Introduction

Breastfeeding is a health imperative promoted by major policy-setting medical organizations, including the U.S. Surgeon General’s Office, 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 babies, healthcare professionals have the crucial role of helping families achieve their breastfeeding goals.

Whether you work in a hospital, clinic, physician practice, or health department or WIC office, 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.

Early Breastfeeding Challenges is a joint production of InJoy Birth & Parenting Education and The International Lactation Consultant Association (ILCA). InJoy Birth & Parenting Education has been producing 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 health care professionals who care for breastfeeding families. ILCA’s mission is to advance the profession of lactation consulting worldwide through leadership, advocacy, professional development, and research.
Application

This program is intended for nurses, lactation consultants, health department (WIC) counselors, dieticians, physicians, midwives, and others who form a part of a breastfeeding mother's healthcare team. Caregivers can view the program on their own or in groups led by a facilitator. Case studies found in this guide allow the facilitator to assist viewers in applying critical thinking skills for each module. Facilitators are encouraged to include additional case studies or clinical examples that reinforce the information presented. 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

After the program is purchased, continuing education credit is available through ILCA.

ILCA is a long-term provider with the International Board of Lactation Consultant Examiners (IBLCE) for Continuing Education Recognition Points (CERP), Approval # 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 (pg. 9) and continuing education form (pg. 16) 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 percent. Upon successful completion, a certificate of completion will be emailed to the learner. Contact ILCA's Education Coordinator at 919.459.2075 or at education@ilca.org with questions about the process for obtaining continuing education credit.

Send the continuing education form and payment to:

ILCA Continuing Education
2501 Aerial Center Pkwy, Suite 103
Morrisville, NC 27560
Fax: 919.459.2075

Learning Objectives

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

- Help mothers who experience problems with milk production or transfer, and with other newborn feeding issues
- Help mothers who experience nipple pain or other early maternal challenges
- Help mothers manage engorgement, plugged ducts, and mastitis

Acknowledgments

Written by
Judith Lauwers, BA, IBCLC, FILCA
Anna Swisher, MBA, IBCLC

Reviewed by
Rebecca Mannel, BS, IBCLC, FILCA

Disclaimer

This DVD series presents general methods and techniques of practice that are currently acceptable, 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.
Module 1: Newborn Challenges

CASE STUDY 1:

Silvia delivered at 38 weeks after receiving magnesium sulfate during an induced labor for hypertension. Baby Daniela nursed briefly at one hour after delivery with constant stimulation to keep her awake. At six hours post delivery, Silvia is struggling with waking Daniela for feedings. When Daniela latches, she quickly falls asleep at the breast. Based on what you have learned in this module, how can you best help Silvia?

RECOMMENDATIONS:

- Affirm to Silvia that Daniela’s sleepiness is a temporary state that will pass.
- Teach Silvia hand expression, and suggest that she express colostrum into a spoon or a cup. Show her how to feed the milk to Daniela with a spoon, cup, syringe, or medicine dropper.
- Emphasize to Silvia that normal newborn intake is only 5-7 ml per feeding the first day of life.
- Encourage Silvia to watch Daniela for signs of rousing as time progresses.
- Encourage skin-to-skin care to facilitate Daniela’s innate feeding behaviors.

PLAN OF CARE:

- Keep Daniela skin-to-skin as much as possible to stimulate her to wake and nurse.
- Respond to any signs of waking; try to rouse Daniela every 2-3 hours.
- Hand express colostrum and supplement if Daniela does not latch and breastfeed robustly.
- Contact an IBCLC if Daniela continues to have feeding difficulty beyond eight hours after birth.
- If there is no effective feeding within 12-24 hours, initiate pumping (hospital policies vary) in addition to hand expression.

FOLLOW-UP:

- If Daniela rouses and begins to breastfeed well within 24 hours, offer Silvia reassurance and anticipatory guidance about the normal frequency of feedings, voiding and stooling, and expected onset of lactogenesis II.
- If Daniela remains sleepy with ineffective breastfeeding at 24 hours, continue to supplement with Silvia’s milk. Physician assessment will be needed to rule out other possible medical conditions.
- Refer Silvia to post-discharge lactation support (hospital outpatient lactation services, community practice IBCLC, or WIC office if eligible).

