

Introduction

As a result of recommendations from leading medical and regulatory organizations, most hospitals are striving to increase their initiation and exclusive breastfeeding rates, while many seek to acquire and maintain “Baby Friendly” certification. Hospitals are also increasingly focused on providing family-centered healthcare that provides evidence-based information and respects their patients’ health decisions. This eCourse was developed with these goals in mind, within the framework of a collaborative care model among the healthcare team in order to improve overall breastfeeding outcomes.

This guide is designed to provide educators and other leaders in your organization with strategies and group activities to enhance and personalize learning related to the online modules. Feel free to adapt these ideas to the needs of your staff and organization. If you are not certain how your staff learns best, survey them to find out the most effective approach that will result in the best outcomes.

Target Audience

These modules are designed for use with any hospital staff that cares for mothers and their newborns from admission through the early postpartum period. Those who may find these modules useful include physicians, nurses, and ancillary staff working in the labor, postpartum, and NICU areas of the hospital.

Technical Requirements for the eCourse

- Desktop computer or laptop (PC or Mac)
- Internet connection (fast speed recommended)
- Any up-to-date browser (e.g., Internet Explorer, Firefox, Chrome)
- Computer with speakers or headphones
- For PCs: set the computer display to “Smaller—100%”(to do this, access your computer’s “Control Panel” from the start menu button in the lower left corner and select “Display”)
- Printer connection (if printing “Practice Tools”)



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Course Overview & Learning Objectives

The eCourse takes about 90 minutes to complete and is divided into four 20-minute modules. The modules are designed to be viewed sequentially to follow the mother's progress from hospital admission through delivery and the early postpartum hospital stay. Because of the emphasis on collaborative care, each staff should review all of the modules, no matter their role or touch point with patients.

- **Introduction (7 minutes)**
- **Module 1: 10 Steps Overview and Communication (20 minutes)**
 - List 10 evidence-based strategies that increase initiation and exclusive breastfeeding rates
 - List strategies that facilitate collaboration among team members
 - Use effective communication techniques with breastfeeding women and families
- **Module 2: Labor and Birth (20 minutes)**
 - Describe labor situations that optimize breastfeeding and those that may require extra support for the mother
 - Explain why the first hours after birth are considered a sensitive period and describe biological programming
 - Help mothers initiate immediate skin-to-skin care after vaginal or cesarean birth
- **Module 3: Days 1 to 3 Postpartum (20 minutes)**
 - State four hospital practices that support exclusive breastfeeding postpartum
 - Show mothers how to recognize early hunger signs
 - Describe signs of an effective latch
 - Provide anticipatory guidance and resources at discharge
- **Module 4: Expressing Milk (20 minutes)**
 - List reasons mothers might need to hand express or pump
 - Help mothers express milk by hand
 - Show mothers how to use a pump and optimize pumping sessions
 - Describe strategies to safely handle and store expressed milk

This eCourse includes the following *Practice Tools*, which are PDFs that can be printed and downloaded for use in everyday practice.

- Baby's Daily Breastfeeding Log (Parent Handout)
- Breastfeeding Algorithm Tool
- Expressing Milk by Hand (Parent Handout)
- LATCH Assessment Tool
- Milk Storage Guidelines
- Pumping and Breastfeeding (Parent Handout)
- Scripted Messages to Common Patient Concerns
- Skin-to-Skin Care at Birth: Nursing Task Checklist
- Skin-to-Skin Care for Your Newborn (Parent Handout)
- Words Have Meaning: Terms to Use When Teaching Breastfeeding

Continuing Education

Continuing education credit (1.5 contact hours) is available through ILCA.

ILCA is a long-term provider with the International Board of Lactation Consultant Examiners (IBLCE) for Continuing Education Recognition Points (CERPs), Approval # CLT-108-7.

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

The CE form is available on the final page of the eCourse. Fees apply.

Facilitator Preparation

Facilitators should complete all modules before disseminating the program to staff members. Provide a deadline to staff for the completion of the online modules when they are distributed.

It is important that the facilitator be prepared to answer questions specific to their hospital and community setting. For example, be prepared to share your hospital's breastfeeding rates and goals in order to put these in context with the information provided in the modules.

If not already available, consider creating a list of hospital and community resources related to breastfeeding support and follow-up post discharge that can also be shared with patients, including breast pump rental resources. The bibliography at the end of this guide lists several resources that will help you in obtaining this information. Your local Women, Infants and Children (WIC) office is also a place that can provide useful information related to the various support groups available in your community.

