Breastfeeding Best Practice

Teaching Latch & Early Management

facilitator's guide

Introduction

Breastfeeding is a health imperative promoted by many major policy-setting medical organizations, including the World Health Organization (WHO), the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American Dental Association (ADA), the International Confederation of Midwives (ICM), UNICEF, and the American College of Obstetricians and Gynecologists (ACOG). Since breastmilk is so beneficial for mothers and children, healthcare professionals have a crucial role in helping families achieve their breastfeeding goals.

Whether you work in a hospital, clinic, physician practice, or health department office (e.g. U.S. WIC), you can increase your organization's breastfeeding initiation and duration rates by incorporating this program into your staff training. By "teaching the teachers," you'll ultimately create a better breastfeeding experience for the families in your care.

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CE CREDITS AVAILABLE

InJoy Birth & Parenting EDUCATION

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Co-produced with ILCA

Breastfeeding Best Practice is a co-production of InJoy Videos and The International Lactation Consultant Association (ILCA). InJoy Videos has produced superior quality childbirth and parenting videos for more than 20 years. To produce this staff training program, we sought the expertise of ILCA, the professional association for International Board Certified Lactation Consultants (IBCLCs) and other healthcare professionals who care for breastfeeding families. ILCA has close to 5,000 members from 80 nations, and includes a wide variety of health professionals. ILCA's mission is to advance the profession of lactation consulting worldwide through leadership, advocacy, professional development, and research.

FACILITATOR'S GUIDE ACKNOWLEDGMENTS

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DISCLAIMER

This DVD series presents acceptable methods and techniques of practice based on current research and used by recognized authorities. ILCA has sought to confirm the accuracy of the information presented herein and to describe generally accepted practices. ILCA is not responsible for errors or omissions or for any consequences from application of information in this resource and makes no warranty (expressed or implied) with respect to the contents of the publication.

Application

This program is intended for nurses, lactation consultants, health department counselors (e.g. U.S. WIC), dieticians, physicians, midwives, and others who form part of a breastfeeding mother's healthcare team. Caregivers can view the program on their own or in groups led by a facilitator. Pauses in the program allow the facilitator to help assist viewers to apply critical thinking skills to case studies for each module. Facilitators are encouraged to include additional case studies or clinical examples that reinforce application of the information presented in clinical practice. Facilitators can also supplement the discussion with teaching aids, such as dolls, cloth breasts, and other breastfeeding devices that will provide hands-on practice for participants.

This Facilitator's Guide contains learning objectives, case study scenarios and suggested responses, post-test questions and answers, supplementary pages related to the program content that can be printed or photocopied, and a bibliography. Continuing education forms can be copied for multiple participants and submitted to ILCA for IBCLC or nursing credit.

Continuing Education Credit Information

Once the program is purchased, a total of 1.5 L-CERPs or 1.5 contact hours is available through the International Lactation Consultant Association (ILCA). Those who wish to receive credit other than those indicated below can submit the certificate to their respective organizations for consideration of credit.

ILCA is an approved provider of Continuing Education Recognition Points (CERPs) with the International Board of Lactation Consultant Examiners. Approval Number CLT-108-7.

ILCA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Facilitators, please photocopy a post-test (pp. 8-11) and continuing education form (pg. 15) for each learner who wishes to receive credit. The learner must send the post-test answers with payment to the ILCA office to receive continuing education credit. The pass rate for the post-test questions is 70%. Upon successful completion, a certificate of completion will be emailed to the learner.

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Learning Objectives

After viewing the program, participating in the case studies, and answering post-test questions, learners will be able to:

- Use effective communication techniques with breastfeeding women and families.
- Help women initiate breastfeeding, demonstrate effective feeding techniques, and identify signs of milk transfer.
- Help infants achieve an effective latch for breastfeeding.
- Provide anticipatory guidance and follow-up to empower mothers and families to reach their breastfeeding goals.