CASE STUDY 2:

Sam was born at 36 weeks gestation after spontaneous labor. His birth weight is 5 lb 2 oz (2268 gm). You observe at the first feeding that Sam is having difficulty latching. He roots for the breast but cannot seem to achieve a deep latch and suck. His mother, Bethany, states concern that he does “not want to breastfeed.” She wonders aloud if “he likes it?” Based on the information you have learned in this module, how can you help Bethany to understand Sam’s behavior and initiate breastfeeding?

RECOMMENDATIONS:

- Teach parents about late preterm behaviors, especially feeding behaviors. These include sleepiness, limited cueing, difficulty maintaining a latch, and ineffective sucking. Reassure Bethany that Sam will most likely be nursing well by his due date.
- Encourage Bethany to hold Sam skin to skin and watch for subtle hunger signs.
- Help Bethany anticipate a pattern of frequent, brief feedings. She will need to wake Sam for feedings, and he may fall asleep after 5-10 minutes.
• Assess a feeding. If Sam is unable to latch, use of a nipple shield may hold the breast rigid and help him maintain negative intra-oral pressure. Teach Bethany how to apply the nipple shield, and have her give a return demonstration. Assess Sam’s feeding with a shield and refer Bethany to an IBCLC for a follow-up.

• Stress to Bethany that early and complete milk removal is essential to establishing good milk production. Many mothers of late preterm infants need to initiate pumping with a hospital-grade pump if the infant fails to establish adequate feedings, so feedings should be monitored closely.

• Teach Bethany how to hand express, and suggest that she express after breastfeeding and feed her milk to Sam via an alternative feeding method. Hand expression, coupled with pump expression, has been shown to increase milk production in mothers of preterm newborns.

• Assess feeding intake with ac/pc weights on a high-caliber digital scale prior to discharge. This assessment will help determine how much supplementing Sam may require.

• Once lactogenesis has occurred, Bethany may have more milk than Sam needs. Teach her safe collection and storage methods.

**PLAN OF CARE:**

• Hold Sam skin to skin as much as possible until his due date.

• Watch Sam for subtle hunger signs and rouse him as necessary to ensure 8-12 breastfeeds in 24 hours.

• Use a nipple shield to help Sam latch if needed.

• Hand express and/or pump after most feedings to protect milk production. Feed Sam the expressed milk via the feeding method the parents desire.

• Freeze any excess expressed milk Sam does not need.

**FOLLOW-UP:**

• Emphasize to the parents the need for a late preterm baby to have close healthcare provider follow-up. These babies are at higher risk for hospital readmissions. Encourage the parents to schedule an appointment with the care provider within two days of discharge.

• Refer Bethany to outpatient lactation services, community IBCLC, or a WIC office if eligible, to facilitate transitioning from supplementing to full direct breastfeeding, including discontinuing nipple shield use and pumping.
**Module 2: Maternal Challenges**

**CASE STUDY:**

Danica had a cesarean delivery at 39 weeks gestation after a failed 14-hour elective induced labor where she received five liters of IV fluids. Her baby, James, had a good first feed at about two hours after delivery but has had difficulty latching for the last two feedings. Danica is complaining of sore nipples. You observe that her feet, hands, and face are edematous. How can you best help Danica based on what you have learned in this module?

**RECOMMENDATIONS:**

- Describe to Danica how edema occurs throughout her body and how it can also occur in her breasts. Ask her if her breasts look different than they did before the baby’s birth.

- Demonstrate how to relieve fullness around the areola with reverse pressure softening, and have Danica give a return demonstration.

- Observe James as he latches and breastfeeds. Emphasize the need for a deep, asymmetric latch.

- Teach Danica hand expression to help relieve pressure around the areola.

- Refer to the IBCLC if use of reverse pressure softening and deep-latch positioning do not help James latch and feed well.

**PLAN OF CARE:**

- Use reverse pressure softening and/or hand expression to reduce pressure around the areola and improve latch.

- Position James so that he achieves a deep asymmetric latch. Holding him cross-cradle and compressing the breast into a “sandwich” may be helpful.

- Contact an IBCLC if these techniques don’t help James feed well.

**FOLLOW-UP:**

- Continue to assess feedings while Danica and James are in the hospital.

- For post-discharge support, refer Danica to outpatient lactation services, a community IBCLC or a WIC clinic if eligible.
Module 3: Milk Production and Transfer

CASE STUDY:

Baby Michael is found to be 11 percent below birth weight at his two-week wellness check. He has had three yellow, strong, concentrated voids and one scant stool in the past 24 hours. His mother, Kendra, states that he eats all the time and cries when he is not nursing. During the breastfeeding assessment, you learn that Kendra was diagnosed with polycystic ovary syndrome (PCOS) five years ago and that she noticed no increase in breast size during pregnancy. How can you best help Kendra based on what you have learned in this module?

