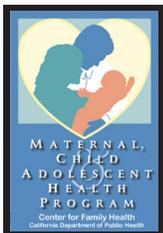


Birth & Beyond California



Breastfeeding Training & Quality Improvement Project

Train the Trainer Manual



February 2010

Birth & Beyond California

16-Hour Learner Workshop

Train the Trainer Manual

February 2010

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FACILITATOR'S GUIDE

Welcome to Birth & Beyond California

The *Birth & Beyond California Project* is a breastfeeding training and quality improvement project funded by the California Department of Public Health, Maternal, Child and Adolescent Health Division. The 16-Hour Learner Workshop Curriculum has been adapted from the Perinatal Services Network – Birth and Beyond, in collaboration with the Regional Perinatal Programs of California and Breastfeeding Task Force of Greater Los Angeles. It is intended to provide hospitals and its various healthcare workers with the knowledge and skills to promote, protect and support a mother's decision to breastfeed.

Goals of the Train-the-Trainer Workshop

At the end of the Train-the-Trainer Workshop, participants will be able to:

- Identify a variety of teaching methods
- State the importance of connecting to participants when teaching
- Coordinate and teach a portion of the *Birth & Beyond California – 16-Hour Learner Workshop Curriculum*
- Demonstrate appropriate responses to challenging teaching situations

Brief Background and Overview

Despite a growing amount of research on the benefits of exclusive breastfeeding, as well as endorsements from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the World Health Organization, breastfeeding rates in California fall below national objectives. In 2007, California hospitals had initiation rates of 83% for any breastfeeding, but only 43% for exclusive breastfeeding. The hospital stay is a critical period for the mother and infant, where important bonding occurs and the pathway to breastfeeding success is paved. The *Birth & Beyond California Project* aims to support hospitals in the process of improving breastfeeding rates through technical assistance, resource development, and on-site education and training. This project was funded in 2007 and anticipated to run through June 30, 2011.

Adapting the Sessions

The *Birth & Beyond California – 16-Hour Learner Workshop Curriculum* can be easily adapted for use in any hospital. It is divided into 12 separate sessions and it is presented in this manual in its recommended format. Although it is recommended that the curriculum be taught into two 8-hour sessions, each session may stand on its own and can be taught individually and separately. This curriculum also provides a list of recommended and supplemental resources for each session. Participating hospitals may customize this curriculum according to their training needs and available resources. However, please note that no part of this curriculum may be sold.

If you have ideas about how to make the sessions more meaningful for the staff in your hospital, we encourage you to incorporate them. If you are familiar with a current video that is more culturally and linguistically appropriate for your participants than the one we have recommended, use that instead. Or, if you prefer to focus more on certain sessions, please lengthen or shorten sessions as necessary. We have highlighted the *Key Messages* in each session. These are the messages the participants should learn from each session, at the bare minimum.

Be creative! The curriculum and its accompanying speaker's notes are intended to be a guide – not a rigid formula – that will provide evidence-based and accurate information and motivate staff in your hospital to assertively help and support a mother's choice to breastfeed.

The Sessions

The 16-Hour Learner Workshop contains the following twelve sessions:

1. Science of Attachment
2. Anatomy & Physiology
3. Promoting Breastfeeding
4. Predictable Newborn Patterns
5. Hospital Practices
6. Putting Baby to Breast
7. Assessment & Documentation
8. Early Concerns
9. Expressing & Feeding Breast Milk
10. Special Situations
11. Continuity of Care
12. Sustainability

What Each Session Contains

Each of the twelve sessions contains the following sections:

- **Learning Objectives:** describes what participants will know by the end of the session
- **Key Messages:** minimum information that participants will take away from the session
- **Rationale:** reasons why the session is important
- **Time:** recommended time for each session
- **Toolbox:** lists the DVDs, print and other materials recommended for each session
- **Checklist:** helps Trainers keep track of advance preparations and tasks for the day of the session
- **Session Plan:** a step-by-step guide for Trainers. Each activity includes the teaching method, recommended time and detailed instructions

Please note that the PowerPoint presentations and accompanying speaker's notes are not included in this manual. They can be found in the CD provided.

Eight Ways to Prepare for a Workshop

Here are eight exercises that can help you prepare for any workshop.

1. Be Prepared

Take time to learn the materials. Find meaningful activities that promote learning. Organize your discussion questions. Preview materials. Create back-up plans. If you do the background work then simple exercises can help you relax and offer a successful workshop.

Create a routine that gives you a sense of familiarity and comfort. Get a good night's rest. Eat well. Arrive early.

2. Know Your Strengths and Weaknesses

Know your strengths and weaknesses. Some Trainers are great storytellers. Others excel at linking current material to participants' experiences. Some Trainers start workshops with great energy and enthusiasm then lose energy toward the end of the day, while others gain momentum as the day goes on. Design the training experience to maximize your effectiveness and those of your co-Trainers.

3. Make a List of Why You Can Do the Training

Self-doubt breeds nervousness and nervousness breeds self-doubt. If you feel insecure, make a list of examples of why you can do this. Think about your strengths. Write down specific ways your strengths contribute to the success of the training:

- Think about your accomplishments and write them down
- Think about your knowledge and personal experiences on the subject matter and write them down
- Think about ways you have coached or supported others and write them down
- If you get stuck, think about why you were chosen to be a Trainer. What strengths do others see in you? Write them down

Carry the list with you. When you have doubts, look at your list and recite it back to yourself at moments when you feel insecure about your capabilities.

4. Assess Participants

Get a sense of who is attending the training. What do they want to know? How many people are expected? What are their experiences and educational background? Why are they attending the training?

Keep in mind that for most hospitals, staff is required to attend the Learner Workshop. Be aware that some may be there because they have no choice.

5. Learn Something New About the Subject Matter

Sometimes Trainers lose interest in a training topic. Learn something new about the subject matter. Find new exercises or activities. Keep the subject fresh and interesting. If a subject bores you, your participants will be bored. Remember, you set the tone for learning.

6. Be Familiar With Your Media

Technology, audio-visuals and videos boost training. Know your media and be familiar with content. Be sure that all equipment is in working order. Are the slides and videos handy? Thoroughly check out your equipment to make sure it is in good working order. Have a back-up plan if your equipment fails you.

7. Manage Stress

There are things you can do to control the natural stress that arises before and during the training. Here's what we recommend:

- Drink water! It reduces stress and supports your voice. Have water at the podium. If you start to cough, take a slow breath and take a sip of water. Be careful not to drink too much though
- Breathe! Taking a few cleansing breaths helps focus your mind. Use deep breathing before the training begins
- Relax! Develop stress-reducing activities such as meditation, tai chi, running, eating right and personal reflection

8. Get To Know a Couple of Participants

Arrive early. Greet participants as they come in and get to know a couple of participants. Greeting participants makes everyone more comfortable. While teaching, look for a friendly face.

Conducting the Learner Workshop

Assessment of Workshop Participants

It is important to take a few minutes to reflect with your co-trainers about who you are training and their characteristics. For most hospitals participating in this project, all nurses in the maternal and child health department of your hospital will have to attend the workshop. Some things to consider:

- Will staff be required to attend a particular training date? Will staff sign-up for training dates on their own?
- Who will be the first ones to attend your training? How about your second training and third training, etc.?
- How do you think these different training groups will differ from each other? Expect great interest and enthusiasm with your first training groups but do not be surprised if interest wanes
- Are there trait differences among the different departments? How do staff in Labor & Delivery, Post Partum, NICU, etc. differ from each other? How do their work routines and responsibilities differ from each other?
- How about differences in educational levels? Differences in life experiences? Differences in cultural background and beliefs?

Set Up for the Workshop

At least two weeks before the workshop:

- Reserve a room. Make sure it is large enough for at least 25 persons and to accommodate all the activities
- Order audio visual equipment
- Order syllabus, handouts and other supplies needed
- Do a run through with your fellow Trainers
- Check with your Continuing Medical Education department for requirements to provide CME's and CE's

At least one week before the workshop:

- Test all audio-visual equipment and DVDs for this workshop
- Review and be familiar with the materials. Be sure you have everything that you need
- Confirm room location and set up of chairs and tables
- Confirm participants and prepare sign-in sheets, agenda, and materials
- Touch base with your fellow Trainers of each other's roles and responsibilities for the workshop

The day before the workshop:

- Make sure that you have all of the materials that you need for all participants:
 - See individual Session Plans for additional materials
- Test audio-visual equipment and DVDs
- Arrange seating arrangement

The morning of the workshop:

- Arrive early to give yourself plenty of time to set up. Allow yourself at least one hour to set up, at least for the first few sessions until you develop a routine
- Set up registration table and place all necessary materials on the tables for the participants
- Set up audio visual equipment

Getting Started

Welcome and greet participants. Ask them to sign-in and give them their name tags/tent cards, syllabus and ask them to complete the Pre Test. Get to know a couple of the participants. Start on time!

Participants Learner Needs Assessment

The very first activity of the Learner Workshop is a learner needs assessment. You and your fellow trainers have taken the time to reflect on the participants and their characteristics before the Learner Workshop. Now, it is the participants' turn to tell you about themselves and their needs. Why are they here? What do they hope to gain by attending? What are the barriers they perceive?

Facilitating the Training Experience During the Workshop

- Use open ended questions

Stimulate discussions. Ask open-ended questions – where, when, what, how and why – that checks for knowledge and understanding. “How would you apply this technique? What new information have you learned during the activity or video?”

- Be an active listener
 - Rephrase participants’ words. Check for understanding of what is said
 - Ask for clarification
 - Connect participants’ points to the topic
 - Maintain open body language
 - Make eye contact with speakers
 - Acknowledge understanding

- Check for understanding and allow participants to catch up

Ask participants if they understand the topic. Ask if they understand instructions for learning activities. Make adjustments if participants misunderstand material. Offer help with concepts or skills.

- Dealing with challenging participants

Manage the Time

Respect participants’ time. Start and end sessions on time, and be sure every moment of the class is used productively. Identify when breaks are to begin and end. Control discussions and table discussions that are off topic. Adults have many responsibilities and concerns in addition to attending this training.

The Session Plans provided in this manual includes a timeline for all activities within the different sessions. Use this as a tool to guide you through the workshop.

Ending the Workshop

Help participants identify at least one way to apply the materials and skills from the workshop. Encourage follow-up among participants after the workshop. Be sure participants understand handouts and how to use them. End on a positive note and reinforce their crucial role in facilitating the attachment between mother and baby. Thank everyone for participating and for sharing.

After the Workshop

Collect all materials. De-brief with your fellow Trainers. What worked well? What could have been done differently? How was this group different from other training groups? What issues were raised that should be brought to your QI/QA team?

Follow-Up Strategies

When adults immediately apply information (ideally with feedback), they are more likely to remember what they have learned. Regularly evaluate the effectiveness of the training at meeting its goals. Find out if participants were able to use the training materials and information in their job.

Common Pitfalls in Team Presentations

It takes time, patience and practice to blend teaching style and personalities. When we are team building challenges happen. Some of the common pitfalls which can occur as styles emerge are listed below. How would you handle these situations?