Case Study Questions & Sample Responses

Module 1: Communicating About Breastfeeding

CASE STUDY:

Jennifer gave birth to Molly, her second child, 8 hours ago. Molly is still too sleepy to have a good feed. Jennifer had problems breastfeeding her first child and tells you she's not sure she wants to breastfeed Molly if the problems she previously experienced are likely to reoccur. Using what's been discussed in this module, how can you help Jennifer regain confidence in her ability to breastfeed?

If you don't see mothers in a hospital setting, consider that Jennifer is calling you a week after delivery and is still frustrated with how feedings are going.

SAMPLE RESPONSE:

Empathize with Jennifer and validate her concerns. Ask open-ended questions to learn what problems she encountered when she nursed her first child. Help her talk about her uncertainties. Give her emotional support and practical information to address the concerns she identifies. Discuss typical newborn behaviors on the first day.

Assure Jennifer that she and Molly will learn how to fit with one another in the dance of breastfeeding. Encourage her to trust Molly as a dance partner and to trust her own ability to breastfeed. Assure Jennifer that you and other members of her healthcare team are available to answer questions and help her get breastfeeding established.

PLAN OF CARE:

- Keep Molly skin-to-skin as much as possible to stimulate her to wake and feed.
- Monitor Molly closely for any signs of waking; try waking her every 2-3 hours.
- Begin pumping at 12-24 hours if there is still no effective feed (the recommended time period varies among experts).

FOLLOW-UP:

Talk with Jennifer within 3 days after discharge to evaluate intake and output. Ask Jennifer:

- How many breastfeedings have there been in the past 24 hours?
- Is the baby awake and actively sucking?
- Do you hear audible swallows?
- How many voids and stools have there been in the past 24 hours? What do the stools look like? (Emphasize the importance of stool changes – if the baby is still having meconium stools after Day 4, then she needs to be seen.)
- Have you felt breast fullness since delivery?
- Do you feel your breast softening after breastfeeding?
- Do you have any breast or nipple pain while breastfeeding? (If she has pain, rate it on a 1-10 scale. If it is 5 or higher and/or Jennifer reports nipple trauma, she needs to be seen in person.)
- Is Molly awake for awhile after feedings? Is she alert at times?
- Do you feel confident that Molly is feeding okay? (If not, she needs to be seen.)

Module 2: Breastfeeding Initiation

CASE STUDY:

Sharon's son Darnell is two days old. Sharon has had a lot of visitors over the past two days, and she felt uncomfortable asking people to leave so she could breastfeed. Darnell was very sleepy on the first day, and Sharon has had trouble stimulating him to breastfeed every three hours. Today, he has been showing feeding behaviors nonstop. He wants to stay at the breast constantly, nursing every hour. Sharon just finished her dinner and she is exhausted from feeding him so frequently all day. She also worries that his behavior means that she doesn't have enough milk. How will you address her concerns with the information you learned in this module?

SAMPLE RESPONSE:

Empathize with Sharon and validate her concerns. Discuss with her the value of putting Darnell to breast when he shows feeding behaviors. Explain that the frequent feeds are not necessarily a sign of low milk supply. Explain how these frequent feedings will impact her future milk production. Make a plan for tomorrow that allows limited visitors (such as the baby's father and immediate family only) so Sharon can eat, sleep, and feed Darnell. Point out how infrequently Darnell was fed during the day due to being passed between visitors. Encourage Sharon to hold him skin-to-skin where he can doze between feedings. Explain cluster feeding and why using a pacifier or formula at this point is not supportive of her breastfeeding goals. Ask her to let you know when Darnell is having his next feeding so that you can observe the feeding and reinforce signs of effective positioning and latch. This will help you determine whether the frequent feeds are due to an ineffective latch and poor milk transfer.

