FUNCTIONAL FOODS FOR HORMONAL HEALTH
By Gita Patel, MS, RD, CDE, LD Vegetarian Diabetes Educator, Certified LEAP Therapist, and Author/Consultant/Speaker.
Olivia Eisner, MPH, RD, CLC Women’s Health Publications Editor

It is well documented in current literature that one of the causes of hormone-related health problems is high estrogen exposure from endogenous and exogenous sources. Estrogens affect the function of a variety of tissues throughout the body in addition to their role in reproductive health. The three major naturally-occurring estrogens in women are estrone (E1), estradiol (E2) and estriol (E3). These biologically distinct hormones undergo numerous metabolic pathways in the body and the resulting metabolites have been shown to have beneficial and not-so beneficial effects. The consumption of certain functional foods can help in modulating the ways in which estrogen is synthesized and metabolized by directing the resulting metabolites down favorable pathways (1). Improving estrogen metabolism through nutrition can benefit women with a family history or presence of various hormonal health conditions, including cancer, endometriosis, premenstrual syndrome, polycystic ovary syndrome (PCOS), uterine fibroid tumors, fibrocystic or painful breasts, cervical dysplasia, and systemic lupus erythematosus (1).

The International Food Information Council Foundation (IFIC) defines a “functional food” or medicinal food “as any fresh or processed food claimed to have a health-promoting and/or disease-preventing property beyond the basic nutritional function of supplying nutrients” (1). Functional foods contain one or more of the following: antioxidants (phytonutrients, phytoestrogens, isoflavones, lignins), omega-3 fatty acids, plant sterols, plant stanols, prebiotics and probiotics. Examples of functional foods include fruits, vegetables, whole grains, beans and legumes, nuts and seeds, fish, fermented foods, fortified or enhanced foods and beverages, and some dietary supplements.

**Antioxidants**, per the International Food Information Council Factsheet on Antioxidants “are present in foods as vitamins, minerals, carotenoids, and polyphenols” (2). Antioxidants or anti-oxidation substances protect cells from the oxidative damage that results from free radicals, a natural by-product of normal cell functioning. There is evidence that hyperinsulinemia, with normal to near-normal glucose levels, may enhance free radical generation and contribute to oxidative stress as well. Elevated insulin may inhibit proper metabolism of fatty acids, promoting the pro-inflammatory arachidonic acid cascade and resulting in increased free radical generation and oxidative stress. The body defends against oxidative stress through an interconnecting system of endogenous antioxidant micronutrients, phytomolecules, and enzymes. Phytochemicals in plant foods may help reduce this oxidative stress. Antioxidants consumed from whole food sources, including fruits, vegetables, and whole grains, are thought to act synergistically to promote good health and reduce disease risk. Moreover, the flavonoids in fruits and vegetables, for example, have been shown to activate the DNA repair system, and to protect the DNA by counteracting the inflammation process. So, all the multi-tiered defenses we have against oxygen-radical damage depend critically on getting adequate protective substances from the diet (4).

**Omega-3 fatty acids**, long chain polyunsaturated fatty acids (LC-PUFAs) are essential for human health and play a crucial role in brain function and normal growth and development. They provide benefits at various states of the lifecycle, from increased visual acuity and higher mental and psychomotor developmental scores amongst infants, to improved pregnancy outcomes to better bone health in older populations. Beyond their well-touted cardiovascular benefits, omega-3 fatty acids also play a role in “lowering the risk of developing certain cancers, neurological disorders, and complications from metabolic syndrome and diabetes” (5). Amongst women, higher fish intakes resulted in lower prevalence of postpartum depression as well as higher levels of DHA in breastmilk (3,5).

**Plant sterols and stanols**, also known as phytoestrogens, are structurally similar to cholesterol. They act by blocking the absorption of cholesterol into the bloodstream and are credited for lowering total serum cholesterol and LDL cholesterol. Extensive research conducted over the past few decades indicates that phytoestersols do not affect serum HDL cholesterol levels. Sterols and stanols are found in small amounts in a variety of plant foods including grains, fruits, vegetables, legumes, nuts and seeds. Although established as beneficial to those with hypercholesterolemia and/or cardiovascular disease risk factors, further research suggests plant sterols and stanols may also have anti-cancer and yet undetermined positive health effects (6).

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from the chair Jamillah Hoy-Rosas, MPH, RD, CDN, CDE

Happy New Year! The start of a new year is an appropriate time to look back while moving forward. Last year brought many accomplishments as we have achieved our highest membership totals ever and have a larger set of involved and committed volunteer leaders. Our annual report is now available on the website for members to download and review. It thoroughly documents all of our DPG’s recent and continuing achievements from June 2007-May 2008. Personally, I feel accomplished as well, having given birth to my second child, a son named Samuel, on Nov 16th. He was an early reason for my family to give thanks this year. Due to his impending arrival, I was unable to attend FNCE and represent the DPG as its Chair. Fortunately, the DPG was led at this time, as it has been so capably in the past, by Cathy Fagen, MA, RD, our Past Chair. Cathy has been a model of dedication in her volunteer service over the years to the DPG, but she truly deserves special recognition and thanks for her leadership at FNCE this year. Thanks Cathy!

From all accounts, FNCE was a great success. Some of the most memorable highlights for the DPG are reviewed in this issue, particularly Gita Patel, MS, RD, CDE, LD’s summary of her key points from this year’s priority session. The DPG would like to thank the United Soybean Board (USB) for their sponsorship of our membership breakfast for the third straight year. USB has also generously provided sponsorship dollars and an educational insert for this issue of the newsletter and will be offering a special web-based continuing education opportunity to our members in the upcoming months.

As we move forward into the next part of this membership year, you can look forward to more and diverse continuing education opportunities. Our series of teleconferences featuring DPG members educating each other about their areas of expertise has been well received. Special thanks to Ann Marie Barilla, RD, LDN for her most recent talk entitled “Utilizing ADA’s Nutrition Care Process and Model in the Pregnant Client." Members can access a PDF version of her slides on the website. Future speakers in the series include Gita Patel, MS, RD, CDE, LD, Judy Simon, MS, RD, CD, CHES and Jeanne Blankenship, MS, RD, CLE. Please stay tuned to the list serve and e-blasts for dates, times and topics. If you aren’t on the list serve currently, please join by sending an email to the listserv coordinator at WH_list-subscribe@yahoogroups.com. If you are interested in presenting a topic in the future, please contact our Membership Chair at whdpgmembership@gmail.com.

The DPG is also looking forward to making the Breastfeeding Task Force active again and we are looking for members to make that happen. If you are interested, please contact me at whdpchair@gmail.com. In addition, we are seeking member input on a proposed new specialty certification for RDs in obstetric and gynecologic nutrition. Please read more about this initiative on our website and provide us with your feedback. Remember, this is your DPG and we need your input to help it reach its full potential. One of the best ways to ensure your voice is heard about the future of our DPG is to vote! Our candidate slate can be found on-line and voting begins Feb 1st.