The previous instructor:

- went over the time line
- covered your topic
- went on a tangent/side bar and didn't cover the curriculum in the session

Another instructor:

- interrupts you whenever you pause
- is sitting in the back of the room talking loudly with others
- only teaches to one or two of the learners in the room
- turned his/her back to the group and read slides from the screen
- speaks too loudly or too softly

Situational Occurrences

- The participants are really engaged and actively participating in the class and you know you will not get through all of the material
- There is a lack of acknowledgement of another co-trainers' values and strength

Media & AV Challenges

- The PowerPoint won't work and you still have material to cover
- You have a problem with AV and the other instructors are not paying attention and not assisting you.

ADULT LEARNING

11 Things We Know About Adult Learners

1. Adults bring knowledge and their own ways of doing things to the class.
2. Adults learn when they have a need to learn, not just for the sake of learning.
3. Adults must connect what they are learning with their existing knowledge, beliefs, and skills. Learning moves slowly through this process.
4. Adults have expectations. They generally know what they want from a training experience.
5. Adults take fewer risks. They tend to take errors personally.
6. Adults require motivation to participate in a training experience. They are motivated to learn when they see:
 - a. The topic as meaningful
 - b. The tasks are obtainable
 - c. The feeling or tone is positive
7. Adults respond to respect and recognition. Capitalize on their experience. Reward their participation.
8. Adults must apply what they learn in order to remember it.
9. Consider physical limitations. Never use a font smaller than 12 point – 14 or 16 is best. Sitting for too long and uncomfortable rooms detract from the learning experience.
10. Approaches that encourage adults to express their feelings, beliefs, and attitudes open them up to learning.
11. Adults like to maintain as much control as possible. Offer choices and self-directed experiences where they control the work of learning.

Training Methods and Learning Activities

Adults learn best with training that actively involves them. Active learning techniques are interactive and participatory. Participants engage in discussion, application or activities.

Phases of Adult Learning

Participatory training moves people through four phases of the adult learning cycle:

1. **Experiencing:** Do an exercise or activity together. Draw on shared experience.
2. **Processing:** Reflect on the content. Share observations and feelings about the experience.
3. **Generalizing:** Draw meaning from the experience. Compare it to other experiences. Identify general principles or patterns.
4. **Applying:** Take action. Develop an action plan. Put the action plan to use.

A training workshop is different from doing a presentation or a lecture. In a presentation, the information is the center of the attention and the intention is to provide information. In a training workshop, participants apply new information.

Generally, people remember:

20% of what they hear

30% of what they see

50% of what they see and hear

70% of what they see, hear and say

90% of what they see, hear, say and do

95% of what they teach

Audience Diversity

Different people learn differently. Creating an active learning experience means creating a training workshop that is meaningful for people with different values, different life experiences, in different life stages, and with different educational experiences.

Types of Diversity in Trainings

- Work experiences
- Perspectives on authority
- Cultural and ethnic background
- Educational levels
- Learning styles
- Hierarchy
- Expectations
- Age

Effective trainers create inclusive learning environments.

- Prior to training, evaluate media and examples. Do they represent the diversity of the audience?
- Do not use materials with very small writing or print.
- Recognize that psychological, social and cultural conditions affect the learning environment.
- Consider the systems of power. Training sessions that include managers or supervisors and staff from different departments may be difficult if the differences in responsibilities are not addressed openly. Build activities that require everyone to participate as equals.
- Prepare exercises and information that will help participants apply the training content.
- Equalize the power between yourself and participants. Recognize and value the knowledge and experiences that participants bring to the training.
- Create a comfortable environment for adult learners. Arrange the room to encourage equal participation.

Creating a Learning Environment

A comfortable learning environment is important for adult learning. The learning environment should be physically and emotionally comfortable. Topics in the 16-Hour Learner Workshop may bring up negative or emotional memories for the participants of the workshop. Acknowledge and recognize this. Adults who are not comfortable resist learning. Before the training session, review the agenda and training location. Make changes and adjustments to promote the comfort of participants.

Room Set Up – Things to Consider

- Set up the room to encourage conversation.
- Arrange seating so all participants will be able to see and hear audio-visuals.
- Know how to control the room temperature and adjust the temperature if it gets too hot or too cold.
- Make sure participants and planned activities fit in the space and chairs can be moved to accommodate small group activities.
- Avoid auditorium style rooms. They are designed for passive listening.
- Give participants the opportunity to move at least once every 50 minutes.
- Change activities/teaching method every 20 minutes.
- Have tables available for participants to use for writing.
- If the space is less than ideal, think about ways to arrange it.

Tips and Strategies to Promote Active Learning

- Avoid lecturing. The best training draws content from participants. The Trainer summarizes the message rather than “telling the message.”
- If you must lecture – use visuals. Use demonstrations, videos, and other audiovisuals to make your point.
- Let participants know what to expect. Tell participants the learning objectives at the beginning of the training.
- Give small amounts of information at a time. Give the opportunity for feedback. Check frequently to see if participants understand the material, then move on to the next block of information.
- Allow time for participants to think through the information. Do not rush to go through all the information.
- Have information, activities and additional resources for advanced learners.
- Be sure participants feel positive about learning.
- Be sure the materials presented meet the knowledge and skill levels of participants.
- Do not speak for more than twenty minutes without a break for questions or a participatory exercise.
- Summarize topics. Make transition statements that bridge one topic to the other in the next segment of the training.

Introduction

Time: 85 minutes total

Part 1- Completion of Pretest & Self Efficacy Form: 15 minutes

Part 2- Introduction (slides 1-8): 70 minutes

Note: It is strongly recommended to limit the class size to 20 participants. If there are more than 20 participants, sessions will take longer and may not be as effective.

Objectives

- Contribute to creating an environment for maternal-infant care based on best practice guidelines as defined in *Providing Breastfeeding Support: Model Hospital Policy Recommendations*
- Demonstrate the skills necessary to design a plan of care that will maximize mother and infant skin-to-skin contact and bonding
- Identify biologic, nutritional and immunologic properties of breastfeeding and the risks of artificial milk
- Recognize and discuss actions that will overcome common barriers to support mothers' choice to exclusively breastfeed

Key Messages

1. Nurses caring for mothers and babies are very busy and have many competing priorities.
2. Childbirth is one of the most profound events in a family's life.
3. This course will provide guidance to the nurse to help bridge the gap between the family's needs and the clinical practice requirements.
4. Protecting the mother, infant, nurse and institution are primary concerns.

Rationale

It is critical that connections be formed at the beginning of the course. This session is both a learner needs assessment and an institutional gap analysis.

Encourage a safe, accepting atmosphere in the class. In relational teaching, creating a safe learning environment is key. Sound relationships, using the power of friendship and establishing rapport, will encourage more interaction. Teamwork celebrates learning together. Treating learners as decision makers and offering humility begins with the instructor as open dialog.

The material presented in this syllabus will identify strong emotions, personal birth and breastfeeding experiences, time constraints and dysfunctional workplace routines. The only door to communicating with each participant is through being connected with him or her. Being connected happens by listening to and respecting each participant. When participants are able to talk about some of the 'baggage' that they bring to this course and see that it is written down and heard, they are then able to focus more on the information that is going to be presented.

Toolbox

PowerPoint Presentation

- BBC 0: Introduction

Recommended DVDs

- "Kangaroo Mother Care II" by Nils Bergman, MD

Handouts/Print Materials

- Syllabus
- Eating Patterns Activity handout

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote
- Dolls, 1 for every 2 participants and one for the facilitator
- Receiving blankets, 1 for every 2 participants and one for the facilitator
- 1 Bath blanket or patient blanket

Session Plan

Method	Time	Content/Instructions
Pretest & Self Efficacy Form	15 minutes	Provide instructions and allow time to complete and collect these forms prior to beginning Slide 1.
Discussion/Lecture Slides 1-7	10 minutes	The learner will be guided through the objectives and goals of this course.
Slide 8 Activity 1: Participant Introductions- Sharing Personal Objectives and Concerns	30 Minutes	<p>This activity uses three trainers: one to facilitate the group, one to write on the Objectives chart, and one to write on the Hospital QI Committee chart. If there are only two trainers, then enlist a volunteer participant to write on a chart.</p> <p>Allow every participant to share the reasons why they are attending this course and questions or concerns they have. This is the in-class Learner Needs Assessment (Objectives) and Hospital Gap Analysis (Hospital QI Committee).</p> <p><i>This activity sets the tone for the entire workshop.</i></p> <p>Go over their goals: Ask each participant, “Why are you here?”</p> <ul style="list-style-type: none"> • Provide ample time to express their concerns, vent their frustrations, and express themselves. • Acknowledge their comments and briefly let them know that their concerns will be addressed. <p>Objectives chart:</p> <ul style="list-style-type: none"> • On this chart, list the reasons the participants state for attending class on the charts, written down by somebody other than moderator. • For issues that are brought up repeatedly, place a check mark after the original entry to identify where clusters of interests lie. • Expect answers such as mandatory, learn how to help mothers breastfeed, is baby getting enough to eat, babies who won’t latch, etc.

Method	Time	Content/Instructions
Activity 1: continued		Hospital QI Committee chart: <ul style="list-style-type: none"> • This committee may be called something else (e.g. Baby Friendly or Hospital BF Task Force). • On this chart, list potential issues to be addressed by that committee after this workshop. This chart may also be referred to as “the Parking Lot”. • List anything beyond the scope of the class – usually barriers, sometimes solutions • Inform the class that these issues will be turned over to hospital administration at the conclusion of the course.
Slide 8 Activity 2: Eating Patterns Activity	2 minutes	Instructions: Every time you put something in your mouth, make a mark on the Eating Patterns Activity handout. Complete it now for the time since you got up. Remind the group at breaks and lunch to continue to put check marks on the handout for each bite or swallow. This will be discussed in BBC Session 4: Predictable Newborn Patterns.
Slide 8 Activity 3: Administrative Details	3 minutes	Learners will be given an overview of the materials in the syllabus. Show participants the different sections of the syllabus such as the sections for each session, bibliography, appendix and notes pages. Evaluations will be collected at the end of the day. Ask them to quiet their cell phones. Discuss the schedule for the day. Give directions to the bathrooms. Encourage them to get up and move around periodically, but not to miss the DVDs.