RECOMMENDATIONS:

- Michael needs to be evaluated by his physician immediately.
- Use counseling skills to educate Kendra about the association between polycystic ovary syndrome and low milk production.
- Encourage Kendra to continue breastfeeding while Michael receives supplementation for calories. If donor milk is not an option, Michael will require artificial baby milk. Help Kendra determine what feeding method she wants to use for supplementation. Instruct her on supplementation method and amounts.
- Teach Kendra about amounts to supplement and feeding frequency, as well as normal voiding/stooling patterns.
- Refer Kendra to her primary care provider for hormonal screening and possible galactogogues to stimulate milk production, and refer her to an IBCLC for a plan of care. Some mothers find that additional stimulation through pumping helps increase milk production. If Kendra wants to pump, help her initiate pumping.
- Refer Kendra to hospital outpatient LC services, a community IBCLC, or a WIC clinic if eligible, for ongoing help to maximize milk production.

PLAN OF CARE:

- Contact Michael’s physician immediately for an appointment.
- If it is determined that increased calories are the only necessary intervention, choose supplementation options (donor milk or artificial baby milk) and supplementation methods (syringe, cup, or bottle).
- Ask primary care provider to perform hormonal screening and possible galactogogues.
- Contact an IBCLC for ongoing help to maximize milk production.

FOLLOW-UP:

- Michael will need frequent weight checks to assure that he is gaining weight adequately.
- Encourage Kendra to connect with a local breastfeeding support group for emotional support.
Module 4: Discharge Planning

Marie, a first-time 20-year-old mother, delivered Zoe five days ago. She calls complaining that her breasts feel like they “will explode.” Zoe is fussy when trying to latch and hasn’t had a good feed for five hours. Marie asks what kind of formula she should give Zoe and how she can get rid of the fullness in her breasts. How can you best help Marie based on what you have learned in this module?

RECOMMENDATIONS:

• Explain to Marie that she is experiencing engorgement and that it can be resolved within 24-48 hours.

• Ask open-ended questions to determine if Marie wants to continue to breastfeed.

• Urge Marie to get in-person help. If she is unable to see a care provider, walk her through the following suggestions:
  
a. She may use comfortably-hot compresses on breasts, followed by massage and hand expression, to soften her breasts enough for Zoe to latch.

b. Reverse pressure softening, discussed in Module 2, may help reduce pressure around the areola to aid Zoe in latching.

c. After Zoe is latched, Marie may use breast compression/massage to help move milk out and soften the breasts while she is breastfeeding.

d. After Zoe has nursed, Marie may wish to hand express a little more milk. Placing ice packs or a bag of frozen vegetables on her breasts may be comforting. If Marie is taking ibuprofen for postpartum pain, it may also help to reduce breast inflammation.

• Emphasize to Marie that she needs Zoe to breastfeed very frequently (10-12 times in 24 hours) over the next 24-48 hours, to keep her breasts from getting so hard. Hand expressing or pumping briefly after nursing can also help relieve fullness.

• If Zoe still cannot latch, or Marie cannot remove milk after following the above measures, she needs to be seen by an IBCLC.

PLAN OF CARE:

• Soften the breasts by reverse pressure softening, hand expression, and using comfortably-hot compresses and massage.

• Help Zoe get as deep a latch as possible. Breast massage while she is breastfeeding also may help.

• Breastfeed very frequently until engorgement passes—10-12 times or more per 24 hours.

• Applying cold packs to the breasts after nursing may be comforting.

• Ask healthcare provider about taking ibuprofen.

FOLLOW-UP:

• Ask Marie to call back with an update in 24 hours, or ask permission to contact her.

• Refer Marie to community lactation resources, and urge her to be seen in person if the engorgement doesn’t resolve within 24 hours.
Case Study References

Module 1: Newborn Challenges

CASE STUDY 1:


CASE STUDY 2:


Module 2: Maternal Challenges


Module 3: Milk Production and Transfer


Module 4: Discharge Planning


Post-Test

MANAGING EARLY BREASTFEEDING CHALLENGES

NOTE: Read the questions carefully and be mindful of such words as “EXCEPT”, “LEAST”, and “NOT” to make sure you are answering what the question asks.