Lastly, as we look to the future, I want to acknowledge the newest of our volunteers, Carolyn Brown. Carolyn came forward after I sent an email to our student members looking for volunteers. She did both the Calendar of Events & Member Spotlight for this issue. Welcome Carolyn and thanks to all of our terrific volunteers!

from the editor Olivia Eisner, MPH, RD, CLC

By the time you get this newsletter the hustle and bustle of the holiday season will be safely behind us, New Year’s resolutions may already have been broken, and for those of us who brave cold and snowy winters spring may still feel well out of reach. Add to that the onslaught of not so cheery world news and still more economic woes and you’d think we’d take a lesson from a few grizzly bears -- climb into a nice warm cave and hibernate through these tough months. But despite the bleak picture (I am writing this on a day when the wind chill is registered at 17 below)...I feel a real and palpable buzz of excitement. Sure some days the world around us seems to be collapsing, but these troubles also offer us a moment to pause and reflect. The recent changes in the economy have all of us reorienting and setting new goals – vowing to think through our spending habits and revise our saving plans. A new administration has the country abuzz with a sense that the issues that for many of us are central to our work and home lives such as healthcare, the environment and education may finally be addressed. Add to that the fact that the Women’s Health DPG is thriving with membership levels reaching an all-time high and suddenly things are looking a whole lot brighter.

This winter we feature Gita Patel, MS, RD, CDE, LD one of our very own dedicated members whose passion for functional medicine has shaped her expertise and helps to broaden our own understanding of how food affects women’s hormonal health. Claire Dalidowitz, MS, MA, RD, CLC, CDN brings us an informative piece on the new IBCLC requirements while Judy Simon, MS, RD, CD, CHES explores various avenues for dietetic professionals within the infertility arena.

I would like to take a moment to welcome and thank new members to our publications team. Carolyn Brown, a student member who responded to the call for volunteers will take over our Member Spotlight Column and keep us abreast of happenings and conferences in our field. Julie Harker Buck, MHE, RD, CD (DONA), LCCE, our new lactation section editor, makes her debut with an article on doula’s and their role in helping new mothers. From all of us on the publications team, we wish you a healthy, happy and prosperous 2009!
Probiotics are defined by the Joint Food and Agriculture Organization/World Health Organization Working Group as “live microorganisms which, when administered in adequate amounts, confer a health benefit on the host” (7). The intake of probiotics has been associated with the alleviation of lactose intolerance, increased immune response, anti-inflammatory effects, and the modulation or reduction of certain allergies. Found in cultured dairy products and some fermented foods, two of the most common strains, *Bifidobacteria* and *Lactobacilli* are extensively used to re-balance the make up of flora in the gut. Bifidobacteria are the predominant bacterial species in the intestinal tracts of breastfed infants. Some experts believe the higher levels of this “friendly” bacteria may explain why breastfed babies are healthier than their formula-fed counterparts. According to the International Food Information Council “some probiotic strains may also reduce the severity of microbe-induced gut inflammation, acute gastroenteritis, inflammatory bowel disease, and may also reduce the risk of colorectal cancer” (8).

If probiotics are the live strains of beneficial bacteria, then *prebiotics* are their preferred food source, selectively helping the strains of good bacteria to proliferate and colonize the gastrointestinal tract. In addition to intensifying the efforts of probiotics, prebiotics have demonstrated positive effects on calcium and other mineral absorption, immune system effectiveness, bowel pH, and intestinal regularity. Dietary sources of prebiotics include soybeans, raw oats, unrefined wheat and barley, and inulin-containing foods such as jicama, chicory root, onions, garlic and Jerusalem artichokes (8).

**Micronutrients and Hormonal Health:**

In the human body, estradiol is the primary functioning estrogen. The two other forms of estrogen are estrone and estriol. Estradiol and estrone are interconvertible, while estriol is naturally present in significant amounts only during pregnancy (1). Healthy hormone balance requires the elimination of both used and unnecessary estrogens. If excessive estrogen is allowed to build up in the system, the delicate balance of estrogen, progesterone and testosterone may be affected. The resulting imbalance, sometimes referred to as estrogen dominance, confuses the hormonal messaging system throughout the body affecting monthly cycling, pregnancy, and lactation (1). This hormonal imbalance can also manifest in many diverse symptoms such as weight gain, chronic fatigue, headaches and mood disruptions, and is implicated in increased risk for breast and endometrial cancer, fibrocystic breast disease, fibroids, endometriosis, hypertension, stroke, heart disease and osteoporosis.

Estrogens circulate in the body bound mainly to the sex hormone binding globulin (SHBG). However, only unbound estrogens can enter target cells and induce biological activity (12,13). To optimize the normal functioning of the feedback mechanisms that control its actions, estrogen molecules once bound to a cell must be inactivated and excreted. Levels of circulating estrogens in the body are greatly influenced by a woman’s genetic makeup, diet and lifestyle, and environmental factors (Table 1). For example, hyperinsulinemia directly stimulates the adrenals and the ovarian theca cells to secrete excess androgens, and indirectly regulates (reduces) circulating levels of SHBG, thereby increasing free estrogen. Obesity can contribute to increased endogenous estrogen production through the aromatization of adrenal hormones to estrogen in the fat tissues (14). In contrast, a low-fat, high-fiber diet providing high levels of phytonutrients from functional foods may reduce circulating androgens, increase SHBG and decrease free roaming estrogen (1).