Method	Time	Content/Instructions
<p>Slide 8 DVD: "Kangaroo Mother Care II"- Restoring the Original Paradigm for Infant Care & Breastfeeding by Nils Bergman, MD</p>	<p>15 minutes DVD play time: 12:22 min Debriefing: 2:30 min</p>	<p>Learners will be introduced to the main concept of this workshop: skin to skin.</p> <p>Dr. Bergman is an 'outside expert' that we bring into the classroom via DVD. Many nurses have never yet seen a baby crawl to the breast and latch on.</p> <p>DVD Background: refer to BBCO Speakers Notes</p> <p>AV Instructions: Cue to the beginning of Part II and play the first two segments of "Kangaroo Mother Care II" including "Habitat Niche: Defining the Terms". Stop at 12:22 minutes, or when you see the beginning of the segment "Research".</p> <p>Debrief DVD: refer to BBCO Speakers Notes</p>
<p>Slide 8 Activity #5 Feelings & Emotions Activity</p>	<p>10 minutes</p>	<p>Learners will be encouraged to share feelings and emotions in this humorous, safe, and encouraging activity. This lays the foundation for additional sharing.</p> <p>When an actor has a poor performance or says something that really bothers the audience, then the audience has been known to throw rotten tomatoes at the stage. Here in this course, when you feel strongly, perhaps angry, guilty, elated, you too can throw a rotten tomato. The yarn balls (or crumpled up paper) will not hurt us. Sometimes just throwing it is enough to relieve your tension, other times you may want to tell us what is on your mind.</p> <p>Who has an experience for which they have strong feelings?</p> <p>Be prepared to share first if the group is reluctant to share. For example, one instructor shares that she is angry, even now, that she was not allowed to hold her baby for 6 hours after her C-section birth and that her husband had to beg to get the baby out of the nursery. In addition, the nurse just dropped the baby off in her room and did not help her hold her baby, even though she had been instructed to lie flat to avoid a spinal headache.</p>

		Allow the group to share, laugh, cry, but keep an eye on the clock. Accepting and acknowledging feelings without judgment. Summarize if the participant is long winded, for example, so what I hear you are feeling is anger & frustration when the other nurses always expect you to help with their breastfeeding patients.
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Science of Attachment

Time: 85 minutes total

Objectives

- Describe how the hospital staff can use therapeutic touch as an intervention modality
- Define attachment
- Identify three ways hospital staff can promote proximity of the mother/baby dyad

Key Messages

1. Mother-baby time together during the first hours is important to long term attachment.
2. Mothers and babies need a safe environment that is quiet, gentle and non-threatening.
3. When the mother recognizes and responds to the newborn's cues, the infant will cry less and the mother will feel competent.
4. The role of the health care provider is to model attachment behaviors and promote proximity of mother and baby.
5. The role of the health care provider is to care for the mother/baby dyad and empower the mother to value her ability to care for her infant. We strive to help parents feel competent and confident.

Rationale

Giving nurses permission to value bonding time will empower them to take action and claim this experience for the mothers, fathers and infants they care for.

Toolbox

PowerPoint Presentation

- BBC 1: Science of Attachment

Recommended DVDs

- “Clinical Implications of Touch in Labor and Infancy” by Marshall Klaus, MD & Stephen Suomi, MD
- “Six Core Strengths for Healthy Childhood Development: Attachment” by Bruce Perry
- “Six Core Strengths for Healthy Childhood Development: Self Regulation” by Bruce Perry

Handouts/Print Materials

- Syllabus

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD Player

Materials

- Travel size hand lotion (recommended: one lotion per two persons)

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture Slides 1-3, 5-6, 8-12, 13-22, 24-44</p>	<p>47 minutes</p>	<p>The learner will be guided through the elements of touch, attachment and self regulation, and come to see that touch is the foundation for attachment, and that consistent, predictable responses to the baby's needs lead to self regulation. The role of the nurse in attachment will be explored. All infants, whether breastfed or bottle fed, need to be supported to touch, attach and bond with their parents.</p>
<p>Slide 4 DVD: "Clinical Implications of Touch in Labor and Infancy": Primate Studies by Klaus & Suomi</p>	<p>7 minutes DVD play time: 3:44 min Debriefing: 3:15 min</p>	<p>This DVD will give the learner an opportunity to observe primate research about the importance of touch.</p> <p>DVD Background: refer to BBC1 Speakers Notes</p> <p>AV Instructions: Cue to Chapter 3: Primate Studies at 6:46 and stop at 10:30</p> <p>Debrief DVD: refer to BBC1 Speakers Notes</p>
<p>Slide 7 Activity 1: Hand Lotion Massage</p>	<p>2 minutes</p>	<p>Ask each participant to turn to person next to them and take turns massaging each other's hands using the lotions provided. Make sure everyone has a partner. Listen for someone who is too ticklish or does not seem to want to be touched and give them permission to NOT participate. This only rarely occurs. Instead this is a popular activity and it may be hard to get them to come back to the lesson.</p> <p>Debrief activity: refer to BBC1 Speakers Notes</p>

Method	Time	Content/Instructions
<p>Slide 12 DVD: “Six Core Strengths for Healthy Childhood Development: Attachment” By Bruce Perry</p>	<p>14 minutes DVD play time: 11:00 min Debriefing: 3:00 min</p>	<p>This DVD will give the learner an opportunity to explore the neurophysiology of attachment. The brain is a use dependent organ and building the capacity for healthy attachment begins in infancy.</p> <p>DVD Background: refer to BBC1 Speakers Notes</p> <p>AV Instructions: Cue to Beginning and Stop at 11:00</p> <p>Debrief DVD: refer to BBC1 Speakers Notes</p>
<p>Slide 23 DVD: “Six Core Strengths for Healthy Childhood Development: Self Regulation” By Bruce Perry</p>	<p>13 minutes DVD play time: 9:40 min Debriefing: 3:20 min</p>	<p>This DVD will give the learner an opportunity to explore the neurophysiology of self regulation. Our society values independence and self control. Infants develop self regulation when caregivers respond with consistent, predictable, appropriate responses. The infant makes a noise, the care giver comes consistently and the infant develops the capacity to self regulate.</p> <p>DVD Background: refer to BBC1 Speakers Notes</p> <p>AV Instructions: Cue to 1:50 and Stop at 10:30</p> <p>Debrief DVD” refer to BBC1 Speakers Notes</p>
<p>Slide 23 Activity 2: Piano Keys Massage</p>	<p>2 minutes</p>	<p>This activity gives everyone a stretch break. Since it is a guided activity, it keeps control in the instructor’s hands, as it reinforces the importance of touch for well being. It is also fun.</p> <p>Ask everyone to stand up, face left, and walk forward so that they can place their hands on the shoulders of the person in front of them. Then say:</p> <p>1. Do piano keys. Demonstrate placing your hands on the shoulders of a participant and lightly tap her shoulders. Do this for 15 seconds.</p>

		<p>2. Do karate chops for 15 seconds</p> <p>3. Do a kneading massage for 15 seconds</p> <p>4. Brush her off for 5 seconds</p> <p>5. Hands in the air, turn around facing right. Repeat steps 1 through 4.</p> <p>Have everyone sit down and go on to the next slide.</p>
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Anatomy & Physiology

Time: 70 minutes total

Objectives

- List two hormones that impact lactation
- Identify two measurable differences in infants held skin-to-skin
- Demonstrate appropriate and safe position options for mother and infant for skin-to-skin contact

Key Messages

1. The baby must open wide to achieve a deep attachment to the breast. This will avoid nipple pain and allow milk transfer.
2. Estrogen and oxytocin work synergistically during the first hours post partum to enhance bonding.
3. The infant's level of stress will decrease when placed skin-to-skin with his mother.
4. The infant will instinctively latch-on to the breast during the first two hours after birth.

Rationale

A basic understanding of anatomy and physiology helps learners to understand positioning, frequency, attachment and other concepts critical to helping mothers breastfeed and nurture successfully. Understanding the connections between stress and oxytocin will help the nurse create an environment that is quiet, low stress and respectful so the mother's and baby's natural behaviors are supported. Nurses will develop confidence and commitment to safe skin to skin practice after they work with the dolls, blankets and coworkers in the classroom.

Toolbox

PowerPoint Presentation

- BBC 2: Anatomy and Physiology

Recommended DVDs

- “Your Baby Knows How to Latch On” by Ameda
- “Amazing Talents of the Newborn” by Marshall Klaus, MD

Handouts/Print Materials

- Syllabus
- Take Home Message

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Peppermint candies
- Dolls, one for every two participants
- Gowns, one for every two participants
- Receiving blankets, one for every two participants
- Patient bed blanket

Session Plan

Method	Time	Content/Instructions
Discussion/Lecture Slides 1-12, 14-22, 24, 26-32	36 minutes	The learner will explore the principles of the anatomy and physiology of breastfeeding with a special emphasis on the physiology of skin-to-skin.
Slide 8 Activity 1: Peppermint Candies with stripes	1 minute	Pick up a peppermint candy. See how it has both red and white candy for a more complex and interesting flavor than just a single candy would. The same is true for this time in a woman's life when she has both oxytocin and estrogen working synergistically to assist her with bonding. Eat the candy, and every time you eat a peppermint you can think of the synergy of oxytocin and estrogen.
Slide 12 Activity 2: Demonstration of Support vs Pressure on back of head and shoulders	1 minute	<p>Have the group work in pairs.</p> <p>Activity Instructions:</p> <ol style="list-style-type: none"> 1. Place your hand on the back of your partner's head and gently push forward. 2. Next, place your hand on the back of your partner's shoulders and gently push forward. 3. Trade, so that your partner can press on your head and in turn your shoulders. <p>It is much more desirable to have shoulder pressure. You can demonstrate this with fathers, teaching them to remind mothers to guide the baby to the breast with gentle shoulder (not head) pressure.</p>
Slide 13 DVD: "Your Baby Knows How to Latch On" by Ameda	7 minutes DVD play time: 5:04 min Debriefing: 1:56 min	<p>This DVD will give the learner an opportunity to observe a newborn latch-on to the breast and the internal structures of the infant's mouth on the breast.</p> <p>DVD Background: refer to BBC2 Speakers Notes</p> <p>AV Instructions: Cue to beginning and play entire DVD ending at 5:04</p> <p>Debrief DVD: refer to BBC2 Speakers Notes</p>

Method	Time	Content/Instructions
<p>Slide 23 Activity: Skin-to-skin using a hospital gown</p>	<p>15 minutes</p>	<p>Demonstrate by having a volunteer participant don a gown with the opening in the front, just like when you get a mammogram. Then place a baby doll on her chest, tuck receiving blanket in place, tie gown. Show a large blanket for use with a large mother.</p> <p>Distribute one hospital gown, receiving blanket and baby doll to every two participants. Have the nurses take turns assisting each other placing the dolls in position. Ask the group for concerns; discuss risk assessment to keep the infant safe.</p> <p>Infant safety is key. Maintaining the security of the baby by tucking him in with the blanket must balance the ability of the nurse to observe his color and respirations. Keeping the blanket midline on the scapula allows assessment.</p> <p>Practice of this manual skill under supervision will lead to mastery of the skill.</p>
<p>Slide 25 DVD: “Amazing Talents of the Newborn” By Marshall Klaus, MD</p>	<p>5 minutes DVD play time: 1:55 min Debriefing: 3:05 min</p>	<p>This DVD will give the learner an opportunity to observe an infant crawl to the breast and latch on.</p> <p>AV Instructions: Show Chapter 2 titled “The First Hour”(2:20-4:15)</p> <p>Debrief DVD: refer to BBC2 Speakers Notes</p>
<p>Slide 32 Take Home Message</p>	<p>5 minutes</p>	<p>Ask the participants to fold this form in thirds so that it can be mailed to them. Have them print their home address legibly so the post office can read it. On the back, ask them to answer the three questions.</p>

Promoting Breastfeeding & the Risks of NOT Breastfeeding

Time: 55 minutes total

Part 1: DVD Kangaroo Mother Care Part II continued: (10 min)

Part 2: Promoting Breastfeeding & the Risks of Not Breastfeeding (Slides 1-18): 45 minutes

Objectives

- Name two reasons why breastfeeding is considered the normal infant feeding method
- Describe the AAP's recommendation on exclusive breastfeeding
- Identify two reasons for validating a woman's feelings about breastfeeding

Key Messages

1. Over the last century our culture has changed from one in which all babies were breastfed into a culture in which bottle-feeding is considered the norm.
2. Breastfeeding education should begin during the first trimester of pregnancy.
3. Open-ended questions elicit discussions about mothers' knowledge and concerns about breastfeeding.
4. Responding with empathy, i.e. identifying mothers' feelings, establishes rapport and paves the way for the mothers to accept educational messages.
5. Parents cannot make good decisions unless they are informed decisions. Explaining breastfeeding in terms of reducing health risk factors and identifying the potential increased risks associated with artificial milk feedings reinforces the importance of breastfeeding and use of human milk to optimize health outcomes.
6. Babies who are fed artificial baby milk have higher incidences of childhood obesity, infectious disease, SIDS, diabetes mellitus, cancer, asthma, and allergies than babies who are breastfed.
7. Mothers who do not breastfeed have higher incidences of postpartum hemorrhage, breast and ovarian cancer, osteoporosis, diabetes and close child spacing than mothers who breastfeed.