Module 3: Teaching Latch and Technique

CASE STUDY:

Rachel gave birth to her first baby, Owen, at 36 weeks. They were discharged from the hospital on Day 3. For the first 2 days in the hospital, Owen was very sleepy and feedings were sporadic. Rachel began pumping on Day 2 to stimulate milk production. On the day of discharge, Owen was more alert for feedings, but Rachel struggled getting him to remain latched and to suck actively at the breast long enough for a good feeding. The lactation consultant went over a feeding plan with Rachel to make sure Owen receives adequate nourishment and to protect her milk production. Rachel receives assistance through her health department clinic, so the lactation consultant recommended that she schedule an appointment with the clinic after discharge for further help with feedings. How can you make sure that Rachel and Owen will nurse effectively?

SAMPLE RESPONSE:

The priorities are to make sure that Owen is fed and to protect Rachel's milk production. Discuss characteristics specific to late-preterm infants in regard to feeding issues. Observe Owen for signs of shutdown, fatigue, and effective feeding. Provide maternal support and encourage patience on Rachel's part. Reassure her that as Owen matures, feedings will go easier. Determine if Owen is getting enough milk by his weight and evaluating the number of feedings, diaper output, and color of his stools. Ask Rachel about formula use, which may affect the count of stools. Ask about and discourage pacifier use so Owen spends sufficient time at the breast. Stimulate milk productivity by hand expressing or pumping to remove milk. Assess Rachel's breast fullness and ask how her breasts and nipples feel. If Rachel is overly full, expressing some milk can make it easier for Owen to latch. Observe a feeding and assess signs of milk transfer (such as sounds of swallowing, change in sucking pattern, and breasts are softer at the end of the feed).

Work on meeting Rachel's breastfeeding goals, give her a lot of encouragement, and connect her with ongoing support. If she continues to have difficulty with Owen latching, encourage her to schedule more appointments with the IBCLC and return to the clinic for weight checks, support, and encouragement. Contact with a peer counselor and attending a mother-to-mother support group will give her further support and help to increase her self confidence.

Module 4: Anticipatory Guidance & Follow-Ups

CASE STUDY:

Christine delivered her full-term infant, Jacob, 2 weeks ago. At her visit to the public health clinic, she tells you that 2 days ago she started giving formula to Jacob after each breastfeeding because she didn't think he was getting enough milk. Now he seems to like the bottle better and doesn't want to nurse as often. Using what you learned in this module, how can you help Christine?

SAMPLE RESPONSE:

Empathize with Christine and validate her concerns. Give her emotional support and practical information to address the concerns she identifies. Offer suggestions for weaning from the formula and getting Jacob back to full breastfeeding. She can put Jacob to breast during a nighttime feed to start. She can feed him a small amount of milk first and then put him to breast to continue to feed. Make sure she knows this may take some time and encourage her patience during the transition. While she has been formula feeding, her milk supply may have gone down. It would be wise to have her pump in addition to breastfeeding to help increase milk production while Jacob is being reintroduced to the breast.

Suggest that Christine keep a breastfeeding diary for the next week to monitor his intake and output. Discuss growth spurts and how to tell if a baby is getting enough milk. Follow up with Christine every day or every other day during the next week to support her and keep her motivated. This mother had a lack of confidence in her ability to make enough milk. The risk of her quitting breastfeeding is very high unless she receives the necessary support and encouragement.

Post-Test

BREASTFEEDING BEST PRACTICE: TEACHING LATCH & EARLY MANAGEMENT

NOTE: Read the questions carefully and to be mindful of words like EXCEPT, LEAST, and NOT in the stem of the question to make sure you are answering what the question asks.