<table>
<thead>
<tr>
<th>Endogenous Estrogens</th>
<th>Dietary Estrogens (&quot;Phytoestrogens&quot;) (15)</th>
<th>Environmental Estrogens (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estradiol</td>
<td>Isoflavones (e.g., genistein, daidzein, coumestrol)</td>
<td>Medications (e.g., oral contraceptives, hormone replacement, tamoxifen)</td>
</tr>
<tr>
<td>Estrone</td>
<td>Lignans (e.g., enterodiol, enterolactone)</td>
<td>Agricultural hormones found in animal products that are consumed by humans</td>
</tr>
<tr>
<td>Estriol</td>
<td>Flavanoids (e.g., quercetin, rutin, narirutin)</td>
<td>Organochlorine chemicals (e.g., dioxins, PCBs vinyl chlorides)</td>
</tr>
<tr>
<td>Hydroxylated estrogen metabolites</td>
<td>Flavonoids (e.g., quercetin, rutin, narirutin)</td>
<td>Non-organochlorine chemicals (e.g., pthalates, phenols, hydrocarbons)</td>
</tr>
<tr>
<td>Methoxyestrone</td>
<td>Myoestrogens (produced by fungi)</td>
<td></td>
</tr>
<tr>
<td>Methoxyestradiol</td>
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The metabolism of estrogen within the body is complex and occurs in the liver in a two-phased detoxification system that results in the excretion of estrogen's end products through bile, feces and urine (1). In Phase I detoxification, estradiol and estrone undergo hydroxylation and can be transformed into one of three metabolites: 2-hydroxyestrone (2-OH), 4-hydroxyestrone (4-OH) or 16-alpha hydroxyestrone (16a-OH). The 2-OH product is a safer metabolite, exhibits weaker estrogenic activity and may have anti-cancer properties (17), while the 4-OH and the 16a-OH metabolites have stronger estrogenic and even carcinogenic properties. These oxidized molecules must be rapidly ushered into Phase II of the detoxification pathway or they risk becoming highly reactive molecules known as quinones. Quinones can damage DNA and promote carcinogenesis directly or indirectly through the generation of reactive oxygen species (18). In Phase II of the detoxification pathway, methylation, glucuronidation and sulfation occurs. The methylation in Phase II further modifies the estrogen metabolites and helps to render the 4-OH less harmful while ultimately making 2-OH, now methoxyestrone, a cancer inhibitor. In glucuronidation, glucuronic acid is conjugated with estrogen to facilitate its elimination from the body (12).

To see detailed pictures of the estrogen metabolism pathway, log onto www.womenshealthdpg.org

Many phytonutrients in whole foods can reduce estrogen load by supporting the preferred pathways of estrogen metabolism and detoxification. These phytonutrients include fiber, essential fatty acids, certain vitamins and minerals, antioxidants (including flavonoids, indole-3-carbinol, etc.), and phytoestrogens (isoflavones, lignans, etc.). Through dietary modification, lifestyle changes and supplementation with select nutrients, women experiencing hormonal imbalance or related symptoms can promote the normalization of estrogen metabolism in the body. For restoring hormonal balance in women a low-fat, high-fiber diet is key. When combined with a weight management program that includes exercise the result may
have profound impact on the symptoms, conditions and diseases in which estrogen plays a key role. A diet that emphasizes the consumption of whole grains, beans and legumes, fruits and vegetables as opposed to refined carbohydrates and processed fare may help by:

➢ Reducing and reversing insulin resistance.
➢ Reducing body weight and addressing associated problems of dyslipidemia (elevated triglycerides, low HDL cholesterol).
➢ Reducing systemic inflammation by decreasing elevated C-reactive protein and homocysteine in addition to reducing oxidative stress.
➢ Reducing circulating androgens.

The following dietary plan and lifestyle recommendations can be beneficial in promoting the normalization of estrogen metabolism. Listed below are the essential nutritional components of a diet to promote hormonal balance:

➢ **Dietary Fiber & Lignans:** Recommended daily intake 40-50gms/day. Soluble and insoluble fibers are important and should be obtained through eating whole foods as opposed to supplements or bran cereals.

➢ **Omega-3 Fatty Acids:** Recommended intake 1-2gm/day. Minimum intake of 300mg/day DHA in pregnancy and lactation.

➢ **Low-fat Diet:** Recommended intake <30% of calories from fat. All or most fats from MUFA or PUFA sources. Very low saturated fat.

➢ **Probiotics & Prebiotics:** Increased intake through food or supplementation.

➢ **Reduce Glycemic Load:** Choose complex carbohydrates found in vegetables and whole grains over simple carbohydrates. Simple carbohydrates raise blood glucose and increase serum insulin, which can secondarily affect estrogen synthesis and activity.

➢ **Increase Antioxidant Intake:** Obtained through fruits, vegetables and whole grains. See Table 3 for other plant-derived compounds that influence detoxification.

➢ **Increase Isoflavone Intake:** Primarily found in soy, beans, peas, clover, alfalfa and kudzu. Increase soy from whole foods as opposed to soy isolates.

➢ **Filter Water:** This helps to eliminate xenoestrogens and improve hydration levels which are critical to ridding the body of toxins.

➢ **Add Sulfur-rich Foods:** Found in garlic, onions and eggs, sulfur may help with detoxification.

➢ **Choose Organic:** Where possible, choosing organic foods can help minimize exposure to xenoestrogens, hormones and antibiotics found in the food supply.

➢ **Limit Alcohol to 3 servings/week:** Alcohol interferes with estrogen detoxification.

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**Table 2: Dietary Causes of Hormonal Imbalance**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Effect</th>
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<tbody>
<tr>
<td>Excess caloric intake and obesity leads to increased conversion of androgens to estrogen by aromatase.</td>
<td>Affect metabolism and health, leading to hormonal imbalance.</td>
</tr>
<tr>
<td>Hyperinsulinemia increases ovarian testosterone production and reduces SHBG, increasing free estrogen levels.</td>
<td>Increase risk of breast cancer and other hormone-sensitive conditions.</td>
</tr>
<tr>
<td>High-fat diets (greater than 30%) promote 16α-OH conversion over 2-OH.</td>
<td>interfere with hormone metabolism</td>
</tr>
<tr>
<td>Antioxidant-deficient diets may promote the oxidation of catechol estrogens (2-OH and 4-OH) yielding toxic reactive molecules called quinones.</td>
<td>|</td>
</tr>
<tr>
<td>Alcohol interferes with estrogen detoxification, increasing estrogen levels and the risk of breast cancer. Alcohol consumption should be limited to 3 drinks a week.</td>
<td>|</td>
</tr>
<tr>
<td>Environmental toxins are a significant source of xenoestrogens (man-made chemicals that mimic the effect of estrogens). Xenoestrogens find their way into our food supply through pesticides and herbicides, hormones used in commercial milk production, and antibiotics found in commercial livestock.</td>
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We can see how nutritional, lifestyle and environmental factors can influence estrogen production, metabolism, and overall hormone balance. Genetics can also play an important role in determining estrogen levels. A healthy diet from whole foods is critical across a woman’s life cycle to reduce risks of type 2 diabetes, cardiovascular disease, breast cancer, osteoporosis, and for promoting optimal hormonal balance. Helping patients to understand how hormones affect overall well-being and disease risk – and not just reproductive-related conditions – is critical. Especially important in light of the current obesity epidemic, dietetic professionals need to be aware of the significance of hormonal balance throughout a woman’s life-cycle. While many of the symptoms of hormonal imbalance can be targeted with medical or medicinal intervention, it behooves us as dietetic professionals to understand, educate and promote comprehensive lifestyle approaches that target the root causes of many of these conditions.

