the U.S., but in industrialized nations around the world. In response, breastfeeding is offered as an important preventative measure for both maternal and childhood obesity. Unfortunately, breastfeeding rates are low among women with higher BMIs. Efforts to address this disparity have always backfired and became self-fulfilling prophecies that discourage heavier women from breastfeeding. For years, researchers assumed an endogenous cause for this lower rate, basing their conclusions on studies with very small samples. However, recent population data, with much larger samples, have found that women with BMIs >30 are significantly less likely to receive basic breastfeeding support in the early postpartum period. This presentation provides an overview of current research on the surprising causes of obesity, such as sleep disorders, psychological trauma, and discrimination, and outlines the limitations of current approaches. This session also describes research on the impact of BMI on breastfeeding. Participants will learn practical steps for working with mothers with higher BMIs and how to provide respectful care.

Objectives

I. Describe limitations of current definitions of BMI, obesity, and theories of weight gain and loss.

II. Describe the six factors related to weight gain and how they are related to differences by ethnic group and SES.

III. Describe the role of insulin and satiety mechanisms in weight gain, and how breastfeeding addresses both.

IV. Discuss the impact of sleep and psychological trauma on insulin resistance and weight gain.

New!

When Breastfeeding is Not Possible: How to Help Mothers Move Through Grief and Form a Secure Attachment with Their Babies

There are times when breastfeeding is not possible. Early breastfeeding cessation may be because of injury or physical limitations. Or it may be caused by bad advice and mismanagement. In either case, mothers’ feelings of sadness, anger, or failure can be profound. Professionals are in a key position to help mothers move through this loss in a positive way. The most important goal of new motherhood is still attainable: forming a secure attachment with their infants.

The goals of this presentation are to describe mothers’ feelings following loss of breastfeeding and guide them towards establishing a secure attachment with their babies. This approach does not minimize the importance of breastfeeding. Rather, it refocuses mothers’ attention on a key and still-attainable parenting goal. Drawing upon recent and classic literature from developmental psychology, participants will learn four evidence-based methods parents can use that increase the likelihood of secure attachment. These studies provide new information to lactation providers that can help them understand the rationale for parenting behaviors they often recommend. The goal is to help these mothers resolve their grief and feel positively about themselves as parents.

Objectives

I. To understand mothers’ feelings when they are not able to breastfeed.

II. To describe breastfeeding in the broader context of parenting and attachment.

III. To understand the lifelong importance of secure mother-baby attachment and how to promote it.

IV. To describe four feeding and parenting activities that promote attachment.

Book a presentation in person or online

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