Rationale

When mothers and health care providers practice shared, informed decision making, then the mothers demonstrate confident commitment about their infant feeding choices.

Toolbox

PowerPoint Presentation

- BBC 3: Promoting Breastfeeding & the Risks of NOT Breastfeeding

Recommended DVDs

- None

Handouts/Print Materials

- Syllabus
- AHRQ Report: Executive Summary Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries
- The Role of Human Milk in Enhancing Health Outcomes
- Feeling Statement cards
- Feeling Word Vocabulary List

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Yellow highlight markers
- Large flip chart
- Colored marking pens

Session Plan

Method	Time	Content/Instructions
DVD: “Kangaroo Mother Care II”- Restoring the Original Paradigm for Infant Care & Breastfeeding by Nils Bergman, MD	10 min DVD play time: 9:18 min Debriefing: 1 min	<p>Dr. Bergman is an ‘outside expert’ that we bring into the classroom via DVD. This segment continues to discuss the importance of restoring the original paradigm: keeping mothers and their babies together.</p> <p>DVD Background: refer to BBC0 Speakers Notes</p> <p>AV Instructions: Cue to Part II: Restoring the Original Paradigm at 41:52 and Stop at 51:10</p> <p>Debrief DVD: refer to BBC3 Speakers Notes</p>
Discussion/Lecture Slides 1-4, 6-12, 14-18	15 minutes	The learner will practice communication skills to promote the reduction of risks from breastfeeding exclusively and extensively.
Slide 5 Activity 1: Risk Reduction Statements	15 minutes	<p>Have participants turn to appendix article: AHRQ Report: Executive Summary in their syllabus.</p> <p>Divide room into 3 groups, A, B and C. Within the groups, suggest they work in pairs. The assignments for each group are:</p> <ul style="list-style-type: none"> A- Full term Infants Outcomes B- Preterm Infants Outcomes C- Maternal Outcomes <p>Instruct the participants to take a few minutes to read through the Outcomes section assigned to them, highlighting the risk/benefits and then list risks of NOT breastfeeding on the Worksheet.</p> <p>Allow participants 10 minutes to work on the assignment.</p> <p>At the end of this time, have the groups share what they have found.</p> <p>Option: Play “hot potato” using a soft object (ball or stuffed animal) to toss around the room. As participants catch the “hot potato,” have them call out</p>

		<p>the risks they have recorded. Each participant should have an opportunity to catch the “hot potato” and respond at least once.</p> <p>Framing the issues in terms of risk reduction places increased emphasis on the importance of breastfeeding and the use of human milk.</p>
<p>Slide 13 Activity 2: Feeling Words Vocabulary</p>	<p>15 minutes</p>	<p>Pass out “Feeling Words” statement cards. Each participant should have at least 2 cards. Instruct participants to work in pairs:</p> <ul style="list-style-type: none"> • Person A reads a statement to person B. • Person B searches the Feeling Word Vocabulary handout for a word that seems to match the statement and highlights it in yellow. • Person B then uses that word in a reflecting statement • Take turns so that both participants are able to be the responder. <p>Group Debriefing & Discussion: Ask: <i>How did that feel?</i> It is often not easy or comfortable to share. Validate their feelings and explain that this is why we are taking the time to practice.</p> <p>Ask: <i>What words did you use?</i> Co- trainers/ scribes write the words on a flip chart.</p> <p>The Feeling Word Vocabulary handout is a tool to help the learner respond with empathy when interacting with patients, co-workers, friends and families.</p> <p>Learning to ask open ended questions and validate the feelings of others can be challenging. The learner can be more effective when using a variety of feeling words.</p> <p>This activity is a technique which may be used to show a new mother that we are trying to understand her and also gives her an opportunity to clarify her comment's and our understanding. When the healthcare professional reflects the feelings of the person then they know that they are really listening.</p>

Method	Time	Content/Instructions
<p>Slide 13 Activity 2: Alternate Activity- L-O-V-E role play: Assisting a first time mother with breastfeeding</p>	<p>15 minutes</p>	<p>Activity Instructions: L-O-V-E Exercise (Role Play Scenario) Role play: 1- new mother, holding her baby , 1- Staff Nurse assisting mother with breastfeeding 1- Trainer/ Facilitator to reinforce appropriate listening behaviors and guide group discussion during scenario Note: for this role play use a combination of trainers and class participants</p> <p>Following the open ended questions discussion create a role play with the Staff nurse using both open and closed ended statements to attempt to assist a first time mother with breastfeeding (encourage the participants to embellish as much as they want)</p> <p>Trainers should facilitate the group discussion to clarify understanding of use of open ended questions to enhance dialog opportunities between staff and new mom. For example, She may say, "I just don't know what he wants. He is crying a lot." We may say, "You feel puzzled trying to figure out what your baby needs." She may say, "No, I am scared that I won't be able to take good care of him." In this example the mother sounded confused, but really she is frightened. She will be grateful we are listening.</p> <p>Group debriefing and discussion: ask for general comments to critique this scenario. Additional important considerations are: Attending Behaviors and Body Language including- eye contact, body placement, gestures, legs & feet, facial expressions and voice tone</p>

Predictable Newborn Patterns

Time: 60 minutes total

Objectives

- Identify three infant states of consciousness
- Identify nursing responses and interventions
 - Infant is sleepy, difficult to awaken
 - Infant is crying, difficult to soothe
- Describe the normal infant feeding pattern
- Identify three infant feeding cues
- Describe practices that maximize infant behaviors in the first hours and days of an infant's life

Key Messages

1. Infants have two identifiable states of sleep and three identifiable awake states. Parents that have an understanding of these states will be better able to understand their babies' behavior.
2. Parents should be taught techniques to wake a sleepy baby and to calm a crying baby.
3. "Infant driven" feeding is essential in the early days. Babies that are forced to feed, scheduled, or removed from the breast are more likely to refuse to nurse, show poor weight gain, and want to feed more often.
4. Normal babies do not feed at regular intervals, i.e. they do not feed every two hours by the clock. It is normal for babies to 'cluster feed' in frequent intervals during wakeful periods.
5. It is normal for newborn infants to feed 8-20 times per day.
6. Parents should be taught to identify their babies' feeding cues. Crying is a late sign of hunger.
7. Babies that are left skin-to-skin in the first hours after birth will be more likely to self attach and display a better breastfeeding suck.

Rationale

It is critical that maternal-child health care providers understand infant states of consciousness, normal feeding patterns and feeding cues so that they can help parents better understand their infants' behavior and communication styles. Infants should not be fed on any type of schedule, but should be fed when awake and interested. The majority of infants are competent and capable of initiating and ending feedings appropriately so as to assure adequate milk consumption and help their mothers create an abundant milk supply. Sleepy babies and crying babies present a challenge to the parents as well as the health care providers. These babies require special attention to ensure adequate feeding. Care givers need to understand that babies cry for a variety of reasons, not just for hunger.

Toolbox

PowerPoint Presentation

- BBC 4: Predictable Newborn Patterns

Recommended DVDs

- "Breastfeeding: Baby's Choice" by Ann-Marie Widstrom, Anna-Berit-Arvidson and Kyllike Christensson
- "Amazing Talents of the Newborn" by Marshall Klaus, MD
- "Latch 1,2,3 by Healthy Children Project

Handouts

- Syllabus
- Behavioral Cycles of Sleep-wakefulness
- Eating Patterns Activity handout

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- 2 Baby Dolls
- 2 Receiving Blankets
- Markers
- Poster-sized post-it on the wall or an easel at the front of the room. Create chart that looks like this:

	Q4h	Q2h	Q1/2h
A			
B			
C			
D			
E			
F			
G			
H			

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture</p> <p>Slides 1-5, 7-10, 14-21, 22-24, 26-29</p>	<p>16 minutes</p>	<p>Normal newborn states and baby behavior will be discussed.</p>
<p>Slide 4</p> <p>DVD: Latch 1,2,3 by Healthy Children Project</p>	<p>5 minutes</p> <p>DVD play time: 3:38 min</p> <p>Debriefing: 1:22 min</p>	<p>This DVD segment reinforces the infant states</p> <p>DVD Background: refer to BBC4 Speakers Notes</p> <p>AV Instructions: Cue to 1:50 Skin-to- Skin and Stop at 5:28</p> <p>Debrief DVD: refer to BBC4 Speakers Notes</p>
<p>Slide 6</p> <p>Activity #1: Waking a sleeping baby/ calming a crying baby</p>	<p>10 minutes</p>	<p>Divide the room in half. Give a baby doll to one person in each group, who is designated as the mother. The rest of the members of each group are to help the mother care for her baby. One mother (group) has a very sleepy baby who needs to wake up so it can feed. The other mother (group) has a crying baby who is inconsolable. One member of each group is designated as the secretary. She is to write down all of her group’s suggestions. Then each group shares its ideas.</p> <p>Sleepy babies and crying babies present a challenge to the parents as well as the health care providers. These babies require special attention to ensure adequate feeding.</p> <p>Skin-to-skin may be an appropriate tool for both sleepy and crying babies. Sleepy babies need <i>variety</i> to be woken. Crying babies need <i>repetition</i> to be soothed. Many mothers think all crying means the baby is hungry.</p>

Method	Time	Content/Instructions
<p>Slides 11 – 13</p> <p>Activity 2: Newborn Sleep/ Wake Cycles</p>	<p>15 minutes</p>	<p>This next activity is about evaluating different feeding protocols.</p> <p>Click on slide 12 and have students turn to the matching page at the end of this section in their syllabus titled “Behavioral cycles of sleep-wakefulness ...”. Explain that this page shows the sleep and wake cycles during the first 10 hours after birth for 8 different babies (babies labeled A through H). The white areas represent periods when the babies are awake and the shaded areas represent periods of sleep.</p> <p>Then move on to the slide 13. This slide shows Baby A three times, with an evaluation of his feedings utilizing 3 different protocols:</p> <ol style="list-style-type: none"> 1. In the first protocol, the babies are fed at birth and then every 4 hours if they are awake. 2. In the second protocol, the babies are fed at birth and then every 2 hours if they are awake. 3. In the third protocol the babies are fed at birth and then every ½ hour if they are awake. <p>Use the pointer on your remote to show the group how to evaluate Baby A using each feeding pattern. They should place an X on the chart each time the baby eats, and then total the number of feedings per baby.</p> <p>Divide the class into 3 equal groups. Designate the first group every 4 hours, the second group every 2 hours, and the third group every ½ hour. Then, to expedite the activity, you may subdivide each group into 2-3 subgroups, so that each subgroup does this evaluation for only 2-4 babies.</p> <p>While the participants are involved in this activity, hang up a poster-sized post it. (refer to chart diagram included in Materials)</p>