For references to this article please go to www.womenshealthdpg.org

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The following dietary plan and lifestyle recommendations can be beneficial in promoting the normalization of estrogen metabolism. Listed below are the essential nutritional components of a diet to promote hormonal balance:

<table>
<thead>
<tr>
<th>Table 3: Nutrient(s)</th>
<th>Mechanism of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega-3 fatty acids, cruciferous vegetables (indole-3-carbinol), isoflavones</td>
<td>Promotes 2-OH hydroxylation over 4-OH or 16-OH hydroxylation.</td>
</tr>
<tr>
<td>Antioxidants (vitamins A, E, &amp; C, n-acetylcysteine, turmeric, green tea, lycopene, alpha lipoic acid, and flavanoids)</td>
<td>Reduces oxidation of catechol estrogens (2-OH and 4-OH) in quinones.</td>
</tr>
<tr>
<td>Folate, Vitamins B2, B6, and B12, trimethylglycine, and magnesium</td>
<td>Promotes methylation of catechol estrogens (2-OH and 4-OH).</td>
</tr>
<tr>
<td>Fiber, lignans (flaxseed and isoflavones (soy, kudzu, clover).</td>
<td>Increases circulating concentrations of sex hormone binding globulin (SHBG), thereby reducing levels of unbound, active estrogens (19).</td>
</tr>
<tr>
<td>Lignans (flaxseed), flavonoids (chrysin).</td>
<td>Inhibits the activity of aromatase which converts androgens into estrogens (20).</td>
</tr>
<tr>
<td>Fiber, lignans (flaxseed).</td>
<td>Reduces circulating estrogens by binding unconjugated estrogens in the digestive tract and enhancing fecal excretion (20).</td>
</tr>
<tr>
<td>Isoflavones (soy, kudzu), legumes, lignans, whole grains.</td>
<td>Increases the activity of estrogen at receptor sites through competition.</td>
</tr>
<tr>
<td>Probiotics (acidophilus, bifidobacteria), fiber, calcium D-glucarate (from fruits and vegetables).</td>
<td>Reduces intestinal B-glucuronidase activity resulting in lowered deconjugation of estrogen in the large intestine, allowing free estrogen to be reabsorbed and re-metabolized (21).</td>
</tr>
<tr>
<td>Turmeric (curcumin), D-limonene, magnesium, vitamins B2, B6 and B12, flavanoids</td>
<td>Promotes detoxification of estrogen by up-regulating Phase I and Phase II enzymes.</td>
</tr>
</tbody>
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Women’s Health Conferences...Check out www.womenshealthdpg.org for a list of upcoming events!
The Role of the Registered Dietitian (RD) in Fertility Treatment

By Judy Simon, MS, RD, CD, CHES

We have long understood the importance of nutrition during pregnancy for infant health outcomes. As early as the 1960’s investigations into neural tube defects uncovered the connection between vitamin deficiency, especially folate, and fetal development (1). A later study published by the Medical Research Council Vitamin Study Research Group in 1991 indicated that folic acid taken in pill form prevented 72% of cases of spina bifida and anencephaly (2). This finding set the stage for new national recommendations and in 1992 the United States Public Health Service began recommending that all women of childbearing years should take 400 micrograms (0.4 mg) of folic acid daily to prevent having a pregnancy affected by a neural tube defect. While much research has been completed on nutrition during pregnancy, until recently both researchers and practitioners have largely ignored the role that preconception nutrition has on both fertility and infant health. Luckily the situation is changing at a rapid clip. Despite the fact that research findings first reported on the important relationship between nutrition, female fertility, and body weight and composition in the 1970’s, it is only within the last decade that clinicians and specifically registered dietitians have begun specializing in this area. As interest continues to grow, I thought it would be valuable to highlight the career paths of leading experts in the field, share current trends and spotlight key resource areas as they pertain to fertility and women's and infants’ health. Recent interviews with ADA member dietitians who work in the area of nutrition and fertility are detailed below.

Back in the late 1990’s Amy Ogle MS, RD, author of Before Your Pregnancy: A 90 Day Guide for Couples on How to Prepare for a Healthy Conception, questioned how she could help make the topic of preconception health as well-known and understood as the importance of good health during pregnancy. She wondered what messages would compel couples of childbearing potential to take action before becoming pregnant. Her goal was to help them to understand that nutrition seriously impacts health outcomes including fertility, contributing to a healthier pregnancy and of course the delivery of a healthier baby. Partnering with Lisa Mazzullo, a practicing Ob/Gyn, they co-wrote a book geared toward the concerns and needs of patients. Since physicians are so busy and most spend little time discussing nutrition, Amy focused on providing relevant and practical information to guide prospective parents in making healthier choices. In addition, Amy developed preconception workshops and videos. The second edition of her book is due out in 2010.

Gita Patel, MS, RD, CDE, LD first became interested in nutrition and fertility both because of her own personal interest and because she noted a serious lack of nutrition focus in this area. She found her background in nutrition and additional training in Functional Medicine beneficial in treating her patients. It took 1 to 2 years for her expertise in reproductive nutrition to become recognized in her region. Gita spoke at local women’s health conferences and networked with Ob/Gyn doctors who referred patients to her for PCOS management. As she continued to help her patients have success with their fertility, a reproductive endocrinologist realized what a benefit her RD skills were in assisting with conception. Gita’s private practice continues to flourish in this area and those of you who attended FNCE last October were hopefully present to hear her cutting edge case study on nutrition and reproduction.

Another dietitian who is helping advance the role of nutrition and fertility is Angela Grassi, MS, RD, LN. She is the author of The Dietitian’s Guide to Polycystic Ovary Syndrome and The PCOS Workbook and speaks nationally on the topic of PCOS. Angela shared that she first started treating PCOS in her work with patients with disordered eating. This led her to provide nutrition therapy to women struggling with infertility with or without PCOS. Angela was the only RD in her area that had developed this as her specialty and networked with other health professionals in her area. Internists, reproductive endocrinologists and ob/gyns provide her referrals along with dermatologists, nurse practitioners, acupuncturists and other dietitians. Angela’s fertility patients comment that her guidance in their area of nutrition and lifestyle is often the least expensive and easiest step to increasing their odds for fertility!

Amy Huelle RD, CDE has a passion for women’s health issues and is fortunate to be located in a primary care setting which gives her excellent visibility for patients and medical professionals. Her Certified Diabetes Educator (CDE) certification provides credibility when working with fertility patients who after they conceive frequently become high risk prenatal patients. She has developed a professional network with the providers in the reproductive endocrinology area. Amy also says one of her best professional resources is the Women’s Health listserv.

Lastly I wanted to share my experiences in this field. I have been interested in women’s health issues my entire career and have worked with many women with PCOS for the last 8 years at the University of Washington Medical Center. About 5 years ago the social workers from the fertility and endocrinology department asked my colleague and I to present the nutrition component of their Mind Body series (developed by Harvard University) for infertile couples. Most groups utilize any leader for this section and I was aghast to find how few resources were available on the topic. I had found my passion: nutrition and fertility.