To receive continuing education credit, record your answers on the Answer Sheet and submit it with payment to ILCA.

1. Mothers who experience medicated births often have newborns that:
   A. Have difficulty maintaining body temperature
   B. Are too sleepy to latch and suck in the early days
   C. Reject being held skin to skin with the mother
   D. Breastfeed best when held in the cradle position

2. When held skin to skin:
   A. The baby’s legs and arms should be at his side
   B. The baby will sleep for longer periods of time
   C. The baby should be held upright between the breasts
   D. The baby should be held in the fetal position

3. Nursing in a laid-back breastfeeding position stimulates a baby’s innate feeding reflexes. A mother will need help with this position if:
   A. Her angle causes the baby to fall away from the breast
   B. She places the baby prone on top of her breast
   C. The baby’s head is higher than his torso
   D. Gravity keeps the baby’s weight against the mother

4. Which of the following puts a newborn at the lowest risk of jaundice?
   A. Being born between 36-37 weeks gestation
   B. Early, uninterrupted breastfeeding
   C. Giving formula after breastfeeding
   D. Being Asian
5. Which is the LEAST recommended method of supplementing a breastfed baby?
   A. A device at the breast
   B. A cup or spoon
   C. Finger feeding with a syringe
   D. A bottle

6. Which of these situations can be handled without referral to an IBCLC?
   A. Baby is sleepy and has not fed after two skin-to-skin contact sessions
   B. Baby has difficulty latching and causes nipple pain for the mother
   C. Mother has difficulty finding a comfortable position for feedings
   D. Mother’s situation has not improved within 24 hours after receiving help

7. Features of an asymmetric latch include all of the following EXCEPT:
   A. The baby is held with his nose aligned with the nipple
   B. The baby’s chin and jaw will reach the breast first
   C. More areola shows below than above
   D. The baby is able to get a deep latch

8. Use of a nipple shield is NOT appropriate in which of the following situations?
   A. To help a baby maintain a latch and suck
   B. To help a late preterm infant with feedings
   C. To help a nipple-confused baby
   D. To avoid initial tenderness in early feedings

9. Natalie delivers baby Mason at 36 weeks gestation. What anticipatory guidance is appropriate for preparing Natalie what to expect with breastfeeding?
   A. Mason’s early feedings will be no different than those of a baby born at 40 weeks
   B. Mason is prone to short feedings and may fall asleep at the breast
   C. Being held skin to skin will be too tiring for Mason
   D. Mason’s hunger signs will become more obvious by discharge
10. Flattened nipples can result from any of the following EXCEPT:
   A. Prenatal expression of colostrum
   B. Edema associated with intravenous fluids
   C. Pregnancy-induced hypertension
   D. Increased breast fullness with lactogenesis II

11. Which of the following would be recommended as a last resort for a baby that has difficulty latching on to a full breast?
   A. Express some milk before the feeding
   B. Use reverse pressure softening
   C. Use a nipple shield for the feeding
   D. Use an asymmetrical latch

12. Which of the following indicates a mother needs help with feedings?
   A. The mother and baby are closely aligned
   B. The mother brings her breast to the baby
   C. The baby’s nose is level with the breast
   D. The baby’s entire body faces the breast

13. Which of the following is an element of an ineffective latch?
   A. Baby’s mouth is open wide
   B. Baby’s chin indents the breast
   C. Baby’s lips are flanged outward
   D. Baby’s cheeks dimple with sucking

14. Which of the following is MOST helpful to a mother who worries that she is not making enough milk?
   A. Help her with renting an electric breast pump
   B. Tell her that a newborn’s stomach is very tiny
   C. Teach her how to recognize signs of adequate intake
   D. Tell her that babies digest breastmilk quickly
15. Which of the following is NOT a sign that a baby is receiving enough milk?
   A. Baby has 6 to 8 wet and 3 soiled diapers daily by Day 5
   B. Baby regains birth weight at 3 weeks
   C. Baby comes off the breast on his own
   D. Baby has periods of sleep and quiet alertness between feedings

16. Which of the following places a mother at risk for ongoing low milk production?
   A. Obesity
   B. Nipple soreness
   C. Long labor
   D. Mastitis

17. Which of the following would be LEAST helpful to a mother at risk for limited milk production?
   A. Practice frequent feeding or milk expression
   B. Have partner feed baby at night feeding
   C. Monitor baby’s output and weight
   D. Hold baby skin to skin as much as possible