1. What we say to mothers needs to be evidence based for all of the following reasons EXCEPT:

A. They gain insights into what other mothers experience

B. What they learn is consistent

C. What they learn is based on current knowledge

D. They gain insights into what experts consider as best practice

2. Appearing completely neutral about breastfeeding:

A. Acknowledges a mother's right to formula feed

B. Confuses mothers about best practice

C. Confirms a mother's choice of parenting style

D. Acknowledges varying expert opinions

3. A demonstration of effective communication skills with mothers includes all of the following EXCEPT:

A. Sitting at their level when helping with feedings

B. Asking open-ended questions

C. Empathizing with their feelings and concerns

D. Sharing your personal success with breastfeeding

4. When using the services of an interpreter, it is important to:

A. Establish eye contact with the interpreter

B. Direct statements to the family

C. Ask all family members to participate

D. Allow the interpreter to interject comments

5. Babies who have immediate skin-to-skin contact and access to the breast within the first hour of life will typically:

A. Breastfeed for more months

B. Have a long feed during that time

C. Show little interest in latching on

D. Need skin contact for effective feeds

6. Which of the following is MOST likely to delay initiating breastfeeding?

A. Cesarean birth

B. General anesthesia

C. Infant respiratory distress

D. Epidural anesthesia

7. EARLY feeding behaviors include all of the following EXCEPT:

A. Rapid eye movement

B. Crying

C. Smacking lips

D. Bringing hands to face

8. It is recommended that a caregiver observe the mother and baby breastfeeding:

A. At least once every day during their hospital stay

B. At least twice before discharge from the hospital

C. At least twice every day during their hospital stay

D. At least once every 8 hours during their hospital stay

9. Which of the following is NOT a reason for the nurse to refer a mother to the lactation consultant?

A. The mother gave birth to a late preterm infant

B. The mother has a history of infertility

C. The mother needs help with positioning her baby

D. The mother has surgical scars on her breast

10. Research shows that the amount of milk a mother makes is related to:

A. The timing of the first feeding and the number of feedings on Day 2

B. The quality of her diet during pregnancy and lactation

C. The quality of emotional support she receives in the early days

D. The amount of time her baby spends at the breast in the first hour

11. The first feeding should ideally take place:

A. Within one hour after the mother arrives in her postpartum room

B. Within one hour after the baby has been cleaned and weighed

C. Within the first hour of life and should be repeated every 1-3 hours

D. Within the first hour of life and should be repeated every 3-4 hours

12. The MOST important key to establishing and maintaining milk production is:

A. Using both breasts at every feeding

B. Keeping the baby at the breast for 20 minutes

C. Baby's mouth covering the areola

D. Frequent and effective milk removal

13. Which of the following is LEAST helpful as a recommendation to ALL breastfeeding mothers?

A. Have a beverage next to her at feedings

B. Wear a supportive bra

C. Try to rest when her baby sleeps

D. Have pillows handy for positioning

14. An asymmetrical latch:

A. Shows more areola on the top than on the bottom

B. Shows more areola on the bottom than on the top

C. Improves breastfeeding effectiveness for all babies

D. Improves breastfeeding effectiveness for all mothers

15. Once the baby latches on, he will:

A. Remove all available milk within 20 to 30 minutes

B. Start to suck more quickly when the milk lets down

C. Suck quickly and then more slowly as he takes in milk

D. Always let go of the breast when he is finished

16. Which of the following best describes an effective latch?

A. Baby's lips are flared and chin is pressed into the breast

B. Baby's chin and nose are pressed into the breast

C. Mother makes a "sandwich" with her breast to assist baby

D. Baby stays at the breast for 40 minutes and then falls asleep

17. Which of the following is NOT a sign that the baby is ready to end a feed?

A. He releases the breast after 25 or 30 minutes of vigorous sucking

B. He is no longer sucking vigorously and seems satisfied

C. His sucking pattern changes to intermittent, short bursts

D. He moves from short, rapid sucks to slow, deep sucking