Two years ago I started a private practice specializing in reproductive nutrition. I received immediate referrals from the reproductive endocrinologists in my area. I networked and met more providers by offering lunch and learns for their staffs, spoke to infertile couples at local RESOLVE (The National Infertility Association – Website: http://www.resolve.org) support groups, and presented at professional conferences to the area’s reproductive providers and alternative providers. I also guest lecture at Bastyr University to naturopaths and midwives who are incredibly interested in this topic. Collaborating with alternative providers such as naturopaths, acupuncturists, massage therapists, and mental health therapists working in this area further broadened my bases of referrals and knowledge.

I encourage dietitians interested in specializing in this area to consider joining RESOLVE as a professional member (there are too few of us) and let the community and health professionals know what expertise we can provide. After two years in this area, nothing is more exciting then helping a couple conceive and following them through the pregnancy to the delivery of a healthy baby.

References
HIGHLIGHTS OF WOMEN’S HEALTH DPG ACTIVITIES

Congratulations to our Chair, Jamillah Hoy-Rosas, MPH, RD, CDN, CDE, who delivered a 7 lb 8 oz. baby boy on November 16, 2008. Five other WH volunteers have delivered babies this year: Miri Rotkovitz, MA, RD, Communications Chair; Joanne Volpe, MS, RD, Perinatal Section Editor; Kathleen Pellechia, RD, Website Coordinator, Gina Jarman-Hill, PhD, RD, Nominating Committee Chair and Megan Tubman, MS, RD, Research Coordinator. We have a fertile and flourishing leadership team!

You will notice by the WH DPG annual membership report (published on our Web site) that our membership count reached an all time high at the close of the 2008 membership year. We are very proud of how the WH DPG has grown and the activities we have been able to accomplish through the efforts and expertise of our members.

Because Jamillah was 8 months pregnant and unable to attend FNCE in Chicago this past October, Cathy Fagen had the honor of leading the Executive Committee meeting on October 25 and the annual membership reception on October 27. Below are some highlights of what we accomplished at FNCE this year.

- Planned topics for future FNCE educational sessions, DPG teleseminars and quarterly newsletters.
- Discussed with members their interest in WH DPG pursuing an OB/GYN Specialty Certification credential through CDR. This project is being led by Alyce Thomas, RD, Past Chair. A survey will be distributed to membership in 2009.
- Discussed the importance of the EC meeting before FNCE to discuss and develop a strategic plan for the coming year.
- Jamie Stang, PhD, MPH, RD agreed to work with WH DPG in developing a tool to use for the development and documentation of outcome studies in Women’s Health.
- Sponsorship Opportunities flyer was approved and posted on the Web site. The flyer was used to network with potential sponsors for future events and newsletters.
- Rolled out new membership brochure and display materials at the DPG Showcase. We received many positive comments regarding our new membership brochure.
- Student members were encouraged to join the WH DPG.
- Priority session for FNCE 2009 was discussed and submitted during FNCE 2008.
- Met with Mary Hager, PhD, RD, FADA, and members of the ADA Legislative and Public Policy Committee (LPPC) to discuss issue of reimbursement and coverage for preventive nutrition services preconception and interconception. We encourage our members to engage with their state dietetic LPP representative to work on this effort.
- Mary Hager, PhD, RD, FADA encouraged our DPG to develop outcome studies and document the results which would assist in the issue of reimbursement funding for programs related to Women’s Health.
- Reviewed goals and activities of our Breastfeeding Task Force. Jeanne Blankenship, MS, RD, CLE is currently serving on the United States Breastfeeding Committee Executive Board as well as their LPP committee. She is working with the Washington DC office to ensure that breastfeeding legislation is sent through the same grassroots network that ADA has set for nutrition legislation. The Breastfeeding Task Force has a listserv on Yahoo Groups. If you are interested in participating contact Jeanne at jbship@att.net.

Cathy Fagen had the pleasure of serving as presiding officer for the WH priority session “Hormonal Help: Functional Foods for Women of Reproductive Age” presented by Sidika Kasmin-Karakas, MD and Gita Patel, MS, RD, CDE, LD. This was a very informative and inspiring presentation on how specific foods, nutrients and lifestyles are essential for women managing hormonal issues. Cathy was elated to hear the positive responses from attendees who approached the podium afterwards.

One of Cathy’s last activities at FNCE this year was attending the educational session on “Maternal Weight Gain: The Scientific Evidence.” Jeanne Blankenship, MS, RD summarized how the WH DPG brought forth the need of revising maternal weight gain recommendations to ADA and our Washington DC representatives. Mary Hager, PhD, RD instructed us on how to prepare research questions to be submitted to the AHRQ for review. The topic was selected by AHRQ and a symposium was held to bring together researchers to present their studies on the topic. Anna Maria Siega-Riz, PhD, RD, a committee member on the AHRQ review project gave an update on how the review process of evidence-based research was conducted. She could not divulge any outcomes of the AHRQ report on maternal weight gain recommendations at this time, but we can look forward to its release this spring.

The lecture “Closing the Choline Gap” presented by Elizabeth Ward, MS RD and Kerry-Ann da Costa PhD discussed women and choline consumption. Many points of the presentation related to the consumption of choline during pregnancy and lactation. One point was choline needs are highest for nursing moms. Look for the new publication coming out in Spring of 2009 from ADA. “Expect The Best: Your Guide to Healthy Eating Before, During and After Pregnancy”.

May 2009 be another year of great accomplishments for Women’s Health DPG!

Cathy Fagen, MA, RD
Denise Andersen, MS, RD, LD, CLC
MEMBERSHIP REPORT FROM FNCE 2008

By Maria Pari-Keener, MS, RD, CDN  Membership Chair

For those of you who were in Chicago this year, it was great to see you. And for those who missed it this year, here’s a summary of our Membership events.

We hosted our annual Membership Breakfast on Monday, October 27th. Many members joined the Leadership Team for networking and information sharing. We received a report from our Past Chair, Cathy Fagen about the accomplishments of the DPG in this past year. There was a lively discussion about the DPG’s role in establishing an OB/GYN specialty certification as well as a conversation regarding the Breastfeeding Task Force and its activities. Congratulations and certificates of appreciation were given to our hard-working volunteers and leaders. Members also received an update on what the future holds for the DPG including more continuing education opportunities. This breakfast was deliciously sponsored by the United Soybean Board, who will also sponsor our winter newsletter and offer a presentation on our website for free continuing education credits, exclusively for WH DPG members.