Teaching Strategies & Group Activities

The online modules can stand alone to provide education about strategies to increase exclusive breastfeeding rates. To further enhance learning and retention, consider combining the online modules with the suggested activities below:

- **Group presentation/discussion:** Schedule a group session after everyone has completed the online modules to allow for a follow-up discussion. At the group session, you could view all or portions of the modules together with a projector, which allows the opportunity to pause and discuss specific issues unique to your facility. For example, discussing with the group current work flows and practices related to uninterrupted skin-to-skin contact immediately after birth for at least an hour or until the first breastfeed would help identify areas for improvement and consistency of care.
- **Case studies/role playing:** Reviewing the module case studies in a group is another strategy that could be used to increase retention, stimulate discussion, reinforce salient points, and allow staff to practice what was learned online. Having the staff "play" the roles of mother and nurse in these case study scenarios is another teaching strategy that promotes active participation and may reveal other issues specific to your clinical environment and patient population. See page 5 of this guide for the case studies described in the course along with an extra one for each module. You can print copies of that page to distribute and use as a guide during the group session. You can also ask the staff to think about other challenging interactions for these role play exercises. For example, after discussing Module 1, the nurses could practice the 3-Step Counseling Strategy. They could use the case study of Gina and the *Scripted*

Messages to Common Patient Concerns Practice Tool used in the module to set the stage on how best to respond to mothers who are reluctant to try breastfeeding.

- **Simulation:** Another effective teaching strategy is simulation, whereby a process or situation is acted out by the participants. A useful simulation might be to set up a situation where one of the staff could be the mother who has just given birth and another staff member would act as the nurse who is placing the infant skin to skin with the mother. This exercise could be very helpful in identifying barriers with staff who have not incorporated skin-to-skin care into their practice. This simulation can help develop new workflows to determine what newborn tasks can be done while the baby is being held skin to skin and what tasks can be delayed until later.
- **Skills fair/competency check-off:** Nursing staff are very familiar with the process of being checked off on new procedures and equipment. A skills fair facilitated by an IBCLC that provides hands-on experience with equipment (e.g., breast pumps), devices (e.g., nipple shields) or procedures (e.g., hand expression) allows staff to obtain exposure to these strategies with support from those who are knowledgeable in their application. This type of activity would enhance the content presented in Modules 3 and 4. A skills fair “station” could be created for each skill so that the nurses can “see one, do one, teach one.” Each station would have a facilitator (staff educator/IBCLC) to demonstrate the skill/equipment. The staff person would perform the skill, and then teach the facilitator how to do it as if she were the patient. An example of a form you can use to facilitate the skills fair is included on page 7 of this guide.

Applying Adult Learning Principles to Group Activities

An effective instructor understands how adults learn best. Compared to children and teens, adults have special needs as learners. The teaching strategies suggested above are based on adult learning theory. These principles state that adults:

- Want to know why they should learn
- Need to be free to direct themselves
- Bring experience to learning
- Are practical and focus on information most useful to them in their work
- Are relevancy-oriented and must see the reason for learning something
- Are goal-oriented and want to see how the information will help them attain their goals

By incorporating these principles into the educational activities you plan for your staff, you are more likely to create a relevant and valuable learning experience.

Another important principle of adult learning is reaching a variety of learning styles. Adults retain approximately 10 percent of what they see; 30 to 40 percent of what they see and hear; and 90 percent of what they see, hear, *and* do. Although adults have the capability to learn by all three styles, they are usually dominant in one. Therefore, it's important to engage diverse learning styles into your educational materials and teaching.

Correct Responses to Case Studies

1. C, 2. B, 3. A, 4. C, 5. B, 6. B, 7. C, 8. C (See pages 5-6 for Case Studies)

Case Studies

- 1. Gina (choosing to formula feed):** Gina is a 19-year-old single mother expecting her first baby. At the time of admission to the hospital for an induction, she expresses her desire to formula feed. How would you respond and why? Also discuss your next actions.
 - a. Document Gina's decision to formula feed in the medical record and finish the admission process.
 - b. Tell Gina that hospital policy requires her to try to breastfeed.
 - c. Acknowledge Gina's wish, and ask if she understands why breastfeeding is important to her baby.
- 2. Maria (concerned about making enough milk):** Maria is a primiparous mother admitted to the antepartum unit for observation due to preterm labor. Maria states she wants to breastfeed but is afraid that she won't make enough milk. How would you start a conversation with her? Also discuss your next actions.
 - a. State that some women are unable to make enough milk for their babies.
 - b. Acknowledge that many women are concerned about their ability to make enough milk for their baby.
 - c. Explain that if she delivers prematurely it is likely that she will not be able to make enough milk for her baby.
- 3. Jennifer (concerned about returning to work):** Jennifer is scheduled for a cesarean delivery of her second child. When you ask if she plans to breastfeed, she states that she wants to formula feed because she needs to go back to work right away and wants to get the baby used to taking a bottle. How would you respond and why? Also discuss your next actions.
 - a. Acknowledge her concerns and ask if she would be open to talking about options for working mothers that would include breastfeeding.
 - b. Document in the chart that she plans to formula feed and move on to the next question.
 - c. Explain that pumping and then feeding her expressed breast milk would be a better decision for her baby.
- 4. Manuela (concerned about modesty):** Manuela is hesitant to try skin-to-skin care immediately following delivery because of modesty issues. Select the best response below. Also discuss your next actions.
 - a. "I can understand your reluctance to be exposed. You don't have to do it."
 - b. "I can understand your reluctance to be exposed. I will do everything I can to avoid exposing you."
 - c. "I can understand your reluctance to be exposed. We can place a towel over most of your exposed skin and still have this important, special time with your baby."