<p>Activity 2: continued</p>		<p>Use the chart to record the number of feedings and compare the results of the different feeding protocols.</p> <p>Next, have the participants look at the Eating Patterns Activity handout they have been filling out all day. Ask them if they eat on a schedule or if they eat in clusters. Do they eat between 8 and 20 times per day? Discuss how important it is to let the babies feed without any artificial feeding protocol. “Infant driven” feeding is essential in the early days. Babies that are scheduled may be sleeping at designated feeding times and are more likely to refuse to feed. These babies often show poor weight gain and are a higher risk for dehydration and jaundice.</p> <p>It is normal for babies to “cluster feed” in frequent intervals during wakeful periods.</p> <p>It is normal for newborn infants to feed 8-20 times per day.</p>
<p>Slide 22</p> <p>DVD: “Breastfeeding – Baby’s Choice”</p>	<p>10 minutes</p> <p>DVD play time: 8 min Debriefing: 2 min</p>	<p>This DVD demonstrates the newborn’s natural instinct to search for and find the breast. Note the variety of explicit behaviors such as looking at the mother’s face, listening to her voice, and using his hands to guide him to the breast and self –attach. Mothers and babies must be kept together during this period until the first feeding is accomplished and completed</p> <p>DVD Background: refer to BBC4 Speakers Notes</p> <p>AV Instructions” Cue to beginning and play entire DVD. Stop at 8:00</p> <p>Debrief DVD: refer to BBC4 Speakers Notes</p>

Method	Time	Content/Instructions
<p>Slide 25</p> <p>DVD: “Amazing Talents of the Newborn” By Marshall Klaus, MD</p>	<p>6 minutes</p> <p>DVD play time: 4 min Debriefing: 2 min</p>	<p>There are many maternal-child health care practitioners who have never seen a baby self-attach. We show several different DVDs of this behavior to reinforce its existence and importance. Then when the participants do their “homework” – putting a baby and mother STS without interference – they have a huge “AHA!” moment when they can observe that this behavior is for real.</p> <p>DVD Background: refer to BBC4 Speakers Notes</p> <p>AV Instructions: Cue to Chapter 7: Breastfeeding 22:40 and Stop at 26:40</p> <p>Debrief DVD: refer to BBC4 Speakers Notes</p>

Hospital Practices Influence Breastfeeding Rates: The Data Tells the Story

Time: 65 minutes total

Part 1 – Hospital Practices Influence Breastfeeding (slides 1-24): 50 minutes

Part 2 – Assignments and Stone Activity (slides 24-25): 15 minutes

Objectives

- Name the source of in-hospital breastfeeding data for California
- Describe the trends in California for ‘any’ and ‘exclusive’ in-hospital breastfeeding from 1992- 2007
- Identify three hospital practices that can discourage breastfeeding
- List three hospital practices that increase breastfeeding duration

Key Messages

1. International, national and local goals support exclusive and early breastfeeding.
2. Currently the number of women coming into hospitals with the desire to breastfeed their infants is high. Of these women, only about one quarter of the normal, healthy, full-term infants in Los Angeles County receive exclusive breastfeeding in the first 24 hours, fewer than that in many hospitals. The California average is 43%. The Central Valley, LA and Orange County rates are far below state average.
3. Mothers who request breastfeeding have the right to be supported in this decision. Mothers who request formula have the right to be supported in their decision.
4. In this session, there may be information that makes the nurses feel angry, sad or disappointed on a personal or professional level.

Rationale

This session begins by presenting the breastfeeding trends in California and shows the most recent data for this and surrounding hospitals. Participants often enter the course with concerns about being asked to ‘force’ women to breastfeed against their will. It is very important to establish an approach that is acceptable to the participant. Generally nurses feel comfortable supporting the mother’s choice to breastfeed and feel very uncomfortable trying to change a mother’s mind following birth.

Discussing trends, background and the rationale for establishing this training often helps the participants to feel comfortable and somewhat concerned about the current hospital practices. Showing data that specifically reflects practices in their institution or community helps to personalize the issue.

Toolbox

PowerPoint Presentation

- BBC 5: Hospital Practices

Recommended DVDs

- None

Handouts/Print Materials

- Syllabus
- Handout: Hospital Practices Which Influence Breastfeeding Initiation

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote
- Highlighter markers- one per participant

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture</p> <p>Slides 1-13, 15-24</p>	<p>30 minutes</p>	<p>In this session, the learner will see how the breastfeeding data in California are collected and reported.</p> <p>Most hospital staff does not know that the data being reported are actually generated from their own genetic screening forms. When they realize this, they then often see the need for accurate completion of the forms.</p> <p>Hospital practices influence breastfeeding rates and are guided by policy. Model Hospital Breastfeeding Policies are available from the California Department of Public Health website. Additionally, there is an online toolkit to assist with implementation of these policies.</p>
<p>Slide 14</p> <p>Activity 1 : Hospital Practices that Influence Breastfeeding</p>	<p>15 minutes</p>	<p>Working in pairs: Instruct participants to highlight all practices listed on this handout which they have observed at their facility. Note that their responses may range all along the spectrum from Strongly Discouraging -> Strongly Encouraging .Request they report back to the group for discussion.</p> <p>Summary: US hospitals have practice gaps. This chart identifies those practices as encouraging or discouraging. We want to move from being discouraging to being encouraging in our practices.</p> <p>Practices that encourage and discourage breastfeeding are clearly identifiable in this activity. This self reflective activity utilizes the principles of adult learning: sequencing and reinforcement and engagement. This activity will generate additional issues that the hospital QI team should address. These issues are added to the QI team flip chart. This is a needs identification activity, or gap analysis, to aid administration is assessing the concerns of the staff and barriers that should be addressed. This activity assures the staff that their voice will be heard by administration.</p>

Method	Time	Content/Instructions
Slide 24 Clinical Experience assignment	5 minutes	The learner will be reminded of the objectives for the day and be instructed on the clinical experiences expected to be completed prior to the next workshop, i.e. the 'homework'.
Slide 25 Stone Activity	15 minutes	<p>Have everyone select a polished stone when they arrive. Have them keep their 'stone' during the day. As you prepare to close the class, have everyone pick up their stone and move to the periphery of the classroom. Have them locate someone in the class that they have not yet met. You may want to follow this script to guide this exercise:</p> <p>"Holding your stone, find a partner in the room whom you do not know well. Stand with her around the edge of the room."</p> <p>"Look at your stone carefully. There is no other stone in the room that is exactly like yours. Imagine that it is symbolic of your unique 'hopes and dreams'. Now think of a hope or a dream you have for yourself or some one else. Please identify a dream you feel comfortable sharing with your partner."</p> <p>"Now, hold the hope or dream in your mind while holding the stone in your hand. Imagine transferring your hope into the stone. Feel the warmth of the stone as it holds your hope". <i>Allow several minutes to elapse, have soft music on.</i></p> <p>"Please share your hope or dream with your partner with as much color and detail as you can imagine. After sharing you will give your stone into the care of your partner".</p> <p>"After sharing prepare to listen to your partner's dream. Listen and catch the subtle details of what they are saying.</p>

		<p>LISTEN to the words that the person says.</p> <p>LISTEN to the emotions being shared</p> <p>REFLECT BACK the emotions you have heard...</p> <p>Note to trainer (do not say this, just keep it in mind): Often the nurses are so busy giving information they have lost the skill of listening and reflecting back feelings, which as you know develops a relationship with the mother that allows HER to listen better to the nurse.</p> <p>Accept their stone and treasure it. You may like the stone you selected better, but part of 'caring' for someone's dream is to accept it even if it doesn't look like one you would chose". <i>Allow about 5 minutes to elapse while the partners share.</i></p> <p>As you leave this class, I would like to send you off with the thought that you are the very special people who have chosen to care for women's hopes and dreams. Their hopes and dreams for their birth and this baby may not be the same as yours, just as the stone you have accepted is not the same as the stone you selected. Yet, you honor and respect her choices while you nurture and care for her. I feel honored to have spent the day with you. You are an awesome group of people. I hope you will take this little token with you to remind you of this class and perhaps inspire you during your busy day, to take a moment to think about your patient's hopes and dreams. Thank you for your participation.</p> <p>Good bye, see you (date, time and location). Complete your evaluation. Bring your syllabus next time.</p>
Evaluation		Collect day one evaluations.

Putting Baby to the Breast

Time: 3 hours and 5 minutes total

Welcome Back and Homework Review: 50 minutes

Part 1 – Positioning: 75 minutes

Part 2 – Latch: 45 minutes

Objectives

- Demonstrate three positions mothers may use to breastfeed
- List at least three signs of an effective latch
- Identify two signs of milk transfer from the breast to the infant
- Identify three in-hospital strategies for early breastfeeding management

Key Messages

1. Different mothers will find different breastfeeding positions to be more desirable and comfortable.
2. It is the nurse's role to educate the mother about breastfeeding positions and to physically help her to achieve competence and independence with these positions.
3. In the delivery / recovery room, the ideal scenario for breastfeeding is self-attachment in the position most effective for mother and infant.
4. Semi-reclined maternal posture and the infant prone release maternal instinctual behaviors and primitive neonatal reflexes stimulating breastfeeding. The infant is an abdominal feeder and displays anti-gravity reflexes aiding latch.

Key Messages continued

5. Subsequently, if a mother is seated, it is advisable to position the mother and baby comfortably in a football hold or cross-cradle hold position. Self attachment can also be achieved in these positions.
6. The side-lying position may be used when the mother cannot sit up or when she is tired. It is challenging for the new mother to use this position effectively without assistance.
7. The cradle hold position is not advised for latching a newborn. However, a mother may latch her baby in the cross-cradle hold and change over to a cradle hold when the baby is latched well. The cradle hold position is often used successfully with older babies.
8. Safety is a primary concern.
9. A good latch is essential to avoid breastfeeding problems including sore nipples, engorgement and inadequate milk transfer.
10. The nurse should be able to recognize signs of good attachment and should educate the mother about the importance of a deep, asymmetrical latch.

Rationale

Nurses will develop confidence and commitment to assisting with positioning after they work with the dolls and coworkers in the classroom.