The DPG showcase late Monday morning was bustling with activity. We inaugurated our new Women’s Health banner displays (see pictures below), snazzy new membership brochures and for the first time held a raffle for a free membership to Women’s Health for students only. Our student raffle winner was Fatima Pina, from Oklahoma State, who wrote me, “I am very excited to be a member of this group and looking forward to advancing my knowledge utilizing your valuable resources.”

We also held a raffle for a free membership to a non-student, and that winner was Stephanie Giegerich. Special thanks to Shoshana Werber, Recruitment and Retention Chair, for lending her creative eye to our showcase display.

FNCE is a great time and place to network with people from this wonderful group so consider attending next year in Denver, Colorado. Looking forward to meeting you then!

CRAFT YOUR VOTE!

Online voting for the WH contested nominating committee officer positions begins February 1-March 3rd.

Go to www.eatright.org to cast your vote.

WOMEN’S HEALTH LEADERSHIP CONTACT INFORMATION

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IBLCE CHANGES ELIGIBILITY REQUIREMENTS FOR BECOMING AN INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT (IBCLC)

By Claire Dalidowitz, MS, MA, RD, CLC, CDN  WH DPG Alliance to IBCLC & Past Chair 99-00

As the delegate to International Board of Lactation Consultant Examiners (IBLCE) from WH DPG, it is my pleasure to give you information on becoming an IBCLC. The Board of Directors met from September 24-27 in Baden Bei Wein, Austria and passed new certification guidelines. These will take effect for the 2009 exam.

All RD’s and DTR’s need to be informed about breastfeeding and the benefits to mothers and babies. This has become even more important as contaminated formula has resulted in the death of infants. All major health care organizations including AAP, ABM, ADA, UNICEF, and WHO support breastmilk as the gold standard for feeding infants and children.

At this time 304 RD’s have taken the next step to become internationally board certified in lactation consultation. An IBCLC not only has didactic knowledge about breastfeeding but also has demonstrated clinical experience through completion of clinical experience hours. It is very important that you know not only what is evidenced based practice, but also how to effectively and ethically work with a mother who wishes to breastfeed her infant. Once completed, the applicant will take an international exam and after successfully passing the exam, will become certified as an IBCLC.

Please see the table below for the 3 pathways now available for certification. For registered dietitians and diet technicians registered, Pathway 1 will most often be selected. Because of our educational background, the health disciplines education is completed during our preparation in dietetics. There will be an additional 45 hours in education in human lactation and breastfeeding along with 1000 hours of clinical experience. Once all of this is completed you will be eligible to sit the exam.

**ELIGIBILITY REQUIREMENTS FOR THE 2009 IBLCE CERTIFICATION EXAM FOR LACTATION CONSULTANTS**

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<th>PATHWAY 1</th>
<th>PATHWAY 2</th>
<th>PATHWAY 3</th>
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| Have experience as a health care professional working in maternal-child health or as a breastfeeding support counselor as defined by IBLCE.  
1. | Graduate from an accredited academic program in human lactation and breastfeeding that is at least one year in length and that includes clinical practice assignments above and beyond the required clinical practice experience.  
2. | Complete an approved lactation education plan under the supervision of one or more ibclcs, all of whom have recertified at least once.  
3. |
| HEALTH DISCIPLINES EDUCATION | RECOMMENDED for candidates who have not already studied these subjects as part of their college or university education.  
4. | REQUIRED a minimum of one course that is at least one semester in length in each of the six subjects.  
5. | RECOMMENDED for candidates who have not already studied these subjects as part of their university education.  
6. |
| LACTATION SPECIFIC CLINICAL EXPERIENCE | REQUIRED 1000 HOURS obtained through paid or volunteer employment within a supervised setting and accumulated within the 5 years immediately prior to exam application.  
7. | REQUIRED 300 HOURS directly supervised by one or more currently certified ibclcs this requirement must be completed prior to graduation and exam application must be submitted within 5 years of completion.  
8. | REQUIRED 500 HOURS directly supervised by the recertified ibclcs who are the plan supervisors and accumulated within the 5 years immediately prior to exam application.  
9. |
| EDUCATION IN HUMAN LACTATION AND BREASTFEEDING | REQUIRED 45 HOURS Based on the IBLCE exam blueprint and completed within the 5 years immediately prior to exam application.  
10. | REQUIRED 90 HOURS Based on the IBLCE exam blueprint and included in the academic program. primary faculty must be recertified ibclcs.  
11. | REQUIRED 45 HOURS Based on the IBLCE exam blueprint and completed within the 5 years immediately prior to exam application.  
12. |

1. Defined as an individual who meets the regulatory standards for practice in a recognized health profession in a country where that practice occurs.
2. For counselors to be recognized by iblce, the individual must be associated with an organization that provides breastfeeding counseling and that requires its counselors to: (1) complete a structured training program that includes comprehensive education in breastfeeding management; (2) work within a supervision structure that is appropriate to their training; (3) adhere to defined ethical standards for conduct; and (4) remain up to date by participating in continuing education.
3. Human anatomy and physiology; sociology/cultural sensitivity; nutrition; psychology; counseling/communication skills; infant and child growth/development; and medical terminology.
4. Defined as providing maternal/child care that supports breastfeeding families, including lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals.
5. Defined as a gradual process that begins with observation; progresses to clinical practice experience under direct observation until the skill is mastered; and culminates in independent practice with the mentor or supervisor physically nearby to assist and offer advice and support.
6. The minimum hours required are based upon the past performance of candidates on the iblce certification exam.

I encourage you to log on to http://www.iblce.org to review the exam blueprint which defines study areas for becoming an IBCLC. Please note that preparation and the taking of this exam can occur throughout the world. Once you have the IBCLC credential, you may also practice internationally. This is a very unique certification that allows the same preparation throughout the world. After you receive the IBCLC certification, you will continue education in breastfeeding and lactation by accumulating Continuing Education Recognition Points (CERPs) and this will become part of your COR portfolio. The intent of the certification is to provide consistency of care for mothers and babies throughout the world. For additional information, please email IBLCE at iblce@iblc.org
“The baby girl (name withheld) came into the world with love and care, crying softly while Dad watched her be weighed and measured. When it was time for baby to breastfeed we were all amazed at how instantly she latched right on. Baby was awake and active while both grandparents and Aunt came to welcome her into the world.” Excerpt from a birth story written and attended by Julie Harker Buck, Doula

Throughout history, women have been assisted in birth by others. Those not attending to the immediate birthing process of catching the baby are providing emotional, physical and educational support. These support persons have come to be known as doulas. The word, “doula”, is in fact an ancient Greek term, used to describe the most important servant of a household. Birth doulas offer emotional support, encouragement and wisdom throughout the labor and delivery. They may also provide prenatal care, education and support. After delivery, specifically trained postpartum doulas support women and families through the transformation that a new baby brings to a family. Doulas of North American (DONA), one of the many doula certifying organizations describe doulas as providing the following: “The role of the doula is one of non-medical support. Healthcare professionals such as doctors, midwives, nurses and others are responsible for the health and well-being of mother and baby. The non-medical support of the doula meets the practical and psycho-social needs of the family.” As stated, doulas do not perform clinical tasks such as heart rate checks or vaginal exams, but, rather use massage, positioning suggestions, etc., to help labor to progress as well as possible. If necessary, the doula is available to refer to an appropriate health care professional.