5. **Dawn (nauseous after cesarean surgery):** Dawn just had an elective cesarean delivery. Her newborn has been placed skin to skin on her chest. After approximately 10 minutes, she is complaining of nausea. What would be the best response by the staff? Also discuss your next actions.
- Immediately remove the infant from the mother's chest.
 - Ask the mother if she would like to reposition the infant on her chest.
 - Ask the mother if she would like the infant removed from her chest and have the father hold the baby skin to skin until she feels better.
6. **Diane (concerned about too frequent feeds):** Diane is a first-time mother who is concerned that her baby is feeding too frequently, sometimes after only an hour interval. She states that her baby is using her as a pacifier. Choose the best response below. Also discuss your next actions.
- "Many women have this concern. Your baby is feeding frequently because you are making small volumes of milk at this time."
 - "Many women have this concern. Your baby's frequent feedings are due to his small stomach size. His sucking is the way your body knows to make more milk."
 - "Many women have this concern. You can limit feedings to every three hours."
7. **Nicole (ineffective breastfeeding):** Nicole, a first time mother, delivered a healthy baby boy by cesarean two days ago. He latches on to the breast, but falls asleep after a few sucks. She wants to exclusively breastfeed, however she is concerned her baby is not breastfeeding well. Select the best response below. Also discuss your next actions.
- "Don't worry, he will breastfeed when he gets hungry enough."
 - "This is fairly common. He will breastfeed better when your milk comes in."
 - "Some babies take a little longer to get breastfeeding started. We can try hand expressing milk to encourage him to latch and also start pumping to protect your milk production."
8. **Beth (hypoglycemia):** Beth's 12-hour old infant has been diagnosed with hypoglycemia. She states that she wants to breastfeed exclusively and avoid using bottles. After several unsuccessful attempts to breastfeed, the pediatrician has ordered supplementation. What would be your response to the pediatrician and next steps?
- No need to contact the doctor, just follow the supplementation order.
 - No need to contact the doctor, just follow the mother's wishes and do not supplement.
 - Contact the doctor, inform her of the mother's wishes, and develop a plan that meets the needs of both.

NURSING Lactation Support Competency Validation

Employee Name: _____ () L&D () MBU () NICU

Annual Evaluation Date: _____

Evaluator/Preceptor Name: _____

COMPETENCY	Codes for Self Assessment: 0 = No prior experience 1 = Limited experience 2 = Comfortable performing independently			Codes for Evaluator Method: O = Observation S = Simulation/Demonstration V = Verbalization			Codes for F/U Recommendations: NO = No follow up necessary IP = Improvement plan developed/discussed LC = Time scheduled with LC to improve in this area		
	SELF ASSESSMENT			EVALUATOR ASSESSMENT			FOLLOW UP RECOMMENDATIONS		
	Assessment Code	Date	Employee Initials	Method	Date	Evaluator Initials	Recom. F/U	Date	Evaluator Initials

POSITIONING (Required: verbalize understanding/rationale, demonstrate and observe feeding session with patient)

Preparing for feed- feeding cues, skin to skin, infant self-attachment concept									
Cross cradle hold									
Football hold									
Cradle hold									
Side lying									

ASSESSING EFFECTIVE LATCH ON (Required: verbalize understanding/rationale)

Look - visual signs of effective latch/shape of nipple upon release									
Listen - audible signs									
Feel - mother's description									

ASSESSING BREASTFEEDING ADEQUACY (Required: verbalize understanding/rationale)

Mother, first 3 days									
Mother, post-discharge guidelines									
Infant, first 3 days									
Infant, post-discharge guidelines									

MILK EXPRESSION GUIDELINES (Required: verbalize understanding/rationale, demonstrate hospital-grade pump set-up)

Indications for milk expression by hand and pump									
Hand expression technique									
Pumping guidelines									
Hospital-grade pump set-up & supplies									
Milk storage guidelines									
Pump rental information/ resources									

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Association of Women's Health, Obstetric and Neonatal Nursing. <https://www.awhonn.org>

Baby-Friendly USA. <https://www.babyfriendlyusa.org/>

Breastfeeding. Office on Women's Health, U.S. Department of Health and Human Services. www.womenshealth.gov/breastfeeding

Breastfeeding Report Card. National Center for Chronic Disease Prevention and Health Promotion.

<http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

The Joint Commission. Perinatal Core Measures. http://www.jointcommission.org/perinatal_care/

International Lactation Consultant Association. <http://www.ilca.org>

United States Breastfeeding Committee. Toolkit: Implementing The Joint Commission's Perinatal Care Core Measure on Exclusive Breastfeeding. <http://www.usbreastfeeding.org/HealthCare/HospitalMaternityCenterPractices/ToolkitImplementingTJCCoreMeasure/tabid/184/Default.aspx>

World Health Organization. <http://www.who.int/topics/breastfeeding/en/>

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