18. Which of the following does NOT describe infants born late preterm?

A. They demonstrate short sucking bursts and longer pauses

B. They exhibit the same feeding behavior as term infants

C. Their mothers need to begin pumping by 6 hours after delivery

D. They may have an uncoordinated suck/swallow/breathe pattern

19. Which of the following is a sign of ineffective feeding?

A. Breast feels softer at the end of the feeding

B. Milk leaks from the opposite breast during the feeding

C. Nipple is round and pulled out at the end of the feeding

D. Baby consistently releases the breast after 10 minutes

20. Which of the following is considered an acceptable weight pattern?

A. Loss of up to 7% in the first 2 or 3 days

B. Loss of 10% in the first 2 or 3 days

C. Back to birth weight by 3 weeks

D. Weight stabilizes by 2 weeks

21. What should mothers look for in their babies stooling patterns?

A. At least 1 void and 1 stool per day on Days 1-3

B. At least 3 voids and 3 stools per day on Days 1-3

C. At least 6 voids and 3 stools per day after Day 5

D. At least 3 voids and 6 stools per day after Day 5

22. The global recommendation for breastfeeding is:

A. Exclusive breastmilk for 6 months and continued breastfeeding for 12 months or longer

B. Exclusive breastmilk for 6 months and continued breastfeeding for up to 12 months

C. Limit the use of feeding bottles and pacifiers for the first month of breastfeeding

D. Give babies supplements of water or juice only if they live in hot climates

23. A mother needs follow-up by a lactation consultant after discharge for all of the following reasons EXCEPT:

A. She must continue pumping to increase milk production

B. Her baby was born preterm or late preterm

C. Her baby goes home not having achieved effective breastfeeding

D. She plans to return to work and will miss feedings

24. A nurse's role in helping mothers with breastfeeding in the hospital includes all of the following EXCEPT:

A. Evaluate mother and baby's breastfeeding technique during their hospital stay

B. Coach mothers who need help with positioning and latch during their hospital stay

C. Work with mothers to resolve challenges before referral to a lactation consultant

D. Provide post discharge follow-up for babies with consistent feeding problems

Appendix A: Contraindications to breastfeeding

Contraindications to breastfeeding for the mother

- HIV or HTLV positive
- Current substance abuse
- Medications: antineoplastics, radiopharmaceuticals
- Chemotherapy
- Radioactive isotope therapy – interrupt until eliminated from body
- Active herpes lesion on breast – can feed on unaffected breast
- Chagas' disease – interrupt during acute phase; pasteurized mother's milk can be fed to baby
- Active pulmonary tuberculosis
- Mother infected and baby exposed - isolate together and continue breastfeeding
- Mother infected and baby not exposed – isolate until mother treated and no longer contagious (2 weeks); baby can receive expressed milk
- Active varicella
- Mother and baby infected - isolate together and continue breastfeeding
- Rash develops within 5 days prior to 2 days after birth – isolate mother until no longer contagious; baby can receive expressed milk

Contraindications to breastfeeding for the infant

- Galactosemia

Conditions that are NOT contraindications to breastfeeding

- Maternal fever in the absence of another contraindication
- Hepatitis B or C infection
- Exposure to low-level environmental contaminants
- Alcohol use (limit to an occasional drink)
- Tobacco use (stop smoking or avoid infant exposure)
- Cytomegalovirus (CMV) infection

Appendix B: Recognizing the need for referral to an IBCLC

Situations where a nurse can recognize the need for help and assist the mother	Needs IBCLC consultation with mother in hospital	Needs IBCLC follow-up after discharge
Positioning and latch • Baby's nose is buried in the breast • Baby's chin is too far from the breast • Baby's mouth has a narrow gape • Baby's lip is retracted (weak tone / trying to hold onto breast)	If nurse cannot resolve the situation	If problem is still evident at discharge

Nipple condition
• Mother reports nipple is sore
  • May describe as discomfort when the baby first latches on
  • Pain often results from ineffective positioning and latch
  • All pain should be evaluated
• Nipple appears pinched from poor positioning
• Nipple has poor definition
• Nipple retracts when compressed
	If nurse cannot resolve the situation	If problem is still evident at discharge