Studies have found that birth companions, of whom doulas are one type, offer numerous benefits both to the mother and child. Women who receive doula support during labor and delivery have reduced duration of labor, less use of pain relief medications, lower rates of operative vaginal delivery, and in many studies a reduction in caesarian deliveries. Newborns in supported births have lower rates of fetal distress and fewer are admitted to neonatal intensive care units (1, 2). One study also found that 6-weeks postpartum a greater proportion of doula-supported women, compared to a control group, were breastfeeding. In addition, these women reported greater self-esteem, less depression, a higher regard for their babies and their ability to care for them compared to the control mothers (1).

Staying with the birthing family throughout labor and delivery continues the powerful bond developed with the new family. This relationship allows the postpartum adjustment to often include a doula that can assist with continued emotional, physical and educational help. One of the most immediate needs after birth is the nourishment of the baby. Because breastfeeding knowledge and skills are required for many certifications, doulas may be helpful in initiating the breastfeeding process because they are always present with the new mother, unlike a nurse, certified nurse midwife (CNM) or physician who may have other persons to care for. Recently, doulas have been in the current news as supporting some well known persons during their birth: Nicole Kidman, Demi Moore, Ricki Lake, Pamela Anderson, Ani Difranco, Eric Mabius, and Ming Tsai. Closer to home, ask your mothers, grandmothers, or great aunts who attended their births. You may be surprised who had a “doula”... it might have been YOU!

Many Doulas find local, national and international certification to become a birth or postpartum doula through one of the many organizations. Doulas of North America (DONA) and Childbirth and Postpartum Professional Association (CAPPA) are two of those certifying groups. Training to become a doula typically includes:

• Completion of childbirth education training and attendance at an approved doula workshop.
• Completion of breastfeeding workshop or other lactation training.
• Required reading about doulas.
• Completion of an essay that demonstrates understanding of the integral concepts of labor support and a Basic Knowledge Self Assessment Test.
• Hands-on experience: This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.

At last count, DONA reports having around 2,500 DONA-certified doulas and nearly 6,500 members. For more information about certifying as a doula or to find out more about the role doulas play in the prenatal and postpartum period please check out the websites listed under references.

References
3. Doulas of North America, DONA Website: http://www.dona.org

Other interesting resources:
WATCH: CNN highlights what a doula does:


doula support of breastfeeding in new mothers
By Julie Harker Buck MHE, RD, CD (DONA), LCCE Dietitian, Certified Doula, Lamaze Certified Childbirth Educator

leading the future of dietetics in women's health
our mission

9
The Nursing Mother’s Herbal By Sheila Humphrey, BSc, RN, IBCLC

Throughout pregnancy and the lactational period, mothers are confronted with messages that whatever they consume, inhale, or even put on their skin can directly impact their developing babies. Caution is the constant watchword, and the list of things to avoid—from alcohol to nail polish fumes to medications—seems to continually grow. Many women therefore seek out natural remedies, which are often perceived as safer than pharmaceutical drugs.

Perhaps in part because herbal products are marketed as nutritional supplements, or because there is overlap between culinary and medicinal herbs, pregnant and nursing mothers often turn to dietitians for advice about herbal remedies. Unfortunately, there is a dearth of scientific research available on the safety and efficacy of herbal medicine use in pregnant and lactating women; moreover few dietitians have expertise in this area.

Author Sheila Humphrey may be uniquely qualified to address the information gap on herbal medicine and lactation—she is an OB/GYN nurse, an International Board Certified Lactation Consultant (IBCLC), and holds a degree in botany. In The Nursing Mother’s Herbal, she deftly melds wisdom passed down by generations of herb experts with both breastfeeding research and modern scientific knowledge on plant medicine.

Humphrey’s approach is thorough—she demystifies herbal medicine and the industry that has grown around it, provides guidance for navigating the vast array of herbal products available, explains the FDA’s role in supplement regulation, and gives an overview of other complementary and alternative healing modalities that are often classified as herbal medicine but are in fact independent disciplines. There are extensive appendices with references, recommended further reading, and a well-edited list of helpful organizations and websites. Particularly useful is the plant safety appendix culled from multiple references on medicinal herbs and phytochemical safety.

What is most impressive, though, is how Humphrey’s work extends beyond a simple treatise on herbs. With utmost sensitivity to and respect for the mother-baby dyad, she emphasizes first assessing and addressing underlying issues with the mechanics of breastfeeding before turning to herbs for perceived milk supply issues, for example. Her expertise as an IBCLC informs her recommendations about herb selection and use, and she is particularly attuned to how herbs with galactogogue or antigalactogogue properties can impact the breastfeeding dynamic. For example, peppermint—which is innocuous in pregnancy and effective for relieving nausea or mild congestion—is also an antigalactogogue, and may not be the best choice for frequent use by a breastfeeding mother.

In fact, her book is an excellent primer on breastfeeding in general—Humphrey covers everything from the benefits of breastfeeding and the dangers of formula feeding to breastfeeding in the early postpartum period through weaning. She discusses latch issues, how to deal with breast issues such as engorgement, mastitis, and galactoceles, to insomnia, colds, and infections. Humphrey also explains how breastfeeding impacts fertility, and touches on breastfeeding during pregnancy.

Though placental and milk transfer of potentially harmful substances differs in critical ways, pregnancy and lactation are often viewed as an inseparable continuum. Like Dr. Thomas Hale does in Medications and Mothers’ Milk, Humphrey acknowledges this difference and provides a studied approach to evaluating herbal remedies and their safe use by nursing mothers and their babies. For mothers who perceive they must endure illness without relief while nursing, this is welcome—and useful—information indeed.

The Nursing Mother’s Herbal is a great reference for lay and professional readers alike, and a must-have addition to any breastfeeding or women’s health library. Humphrey’s style is accessible and encouraging, and the balanced information she provides is extremely useful in any dialogue about herb use and lactation. Humphrey’s greatest gift to nursing mothers, though, may be her message of empowerment—above all, she encourages mothers to seek out supportive, collaborative healthcare practitioners who will partner with her in her efforts to develop and sustain a healthy, comfortable, and rewarding breastfeeding experience. Highly recommended.