Toolbox

PowerPoint Presentation

- BBC 6: Putting Baby to the Breast

Recommended DVDs

- “Latch 1, 2, 3” by Healthy Children Project

Handouts/Print Materials

- Syllabus

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote
- Mat or gurney mattress to lie on
- Optional: blood pressure cuff & stethoscope

Materials

- Pillows with pillow cases, one for each participant
- Baby dolls, one for every two participants
- Receiving blanket

Session Plan

Method	Time	Content/Instructions
<p style="text-align: center;">Slide 1</p> <p>Activity 1: Welcome Back: Homework Review</p>	<p style="text-align: center;">50 minutes</p>	<p>Reconnect with the participants. Even before the session begins, ask if they had the opportunity to put mothers, fathers and babies skin-to-skin.</p> <p>Goal: to provide participants with an opportunity to share clinical experiences with skin to skin and breastfeeding. Use humor, friendship to create a safe environment.</p> <p>Some nurses will say “it didn’t work, the mom had a C-sec and was throwing up, so I had to put the baby on the dad.” Reframe that type of comment, with questions to guide her to see that it did work. How did the baby do on dad? How did the dad feel? How did the mom feel about it once she recovered?</p>
<p>Discussion/Lecture: Positioning Slides 3-6, 8-10</p>	<p style="text-align: center;">30 minutes</p>	<p>Through the use of slides and demonstration the students will practice the basic principles of getting the mother and infant optimally positioned for breastfeeding.</p> <p>A variety of positions are taught to allow for individual variations in comfort.</p>
<p style="text-align: center;">Slide 7-8</p> <p>Activity 2: Delivery Room/ Biological Nurturing</p>	<p style="text-align: center;">15 minutes</p>	<p>Demonstration of this skill is done to make the learner aware of the basic principles of placing the infant to breast with the mother in a reclining position.</p> <p>Activity Instructions:</p> <p>Request 2 volunteers from group to assist with role play activity Volunteer 1: patient lying on gurney or mat with pillows placed for comfort and support</p>

		<p>- in recumbent position- on back (Slide 7)</p> <p>- in recumbent position - side lying (Slide 8)</p> <p>Volunteer 2: RN caring for patient/ mother & infant</p> <p>Instruct RN (Volunteer 1) to assist patient / mother & baby (Volunteer 2) with initiating skin-to-skin & breastfeeding in both positions focusing on the importance of safety, maternal and infant assessment and staff time management.</p> <p>Ask all participants to encircle the activity to encourage group participation and discussion</p> <p>Reinforce that these positions may be used in the delivery room, Recovery and during the mothers postpartum stay.</p> <p>Debrief Activity: refer to BBC6 Speakers Notes</p> <p>Discussion of the “biological nurturing” and its role in self attachment may be a new concept for the learner and needs demonstration. Nurses need to be taught that co-bedding can be done safely.</p>
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Method	Time	Content/Instructions
<p data-bbox="260 315 426 342">Slides 11- 17</p> <p data-bbox="201 391 485 537">Activity 3 Positioning practice in football, cross cradle and cradle holds</p>	<p data-bbox="625 315 772 342">25 minutes</p>	<p data-bbox="905 315 1178 342">Activity Instructions:</p> <p data-bbox="905 391 1745 418">Each pair of students is given a doll and a pillow with pillow case.</p> <p data-bbox="905 467 1850 495">Three positions are taught to allow for individual variations and comfort.</p> <p data-bbox="905 544 1535 571">Instructor demonstrates the following positions:</p> <ul data-bbox="905 586 1440 691" style="list-style-type: none"> - Football hold (aka Clutch hold) - Cross Cradle Hold (aka Transition hold) - Cradle Hold <p data-bbox="905 740 1902 808">Demo- Return Demo: As instructor demonstrates each position, students are asked to place doll in each position and practice the holds.</p> <p data-bbox="905 857 1877 963">Reinforce that <u>all</u> instructors and trainers are to interact with the students during this activity to observe, assist and correct as needed. If students are working in pairs then time must be allotted for both to practice with a doll.</p> <p data-bbox="905 1011 1808 1079">The learner will be taught the basic principles for positioning a seated mother and her infant for breastfeeding.</p> <p data-bbox="905 1128 1839 1196">Use of physiological alignment of mother and infant will be explained to promote comfort and decrease stress.</p> <p data-bbox="905 1245 1845 1313">Practice of this manual skill under supervision will lead to mastery of the skill.</p>

Method	Time	Content/Instructions
<p>Slide 18</p> <p>Activity 4 Suck, Swallow, Breathe</p>	<p>5 minutes</p>	<p>The goal of this activity: To provide and opportunity to stretch between didactic sessions To demonstrate the importance of the midline positioning of an infants' head and neck and correct body alignment needed to maximize swallowing efficiency</p> <p>Activity Instructions: Script to be done with humor</p> <p>Ask participants to stand and instruct them to try the following positions and swallow while maintaining their head and neck alignment</p> <ul style="list-style-type: none"> - look to the ceiling , then swallow - ask: how did it feel? (tension) - look over their left shoulder, then swallow- ask: how did it feel? (tension) - look over their right shoulder, then swallow- ask: how did it feel? (tension) - look at the floor, then swallow- ask: how did it feel? (tension) - raise both hands and arms over their head and note how good it feels to stretch, instruct to swallow and ask, how does the swallow feel? (tension) <p>Instruct participants to:</p> <p>Drop left arm and continue to hold right arm high in the air- then pull back slightly on right on to create shoulder tension and turn head</p> <ul style="list-style-type: none"> - look at raised arm-, then swallow

		<ul style="list-style-type: none"> - and look to opposite side, then swallow (tension should be felt in both positions) <p>This position simulates the older infant feeding position where a mother is instructed to wrap her infant's lower arm around the mothers body- it creates uncomfortable shoulder and neck tension for a newborn.</p> <p>Ask participants to demonstrate proper midline alignment :</p> <ul style="list-style-type: none"> - Hands held at ear level and arms slightly flexed - Ears and shoulders in alignment with head tipped back slightly (as drinking a filled glass of water) - Head in midline (looking straight ahead) <p>Ask, what feels best? And what is the metaphor for breastfeeding?</p> <p>Conclusion: A baby can suck with his head in any position but proper body alignment with head & neck in midline is necessary for a baby to swallow/ breathe comfortably, and maintain latch & milk transfer.</p>
Option: Break Marker	15 minutes	
Discussion/Lecture: Latch Slide 19-21, 23- 26	20 minutes	<p>A deep, asymmetrical latch can facilitate milk transfer for the infant and comfort for the mother.</p> <p>Breastfeeding assessment includes signs of milk transfer.</p>

Method	Time	Content/Instructions
<p>Slide 22</p> <p>DVD: “Latch 1, 2, 3” By Healthy Children Projects</p>	<p>8 minutes</p> <p>DVD play time: 6 min Debriefing: 2 min</p>	<p>This DVD demonstrates the questions nurses need to ask themselves as they assess latch.</p> <p>DVD Background: refer to BBC6 Speakers Notes AV Instructions: cue to 5:30 (Feeding Cues) and Stop at 11:30</p> <p>Debrief DVD: refer to BBC6 Speakers Notes</p>
<p>Slide 27</p> <p>Demonstration: Role Play: assisting a mother with latch techniques</p>	<p>12 minutes</p>	<p>The Nurses’ Role: Assisting with Latch Techniques Role Play Demonstration Instructions: refer to BBC6 Speakers Notes</p> <p>Ask a trainer or a participant to volunteer to be the mom, and another participant to be the staff nurse.</p> <p>Note: Encourage the ‘mom’ to be clueless The instructors role is to support the staff nurse in helping the mom with positioning and latch.</p> <p>Debrief Demonstration: refer to BBC6 Speakers Notes</p>
<p>Slides 28-32</p> <p>Discharge instructions and summary</p>	<p>5 minutes</p>	<p>Nurses can guide the mother for her first days at home. Many hospitals have the nurse make the appointment for the mother to be seen in the clinic or pediatrician’s office before they go home to ensure that breastfed babies are seen at 3 to 5 days of age.</p>

Assessment and Documentation

Time: 40 minutes total

Objectives

- Identify two signs of comfortable positioning
- List three signs of an effective latch
- Identify two latch problems in need of referral to a lactation consultant

Key Messages

1. A thorough assessment of the infant at breast is critical to providing safe care as well as appropriate interventions and referral for mother and infant.
2. Assessments need to be documented in the patient chart using the LATCH score template and/or in the progress notes.
3. Nurses should observe at least one breastfeeding for each couplet on each shift. Additional assessments can be made from mother reporting, using open-ended questions.
4. Low LATCH scores on a one day old baby are not abnormal. A good score on a two day old does not ensure that the dyad is problem free. Ongoing monitoring will shape the plan of care.

Rationale

Nurses will develop confidence and commitment to assessing breastfeeding and developing and plans of care.

Toolbox

PowerPoint Presentation

- BBC 7: Assessment and Documentation

Recommended DVDs

- “Helping a New Mother to Breastfeed” by Royal College of Midwives

Handouts/Print Materials

- Syllabus
- LATCH score card

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Markers
- Poster-sized post-it on the wall and draw a chart like this:

	Day 1	Day 2	Day 5
L			
A			
T			
C			
H			
Total			

Session Plan

Method	Time	Content/Instructions
Discussion/Lecture Slides 1-14	15 minutes	Though the use of still and DVD images, participants will practice latch assessment.
Slide 15 DVD: “Helping a New Mother to Breastfeed” Activity 1: Assessment of Latch on DVD	20 minutes	DVD Background: refer to BBC7 Speakers Notes AV Instructions Cue DVD to 3:57 and pause at 7:35 (the baby is poorly latched on the left breast.) Ask the group to assess the latch. Start DVD at 7:25 and pause at 10:15 (the baby is poorly latched on the right breast.) Ask the group to assess the latch. Start DVD at 10:15 and pause at 16:05 (the baby is well latched on the right breast.) Ask the group to assess the latch. Play 16:05 -17:40 Latch instructions with still photo inserts Play 17:40-18:29 Slow motion reinforcement of proper latch technique Debrief DVD & Activity: refer to BBC7 Speakers Notes The Assessment of Latch Activity is to be done during DVD clip
Slide 16 Activity 2: “LATCH Scoring”	5 minutes	Background: refer to BBC7 Speakers Notes If LATCH is the tool at a particular venue, the following activity can be used to demonstrate its use.

<p>Activity 2 continued</p>		<p>Instructions: Instructor to use a poster-sized post-it, chart or white board to demonstrate how the LATCH score number may not provide adequate information about the breastfeeding ability of mother and baby.</p> <p>Read Day 1, Day 2 and Day 5 assessment finding aloud to the group Ask participants to verbally score each Day using the LATCH score Card</p> <p>Record findings on large chart</p> <p>Day 1: Too sleepy to latch; no swallows, nipples everted, breasts soft, minimal help <u>Score 5</u></p> <p>Day 2: Latch achieved, some swallows consistent with colostrum, nipples everted, breasts soft, minimal assistance. <u>Score 9</u></p> <p>Day 5: Grasps breast after several attempts, swallows heard, nipples flattened, breasts engorged, nipples blistered / cracked, minimal assist. <u>Score 5</u></p> <p>Debrief Activity: refer to BBC7 Speakers Notes</p> <p>Conclusion: Ability to latch-on is often more difficult after a few days but not for the same reasons. The mother/baby dyad can have a favorable score one day and not the next. Follow-up is essential.</p>
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Early Concerns

Time: 60 minutes total

Objectives

- Identify at least two nursing interventions that support breastfeeding in the following situations:
 - Insufficient milk supply: perceived
 - Insufficient milk supply: actual
 - Latch difficulties
 - Sore nipples
 - Engorgement

Key Messages

1. Some of the more common concerns that mothers have about breastfeeding include: adequacy of milk supply, infant's ability to attach to the breast, sore nipples and engorgement.
2. Appropriate nursing responses and interventions for each of these concerns will help to build the mother's confidence, prevent or decrease mother's discomfort, and assure adequate intake for the baby.
3. The nurse needs to be aware of inappropriate as well as appropriate reasons for supplementation of the infant, and utilize language and encourage behaviors that will minimize the use of artificial baby milk.
4. Mothers and babies who are not demonstrating successful breastfeeding skills at discharge will need referral to community support.
5. All breastfed babies should be seen 2-3 days post discharge for assessment.

Rationale

Although neonatal reflexes can be optimized to enhance self attachment, breastfeeding is a learned activity for both mothers and babies. When mothers achieve a level of confident commitment during the hospital stay, they can withstand the common challenges that occur as they initiate breastfeeding.