Need for mother to pump • Baby not able to go to breast • Baby not feeding effectively • Nurse should set up pump, instruct mother, and refer to IBCLC	IBCLC should see any mother who needs to pump	If mother must continue to pump after discharge
Birth factors • Preterm or late preterm (born at less than 38 weeks gestation) • Birth intervention or trauma • Size: SGA, LGA, or IUGR • Multiple birth	These mothers need referral to an IBCLC	IBCLC needs to follow up with preterm and late-preterm infants
Feeding issues • Persistent sleepiness or irritability • Long intervals between feedings • Inconsistent ability to maintain effective latch • Ineffective suck • Use of artificial feeding method • Previous breastfeeding difficulty • Separation from infant • Mother's perception of insufficient milk	These mothers need referral to an IBCLC	If problem is still evident at discharge
Infant condition • Hypoglycemia • Hyperbilirubinemia • Tight frenulum • Oral abnormality • Neuromotor deficit • Chromosomal abnormality • Acute or chronic illness	These mothers need referral to an IBCLC	IBCLC needs to follow up with infants who have an abnormality, including a tight frenulum that was not clipped and unresolved high bilirubin level
Maternal condition • Absence of prenatal breast changes • Edema (will be present in nipples if experienced in fingers or ankles) • Damaged, cracked, or bleeding nipples • Unrelieved fullness or engorgement • Persistent breast pain • Acute or chronic disease • Medication use • Breast or nipple abnormality • Breast surgery or trauma • Hormonal disorders (PCOS)	These mothers need referral to an IBCLC	IBCLC needs to follow up with any conditions that cause concern about milk production or the mother's health and comfort

Bibliography

Anderson, G.C., et al. (2003). Mother-newborn contact in a randomized trial of kangaroo (skin-to-skin) care. Journal Obstet Gynecol Neonatal Nursing, 32(5), 604-611.

Benis, M.M. (2002). Are pacifiers associated with early weaning from breastfeeding? Adv Neonatal Care, 2(5), 259-266.

Chen, D., et al. (1998). Stress during labor and delivery and early lactation performance. Am J Clin Nutrition, 68, 335-344.

Chiu, S.H., et al. (2005). Newborn temperature during skin to skin breastfeeding in couples with breastfeeding problems. Birth, 32, 115-121.

Cunha, A.J., Leite, A.M., & Machado, M.M. (2005). Breastfeeding and pacifier use in Brazil. Indian J Pediatr, 72(3), 209-212.

Dewey, K.G., Nommsen-Rivers, L.A., Heinig, M.J., & Cohen, R.J. (2003). Risk factors for suboptimal infant breastfeeding behavior, delay of onset of lactation, and excess neonatal weight loss. Pediatrics, 112(3Pt1), 607-619.

Farber, S.G., et al. (2004). The effects of skin to skin contact (kangaroo care) shortly after birth on the neurobehavioral responses of term newborn: A randomized, controlled trial. Pediatrics, 113(4), 858-865.

Fast, J. (1970). Body Language. Pocket Books, New York, NY.

Galligan, M. (2006). Proposed guidelines for skin-to-skin treatment of neonatal hypothermia. MCN, 31(5), 298-304.

Hale, T. (2006). Medications and Mothers' Milk. Hale Publishing, Amarillo, TX.

Hartmann, P.E., et al. (2003). Physiology of lactation in preterm mothers: Initiation and maintenance. Ped Annals, 32(5), 351-356.

Hauck, F.R. (2006). Pacifiers and sudden infant death syndrome: What should we recommend? Pediatrics, 117(5), 1811-1812 (doi:10.1542/peds.2006-0268).

Hilson, J.A., et al. (2004). High prepregnant body mass index is associated with poor lactation outcomes among white rural women independent of psychosocial and demographic correlates. J Hum Lact, 20(1), 18-29.

Howard, C.R., et al. (2003). Randomized clinical trial of pacifier use and bottle feeding or cup feeding and their effect on breastfeeding. Pediatrics, 111(3), 511-518.

Howard, C.R., et al. (1999). The effects of early pacifier use on breastfeeding duration. Pediatrics 103(3), 33.