NEWS FROM ADA Journal Wins Association Trends Silver Medal

On December 15, 2008, we received notice that the Journal of the American Dietetic Association received a Silver Medal in the 2008 Association Trends All-Media Contest in the “Scholarly/Technical/Scientific Journal” category. This award recognizes the overall quality of a single issue published in the past year, judging entries based on appropriateness, appearance, layout, style, content, and effectiveness. The Journal was honored for its October 2008 issue, focusing on aspects of pregnancy and infant care.

This is the third award that the Journal has received in the last two years. Previously, the July 2006 issue won the Silver Medal in the Association Trends 2006 All-Media contest, and the November 2007 issue won the American Society of Healthcare Publication Editors Gold Award for Best Computer-Generated Cover for its hunger and malnutrition artwork.
MEMBER SPOTLIGHT  By Carolyn Brown

To honor and spotlight one of our very own experts in the field of hormonal health – we present you with Gita Patel, MS, RD, CDE, LD. Gita is an active member of our DPG whose extensive experience and expertise continues to impact our understanding how food is truly the best medicine.

Gita Patel, MS, RD, CDE, LD

Where have you worked? What was your first job?
My first job was in a small hospital in India in 1972. Later that year, I came to the US as grad student to Drexel University, Philadelphia. My first job in the US was as a dietitian in a hospital in Philadelphia, where I worked until my first child was born in 1974. I then took a break for 2.5 years. When I went back to work, I was a WIC dietitian until I had my second child in 1978. With my children at home, I began to teach nutrition through vegetarian Indian cooking classes and through actual application in the kitchen. I taught cooking classes through Community Colleges, in food co-ops, at Dartmouth College, and from home. In 1996 I returned to graduate school at UNH, and started a private practice in 1999. I wanted to be a certified diabetes educator, so in 2003, I got my CDE. As a Diabetes Educator, I found that my interest really lay in using food as medicine. I took a course in applying functional medicine to clinical practice, and am now a Functional Medicine Practitioner through the Institute of Functional Medicine. Some of my other interests are women’s health and vegetarian nutrition. Now I run my private practice, am a speaker, write, and teach nutrition through cooking.

What are your favorite tools and resources on women’s health?
I use several, but, my best resource is through the Institute of Functional Medicine where I know a lot of practitioners and have many colleagues, so I can call and get the most current information from them. One colleague is an OB/GYN and we are great resources for each other.

What do you consider a highlight of your career?
The highlight of my career is being a nutrition consultant in a private practice where I am my own boss and able to choose speaking engagements. I am going to India next week where I’ll be speaking at 3 different events, was invited to go to Italy last year to consult with a cooking school, and have consulted with a company in Japan. I wake up in the morning excited for work!

How did you get into dietetics?
My first year in boarding school, I was 9 years old and didn’t speak English. I was shown pictures of hospitals in America and first heard the word dietitian, which stuck in my mind. At home when I was growing up, if one of the children got sick, food was medicine, whereas at boarding school, children who became ill were given medicine. I wanted to study food to find out why it made people well, and that’s what drove me to come to the US and become a dietitian. I wanted to know the effect food had on the body. That has been a passion of mine since I was child.

What resources do you find most helpful in your daily work?
Being a part of 9 DPG’s you receive phenomenal newsletters. The American Diabetes Association journals, Functional Medicine updates, and the American Dietetic Association are all great resources. I get the majority of my information from journals, peer reviewed DPG newsletters, listserv discussions, and the internet. I also receive numerous journals including: Journals from the Agricultural USDA Society, American Journal of Lifestyle Medicine, and the Journal of Alternative and Complementary Medicine. Additionally, I attend 3-4 conferences per year to keep up with current information, like the American Association of Diabetes Educators, ADA’s Food & Nutrition Conference & Expo, the International Symposium on Functional Medicine, and Alternative Medicine Conferences.

CALENDAR OF EVENTS  To explore more educational opportunities in women’s health, please visit us on our website at www.womenshealthdpg.org

March 12 - 13, 2009 Annual Conference: Advanced Concepts in Breastfeeding
Albuquerque, New Mexico
Website: http://www.breastfeedingnewmexico.org/FUTURE_CONFERENCE.html

March 18–21, 2009 16th Annual Spring Conference on Women’s Health Los Cabos, Mexico
Website: http://www.symposiumedicus.org/calendar/bro1102/index.html

March 27-29, 2009 Women’s Health 2009: The 17th Annual Congress. Presented by the Journal of Women’s Health and VCU Institute for Women’s Health Williamsburg, Virginia
Website: http://www.biocinferences.com/conferences/womenshealth/index.aspx

April 6-7, 2009 IBCLE Cram/Review Course Houston, TX USA
Email: LECOffice@aol.com or Phone: 630-260-4847
Website: http://www.lactationeducationconsultants.com

April 7-8, 2009 10th Annual Women’s Health Research Conference Chapel Hill, North Carolina
Website: http://www.cwhr.unc.edu/index.pl

April 16-18, 2009 The Gold Standard Conference, “Keeping Mother and Baby Close” Jackson, Mississippi
Website: http://www.msbfc.org/

Website: http://www.breastcanceroptions.org/ComplementaryMedicineCo.asp

Website: http://www.uphs.upenn.edu/paharc/conference/index.html

April 25, 2009 2009 Women’s Heart Health Conference Presented by the American Heart Association Hilton Head Island, South Carolina
Website: http://www.americanheart.org/presenter.jhtml?identifier=3044749

May 3-5, 2009 Achieving Success in Women’s Health, 25th Annual Spring Conference Fort Worth, Texas
Website: http://www.snowinst.com/womens-health-conference.htm

May 7, 2009 Live Well Women’s Conference Beaumont, Texas
Website: http://www.christushospital.org/conference/index.htm

May 17-19, 2009 Advances in Healthcare for Women Over 40 Scottsdale, Arizona
Website: http://www.contemporaryforums.com/brochure.asp?cid=665

July 22-26, 2009 International Lactation Consultants Association (ILCA) Annual Conference Orlando, Florida
Call Elizabeth at 256-325-7246 or e-mail: elizabethhps@yahoo.com

July 26-31, 2009 Focus on the Female Patient Kiawah Island, South Carolina
Website: http://www.sma.org/education/cmecalendar/index.cfm
GOALS OF THE WH PRACTICE GROUP

WH DPG promotes the development of dietetics professionals in the specialty area of nutritional care in women’s health which includes preconception through pregnancy and lactation and expanded to late menopause.

The objectives of the Women’s Health DPG are:

1. Build an aligned, engaged and diverse membership.
2. Proactively focus on emerging areas of women's health.
3. Impact the research agenda in women's health and nutrition.
4. Identify and influence key food, nutrition and health initiatives specific to women.
5. Increase demand, utilization and reimbursement of services provided by WH members.

“WH members are the most valued source of nutrition expertise in women's health”

Laura J. Couillard, MS, RD
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