18. Which of the following is a sign that the baby is transferring milk adequately?
   A. Urine that is strong-smelling or dark yellow
   B. Black, tarry stools on day 5
   C. Baby sleeps for periods of 4-5 hours
   D. Baby has weight gain of 4-8 ounces per week

19. A description of hand expression includes:
   A. Support breast with opposite hand
   B. Place fingers slightly behind the nipple
   C. Push in toward the chest and compress
   D. Slide fingers forward to end of the nipple
20. Milk expression should begin:
   A. Within 6-12 hours after delivery for an infant in the NICU who cannot go to breast
   B. Within 48 hours after delivery for a healthy, full-term infant who does not transfer milk
   C. For a mother whose nipples remain painful and appear damaged at discharge
   D. For a mother who worries that she is not producing sufficient milk

21. A technique that helps mothers manage engorgement is to:
   A. Apply cold compresses prior to feeding
   B. Express to soften the areola and help with latch
   C. Apply warm moist heat after the feeding
   D. Reduce the frequency of feedings

22. Stephanie delivered baby Rebecca 3 weeks ago. She calls the breastfeeding hotline because she feels that she is coming down with the flu. She asks if it is safe for her to continue to breastfeed Rebecca while she is sick. Your BEST response is:
   A. Telling her that Rebecca has already been exposed to her germs so it is safe to nurse
   B. Informing her that she will pass antibodies to Rebecca so breastfeeding is what is best for her
   C. Asking her how her breasts feel
   D. Asking her how many times Rebecca breastfed the day before

23. A mother with mastitis needs to:
   A. Take antibiotics until the symptoms disappear
   B. Nurse frequently and effectively to consistently remove milk
   C. Express milk after every feeding
   D. Apply warm moist heat to increase milk flow
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—interrupt during acute phase; pasteurized mother’s milk can be fed to baby
- Mother infected and baby not exposed—interrupt until mother treated and no longer contagious (2 weeks); baby can received expressed milk
- Active varicella
- Mother and baby infected—interrupt during acute phase; pasteurized mother’s milk can be fed to baby
- Rash develops within five days prior to two days after birth—interrupt until no longer contagious; baby can received expressed milk

Contraindications to Breastfeeding for the Infant

- Galactosemia

These Conditions 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)
- Nicotine patch and gum are not contraindicated (caution mother to not smoke and to use these agents)
- Cytomegalovirus (CMV) infection

Post-Test Answer Key

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
## Appendix B: Situations That Require IBCLC Referral

<table>
<thead>
<tr>
<th>Situations where a nurse can recognize the need for help and assist the mother</th>
<th>Needs IBCLC consult with mother in hospital</th>
<th>Needs IBCLC follow-up after discharge</th>
</tr>
</thead>
</table>
| **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 lips are retracted or compressed (weak tone/trying to hold on to breast)  
- Baby's chin is pushed into his chest  
- 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 bruising, blisters, cracking, or bleeding is observed  
- If problem is still evident at discharge | | |
| **Need for mother to pump**  
- Baby not able to go to breast  
- Baby not feeding effectively  
- Baby in NICU  
- Nurse can 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 < 38 weeks gestation)  
- Birth intervention or trauma  
- Size: SGA, LGA, or IUGR  
- Multiple birth  
- These mothers need referral to an IBCLC  
- IBCLC 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 (if in fingers and ankles will be present also in nipples)  
- 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 | | |
## CONTINUING EDUCATION CREDIT APPLICATION

*Managing Early Breastfeeding Challenges*

Approved for 1.5 L-CERP/contact hour (90-minute units)

Cost: ☐ US $15 (ILCA member) ☐ US $30 (Nonmember)

Send form with payment to: ILCA Continuing Education, Suite 103, 2501 Aerial Center Pkwy, Morrisville, NC 27560, USA.

<table>
<thead>
<tr>
<th>Name</th>
<th>ILCA Membership Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>Country</th>
<th>Postal/Zip code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
<th>E-mail</th>
</tr>
</thead>
</table>

Payment (check one): ☐ Check #________ in U.S. funds ☐ Money order in U.S. funds ☐ VISA ☐ MasterCard

Credit card number________________________ Expiration Date ______________

Name on card _____________________________ Authorized signature____________________

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 to:

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

### Answers: (Record your answers to the post-test questions by circling the letter that corresponds to your answer.)