International Lactation Consultant Association [ILCA]. (2008). Core Curriculum for Lactation Consultant Practice. Rebecca Mannel, Patricia J. Martens and Marsha Walker editors. Jones and Bartlett Publishers, Inc., Sudbury, MA.

Johnson, A.N. (2005). Kangaroo holding beyond the NICU. Pediatric Nursing, 31(1), 53-56.

Karl, D.J., et al. (2006). Reconceptualizing the nurse's role in the newborn period as an "attacher." MCN, 31(4), 257-262.

Kramer, M.S., et al. (2001). Pacifier use, early weaning, and cry/fuss behavior: A randomized controlled trial. JAMA, 18:286(3), 322-326.

Lauwers, J. & Swisher, A. (2005). Counseling the Nursing Mother: A Lactation Consultant's Guide. Jones and Bartlett Publisher's, Inc., Sudbury, MA.

Ludington-Hoe, S.M., et al. (1994). Kangaroo Care: Research results, and practice implications and guidelines. Neonatal Network, 13, 19.

Martinez-Sanchez, L., et al. (2000). Pacifier use: Risks and benefits. An Exp Pediatr, 53(6), 580-585.

McCann, M.F., Baydar, N., & Williams, R.L. (2007). Breastfeeding attitudes and reported problems in a national sample of WIC participants. J Hum Lact, 23(4).

Meyer, K., et al. (1999). Using kangaroo care in a clinical setting with full term infants having breastfeeding difficulities. MCN, 24(4), 190-192.

Rasmussen, K.M. (2004). Pre-pregnant overweight and obesity diminish the prolactin response to suckling in the first week postpartum. Pediatrics, 113, 465.

Righard, L. & Alade, M. (1990). Effect of delivery room routines on success of first breastfeed. Lancet, 336, 1105.

Roller, C.G. (2005). Getting to know you: Mother's experience of kangaroo care. JOGNN, 34(2), 210-217.

Venancio, S.I., et al. (2004). Kangaroo mother care: Scientific evidence and impact on breastfeeding. J Ped (Rio J), 80(5 supplement), 173-180.

Victora, C.G., et al. (1999). Pacifier use and short breastfeeding duration; Cause, consequence or coincidence? Pediatrics, 3, 445-453.

Widstrom, A.M., et al. (1990). Short term effects of early suckling and touch of the nipple on maternal behavior. Early Human Devel, 21, 153-163.

World Health Organization [WHO]. (2003). Kangaroo Mother Care: A Practical Guide. WHO Department of Reproductive Health and Research, Geneva, Switzerland.

Post Test Answet Key			
1. A	7. B	13. B	19. D
2. B	8. D	14. A	20. A
3. D	9. C	15. C	21. C
4. B	10. A	16. A	22. A
5. A	11. C	17. D	23. D
6. C	12. D	18. B	24. D

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Breastfeeding Best Practice: Teaching Latch and Early Management

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Evaluation: Please circle the appropriate response below.

Disagree				**Agree**	
1	**2**	**3**	4	**5**	The program's content was clear and relevant to clinical practice.
1	**2**	**3**	4	**5**	Test questions were appropriate to the material presented.
1	**2**	**3**	4	**5**	My personal objectives were met.
Disagree				**Agree**	**I was able to achieve the module's learning objectives.**
1	**2**	**3**	4	**5**	Use effective communication with women and families from preconception through weaning
1	**2**	**3**	4	**5**	Help women initiate breastfeeding and learn effective feeding techniques
1	**2**	**3**	4	**5**	Help infants achieve an effective latch for breastfeeding and identify signs of milk transfer
1	**2**	**3**	4	**5**	Provide anticipatory guidance and follow-up to empower mothers and families

Circle the number of hours it took to complete the module: 1 **2** **3** 4 **5**

Answer Post-Test Here (circle the correct letter)

1. A B C D	7. A B C D	13. A B C D	19. A B C D
2. A B C D	8. A B C D	14. A B C D	20. A B C D
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