Toolbox

PowerPoint Presentation

- BBC 8: Early Concerns

Recommended DVDs

- None

Handouts/Print Materials

- Syllabus

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Belly Ball laminated cards
- markers
- Flip Chart Papers (5) with the following headings and placed on the walls around the room
 - Insufficient milk supply: perceived
 - Insufficient milk supply: actual
 - Latch difficulties
 - Sore nipples
 - Engorgement

Example of chart template:

Problem	
Cause/ Reason	Management

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture Slides 1-3, 5-20, 21- 34</p>	<p>35 minutes</p>	<p>The basic principles of addressing the most common concerns of new mothers are explored in this session. Asking open-ended questions will assist in ascertaining why the concern exists.</p> <p>In small groups, which offer safety and engagement, this activity demonstrates the wealth of knowledge the group has as a whole. While one individual might not have all the answers, collectively they do know this information. Teamwork is reinforced in this activity.</p> <p>Slides 5-7 Latch Difficulties Slides 8-10 Sore Nipples Slides 11-16 Engorgement Slides 17,23, 24 Insufficient Milk Supply: Actual Slides 18-20 Insufficient milk Supply: Perceived</p> <p>Bringing this back to the Nursing Plan of Care (or SBAR) reinforces that the role of the perinatal nurse is to support the mother’s decision to breastfeed with a plan of care that can be documented.</p>
<p>Slide 4 Activity 1: Group Problem Solving</p>	<p>20 minutes</p>	<p>Activity Background: refer to BBC8 Speakers Notes</p> <p>Activity instructions:</p> <p>Post Problem Flip Charts on the walls around the room</p> <p>Divide the participants into five sub-groups:</p> <ol style="list-style-type: none"> 1. Insufficient milk supply: perceived 2. Insufficient milk supply: actual

		<p>3. Latch difficulties 4. Sore nipples 5. Engorgement</p> <p>Ask each group to stand up and move to the flip chart for their Problem topic.</p> <p>Ask them to respond to the following questions and record findings on the wall flip charts</p> <ul style="list-style-type: none"> - Why does the concern exist? - How will you address her concerns? - Nursing Plan of Care? <p>Debrief Activity: Refer to BBC8 Speakers Notes</p>
<p>Slide 20 Activity 2: Belly Ball Cards</p>	<p>5 minutes</p>	<p>Distribute belly ball cards. The students should be instructed to note the tiny size of the newborn’s stomach at birth, and the physiologic norm for the gradual increase in stomach capacity. Students may keep the belly balls and use them as a teaching tool.</p> <p>The learner will be taught the capacity of the newborn stomach. It is appropriate to address the typical practice of handing a mother a 60cc bottle. If the stomach capacity is small then the supplementation should be a small quantity.</p>

Expressing and Feeding Breast Milk

Time: 20 minutes total

Objectives

- Identify three reasons for hand expression
- List two indications for milk expression in the hospital
- List at least two alternative feeding methods which can be used to support breastfeeding

Key Messages

1. Every mother should know how to hand express her milk. This is a quick, low cost, effective, and easy way to express milk.
2. When the baby or mother is unable to breastfeed and the baby needs to be supplemented, the mother should be taught to express her milk so that the baby can consume human milk and so the mother can create a good milk supply.
3. Cups, spoons, syringes, droppers, supplemental nursing systems and bottles are alternate feeding devices.
4. Cue-based bottle feeding means honoring the infant's need for time to suck, swallow and breathe, and take to take breaks from feeding as desired.

Rationale

Maternal and infant medical complications may make it necessary for the mother to express her milk and store it for later consumption by her baby. The use of an electric breast pump is one technique used for breast milk expression. In addition, hand expression is skill that health professionals should learn and teach mothers, so that even if she does not have a pump, she can drain her breasts if she needs too. Maternal-child health care professionals should be familiar with storage guidelines for expressed breast milk and should inform mothers about these guidelines. When the baby or mother is unable to breastfeed, the baby is often bottle-fed, using formula. The health care providers who care for these babies and mothers should optimize the quantity of breast milk used when supplementing, and should consider using feeding tools which might better support breastfeeding.

Toolbox

PowerPoint Presentation

- BBC 9: Expressing & Feeding Breast Milk

Recommended DVDs

- “Breastfeeding Management, Teaching Tools for Physicians and Other Professionals” by Jane Morton MD

Handouts/Print Materials

- Syllabus
- Storage Guidelines

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Session Plan

Method	Time	Content/Instructions
Discussion/Lecture Slides 1-2, 4-12	11 minutes	
Slide 3 DVD: “Breastfeeding Management, Teaching Tools for Physicians and Other Professionals” by Jane Morton, MD	9 minutes DVD play time: 7:22 min Debriefing: 1:30 min	<p>Although we will not actually teach the clinical skill of hand expression in this course, it is important for health care professionals helping breastfeeding mothers to learn this skill.</p> <p>Background: refer to BBC9 Speakers Notes</p> <p>AV Instructions: Cue DVD to Title II- Hand Expression with Teaching Play from beginning and stop at 7:22 (show entire segment)</p> <p>Debrief DVD: refer to BBC9 Speakers Notes</p> <p>Conclusion This is an essential clinical skill and RN competency is highly recommended. In many facilities competency is mandatory. It is beyond the scope of the classroom and must be taught at bedside or in a skills lab</p>
<i>optional</i> Slide 3 Activity 1: Hand Expression with balloons	Concurrent with viewing of DVD	<p>This is an optional activity to reinforce the instructions for hand expression provided during the viewing of the DVD.</p> <p><i>Note: participants with latex allergies should be exempt from this activity</i></p> <p>Activity Instructions:</p> <ul style="list-style-type: none"> - Distribute small balloons, one per participant with instruction to inflate to “breast size” - Encourage participants to follow along with DVD instructions by Dr Morton and practice hand placement and expression technique. <p>Debrief Activity: refer to BBC 9 Speakers Notes.</p>

Special Situations

Time: 70 minutes total

Objectives

- List three benefits of skin-to-skin care for preterm infants
- Identify three benefits of human milk for preterm infants
- Describe three nursing strategies to prevent hypoglycemia while supporting breastfeeding
- List three breastfeeding-friendly jaundice treatments
- List at least three contraindications to breastfeeding
- Identify a reliable source of information regarding the compatibility of medications with breastfeeding

Key Messages

1. Skin-to-skin care provides a natural habitat for at-risk infants and improves their state of health.
2. Babies who are at risk for breastfeeding problems include: premature babies, babies with hypoglycemia, babies with hyperbilirubinemia, babies who are SGA, LGA, low birth weight, multiples, babies with congenital problems and defects, babies with infections, and babies with womb position and birth trauma. Breastfeeding is contraindicated for a baby diagnosed with galactosemia.
3. Human milk has many special benefits for preterm babies and should be described as “medicine” and “liquid gold” when discussing the importance of pumping to mothers of preterm babies.
4. Late preterm babies are at risk for breastfeeding problems. Management in the early postpartum period should include observation of feedings to insure adequate milk transfer and evaluation of maternal milk supply. Skin-to-skin contact should be encouraged and supported by staff. Initiation and protection of the maternal milk supply starts in the hospital. Follow up should continue post discharge until breastfeeding is well established.
5. Routine monitoring of asymptomatic, not-at-risk, term neonates for hypoglycemia is unnecessary.

Key Messages (continued)

6. A baby who is noted to be hypoglycemic should be placed skin-to-skin with his mother and should be breastfed, instead of automatically bottle-feeding with artificial baby milk. Safety precautions include ongoing observation and assessment at bedside without maternal-infant separation as long as mother and baby are medically stable.
7. Most normal physiologic jaundice in breastfed babies is not due to the consumption of breast milk, but by the lack of adequate feeding of breast milk.
8. Maternal contraindications to breastfeeding include: HIV (in the US), HTLV-I & II, untreated tuberculosis, herpes simplex lesion on a breast, use of street drugs, and the use of a very small number of medications such as radioactive isotopes and anti-metabolites.
9. Maternal fever is NOT a contraindication to breastfeeding and neither are hepatitis, tobacco use, and occasional alcohol consumption.
10. Most medications have few side effects in breastfeeding babies because the dose transferred via milk is almost always too low to be clinically relevant, or it has poor bioavailability to the infant.

Rationale

Every baby and mother deserves the best possible start even if they have special circumstances.

Toolbox

PowerPoint Presentation

- BBC 10: Special Situations

Recommended DVDs

- “A Premie Needs His Mother” by Jane Morton, MD

Handouts/Print Materials

- Syllabus

- Premie Wheel

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Hale, *Medications and Mothers’ Milk*, 1 copy per two participants

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture</p> <p>Slides 1-17, 19-30, 31-35</p>	<p>53 minutes</p>	
<p>Slide 18</p> <p>DVD: "A Premie Needs His Mother" by Jane Morton. MD</p>	<p>7 minutes</p> <p>DVD play time: 3:35 min Debriefing: 3:25 min</p>	<p>The transitioning of a special needs infant to breastfeeding is a process often requiring advance practice skills and techniques from their health care professionals</p> <p>DVD Background: refer to BBC10 Speakers Notes</p> <p>AV Instructions: Cue DVD to Part II 3:45 and stop at 7: 20</p> <p>Debrief DVD: refer to BBC10 Speakers Notes</p>
<p>Slide 31</p> <p>Activity 1: Looking up medications in Hale</p>	<p>10 minutes</p>	<p>This book is a professional level, evidence based resource widely accepted for use within the medical community. The text includes additional recommendations, concerns and instructions for medication administration and use.</p> <p>Activity Background: refer to BBC10 Speakers Notes</p> <p>Activity Instructions: The purpose of this activity is to familiarize the learner with the format rating system and comments section included for each drug. It is important to read all of the information provided prior to making recommendations for use.</p> <ul style="list-style-type: none"> - Distribute copies of Thomas Hale's book <i>Medications and Mothers' Milk</i>, one for every other participant.

<p>Activity 1 continued</p>		<ul style="list-style-type: none"> - Working in pairs, ask the participants to look up various medications which are commonly used in their unit to determine whether each medication is compatible with breastfeeding. - Ask a participant to look up the rating system (L1, L2, L3, L4, L5) in the preface and have her explain it to the group. - Ask for volunteers to look up and report to the group the safety of these medications: (also listed on Slide 31) <ul style="list-style-type: none"> o Magnesium Sulfate o Hydrocodone (Vicodin) o Ortho-Novum (Birth control pills) o Dicloxacillin or other antibiotic o Alcohol o Marijuana o Nicotine o Nitrofurantoin (Macrobid) o Other medications they are interested in - Ask the participants where these books are located in their hospitals. Often gaps are discovered, such as the Emergency Department, Pharmacy, as well as comments such as “I can never find the book when I need it”. If these arise, note them on the Hospital QI Committee Chart. <p>Debrief Activity: refer to BBC10 Speakers Notes</p>
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Continuity of Care

Time: 20 minutes total

Objectives

- Identify three pre-discharge infant breastfeeding issues requiring follow up care
- Identify three pre-discharge maternal breastfeeding issues requiring follow up care
- Identify two follow-up resources available for breastfeeding families

Key Messages

1. All breastfed babies and breastfeeding mothers should be assessed prior to discharge for any breastfeeding problems.
2. All breastfed babies should be seen for follow-up by a qualified health care provider at 3-5 days of age.
3. There are different types of follow-up support. Follow up support is available and mothers need to be referred to the follow up centers upon discharge.
4. An assessment of the breastfeeding newborn during the first 2 to 3 days after discharge is critical to providing safe care.
5. Encouragement and support are key elements to helping new mothers continue to breastfeed through the first weeks.

Rationale

It is the responsibility of nurses as well as physicians to ensure a healthy continuation of breastfeeding for both mother and baby after discharge. A breastfeeding assessment should be done by a qualified health professional prior to discharge. This assessment can identify those babies and mothers who are at risk for breastfeeding difficulties and therefore need a referral for breastfeeding support soon after discharge.

Toolbox

PowerPoint Presentation

- BBC 11: Continuity of Care

Recommended DVDs

- None

Handouts/Print Materials

- Syllabus

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Flip chart
- Markers

Session Plan

Method	Time	Content/Instructions
<p>Discussion/Lecture</p> <p>Slides 1-8, 10-13</p>	<p>15 minutes</p>	<p>The learner will be taught the elements of pre-discharge assessment, first looking at infant then maternal issues. The standard of practice in the community may not include follow up at 3 to 5 days of age, as the AAP recommends. If this is the case, then that is a barrier to increasing breastfeeding rates and should be addressed by the hospital QI team.</p>
<p>Slide 9</p> <p>Activity 1: Breastfeeding Resources</p>	<p>5 minutes</p>	<p>Purpose of activity is for the participants to identify the resources for community support. Many hospitals have outdated information. Some nurses think of WIC as the 'formula' place and do not understand that it can offer support for breastfeeding.</p> <p>Activity Background: refer to BBC11 Speakers Notes</p> <p>Activity Instructions:</p> <ul style="list-style-type: none"> - Ask participants to brainstorm community resources for breastfeeding support follow up. - Record resources on the flip chart. <p>Debrief Activity: refer to BBC11 Speakers Notes</p>

Sustainability

Time: 50 minutes total

Objectives

- Identify two personal objectives that were met in this workshop
- List two topics identified in this workshop that the Interdisciplinary Breastfeeding Quality Improvement Team will consider addressing

Key Messages

1. Staff and management working together can create an environment for maternal infant care based on best practice guidelines.
2. The goal is to create and maintain an environment that supports the newborn's natural capabilities.
3. There are biological advantages of breastfeeding and the risks to the mother and infant of early introduction of artificial milk.
4. It is important to recognize and discuss approaches to eliminate common barriers to exclusive breastfeeding in the hospital setting.
5. The participants' objectives and concerns voiced at the beginning of this course were addressed.

Rationale

Change is difficult. Improving breastfeeding rates through quality improvement (PDCA- Plan, Do, Check, Act) is an ongoing process. Validating the participants' objectives by writing them on the chart through the whole workshop and then reviewing them during wrap up shows the participants that their ideas are important and meaningful to the trainers and the group. The Hospital QI Committee gets valuable information from this classroom process. The staff of Boston Medical Center overcame the challenge of change and so can this group.

Toolbox

PowerPoint Presentation

- BBC 12: Sustainability

Recommended DVDs

- “From Bottles to Breasts to Baby-Friendly” by Boston Medical Center

Handouts/Print Materials

- Syllabus
- Evaluation
- Post Test
- Certificates of Completion

Equipment

- Laptop computer
- Projector
- Screen or white wall surface
- DVD player
- Speakers
- Laser pointer and slide advance remote

Materials

- Flip charts from Day One: Objectives and Hospital QI Committee
- Markers

Session Plan

Method	Time	Content/Instructions
Discussion/Lecture: Slides 1-4	5 minutes	The learners will review the objectives for the workshop.
Slides 5-6 Activity 1: Wrap Up	18 minutes	Activity Background: refer to BBC12 Speakers Notes Activity Instructions: Objectives Chart: The learner will review their own objectives for the workshop. If any topics have not been addressed, then they should be discussed at this time. Note to Instructors: To avoid the 'I just need to get out of here' pressure, be sure to look at this chart at the end of Day One and at lunch time on Day Two so that their objectives are woven into the previous sessions. For example, if someone asked about the myths surrounding what a breastfeeding mother cannot eat, then weave the topic into BBC8: Early Breastfeeding Concerns. Hospital QI Committee Chart (aka- Parking Lot): Ask if anyone has additional items to add to this chart. Take it down and hand it to the person who will have it transcribed and presented to the Committee. Debrief Activity: refer to BBC12 Speakers Notes

Method	Time	Content/Instructions
<p>Slides 8-9 DVD: “From Bottles to Breasts to Baby Friendly” by Boston Medical Center</p>	<p>17 minutes DVD play time: 15:30 min Debriefing: 1:30 min</p>	<p>The message is ‘if we can do it, anyone can do it’.</p> <p>The trainers are the cheerleaders and can chant this with the group.</p> <p>DVD Background: included on Slide 8 and in the DVD introduction</p> <p>AV Instructions: Cue DVD to the beginning and stop at 15:30 (play entire segment)</p> <p>Debrief: refer to BBC12 Speakers Notes</p>
<p>Slide 10 Activity 2: Evaluation and Post Test</p>	<p>10 minutes</p>	<p>Ask the participants to complete Post Test and Evaluation forms.</p> <p>Exchange completed forms for the Certificate of Completion.</p> <p>Dismiss group with a friendly farewell.</p>

SUPPLEMENTAL MATERIALS

Birth & Beyond California
Learner Workshop
Day 1

Time:	Topic	Lead Instructor
0700 – 0745 (45 min)	Set Up	
0800 – 0815 (15 min)	Pretest & Self Efficacy Scale	
0815- 0900 (45 min)	Introduction Trainers to Scribe	
0900 – 0910 (10 min)	Feelings & Emotions Activity	
0910 – 0925 (15 min)	DVD: Bergman (Kangaroo Mother Care II)	
0925 – 0935 (10 min)	Break	
0935 – 1055 (80 min)	1- Science of Attachment	
1055 – 1105 (10 min)	Break	
1105 – 1215 (70 min)	2- Anatomy & Physiology of Lactation	
1215 – 1315 (60 min)	Lunch	
1315– 1325 (10 min)	DVD: Bergman (Kangaroo Mother Care II)	
1325 – 1410 (45 min)	3- Promoting Breastfeeding & the Risks of Not BF	
1410 – 1510 (60 min)	4- Predictable Newborn Patterns	
1510 – 1525 (15 min)	Break	
1525- 1615 (50min)	5- Hospital Practices: What the Data Tell Us	
<i>1615-1645 (30min)</i>	<i>catch up time</i>	
1645- 1700 (15 min)	Day 1 Conclusion- Protecting Their Dreams Stone Activity Evaluation	

Birth & Beyond California
Learner Workshop
Day 2

Time:	Topic	Lead Instructor
0745-0800 (15 min)	Trainer meeting	
0800 – 0850 (50 min)	Day 2 Welcome Back – Homework Review	
0850 – 1000 (70 min)	6- Putting Baby to Breast - Part 1: Positioning	
1000 – 1005 (5 min)	Stretch Activity (<i>suck-swallow-stretch</i>)	
1005 - 1020 (15 min)	Break	
1020 – 1105 (45 min)	6- Putting Baby to Breast - Part 2: Latch	
1105 – 1145 (40 min)	7- Assessment & Documentation	
1145 – 1245 (60 min)	Lunch	
1245 – 1345 (60 min)	8- Early Concerns	
1345 – 1415 (30 min)	9- Expressing & Feeding Breast Milk	
1415- 1430 (15 min)	Break	
1430 – 1540 (70min)	10- Special Situations	
1540-1545 (5 min)	Stretch	
1545 – 1605 (20 min)	11- Continuity of Care	
1605 – 1630 (25 min)	12- Next Steps: Working Towards Sustainability Trainers to Scribe	
<i>1630 - 1645 (15 min)</i>	<i>catch up time</i>	
1645 – 1700 (15 min)	Post Test, Evaluation	

Birth & Beyond California
Learner Workshop

Day 1

Time:	Topic	Lead Instructor
0715 – 0745 (30 min)	Set Up	
0800 – 0815 (15 min)	Pretest & Self Efficacy Scale	
0815- 0900 (45 min)	BBC 0- Introduction Scribes	
0900 – 0910 (10 min)	Activity 1: Eating Patterns Handout Activity 4: Feelings & Emotions Activity	
0910 – 0925 (15 min)	DVD: Bergman (Kangaroo Mother Care II) (Beginning -> 12:22)	
0925 – 0935 (10 min)	Break	
0935 – 1055 (80 min)	BBC 1- Science of Attachment DVD: Clinical Implications of Touch in Labor and Infancy (Play Title 1, Chapter 3: Primate Studies 6:46- 10:30) Activity 1: Hand massage DVD: Perry- Attachment (Show from the beginning ->11:00) DVD: Perry- Self Regulation (Show from 1:30 to 10:50)	
1055 – 1105 (10 min)	Break	
1105 – 1215 (70 min)	BBC 2- Anatomy & Physiology of Lactation Activity 1: peppermint candy Activity 2: Support vs Pressure DVD: Ameda (Show entire DVD 5:04 min) Activity 3: Skin to Skin using a Hospital gown DVD: Amazing Talents of the Newborn (Show Chapter 2 titled “The First Hour” 2:20-4:15)	
1215 – 1315 (60 min)	Lunch	
1315– 1325 (10 min)	DVD: Bergman (Kangaroo Mother Care II) (Restoring Original Paradigm-Conclusion) (Cue to 41:52 and run until the end 51:10)	
1325 – 1410 (45 min)	BBC 3- Promoting BF& the Risks of Not BF Activity 1: Risk Reduction Statements Activity 2: L-O-V-E Role play Optional Activity: Piano Keys Massage	

Birth & Beyond California
Learner Workshop

Time:	Topic	Lead Instructor
1410 – 1510 (60 min)	BBC 4- Predictable Newborn Patterns DVD: Latch 1, 2, 3 (Show 1:50 to 5:28) Activity 1: Waking a sleeping baby Activity 2: Newborn Sleep/ Wake Cycles DVD: Breastfeeding- Baby’s Choice (Show entire DVD 8 min) DVD: Amazing Talents of the Newborn (Show Chapter 7 titled “Breastfeeding” 22:40-26:40)	
1510 – 1525 (15 min)	Break	
1525- 1615 (50min)	BBC 5- Hospital Practices: What the Data Tell Us Activity 1: Hospital Practices	
<i>1615-1645 (30 min)</i>	<i>catch up time</i>	
1615- 1630 (15 min)	Day 1 Conclusion- Protecting Their Dreams Stone Activity Evaluation	

Note: for Day 2 (BBC 9: Using balloons for hand expression demo): ask about Latex Allergies

Birth & Beyond California
Learner Workshop

Day 2

Time:	Topic	Lead Instructor
0745 - 0800 (15 min)	Trainer meeting	
0800 – 0850 (50 min)	Day 2 Welcome Back – Homework Review	
0850 – 1000 (70 min)	BBC 6- Putting Baby to Breast - Part 1: Positioning Activity 2: Delivery room/ Biological Nurturing Activity 3: Positioning Practice	
1000 – 1005 (5 min)	Activity 4: Stretch Activity (<i>suck-swallow-stretch</i>)	
1005 - 1020 (15 min)	Break	
1020 – 1105 (45 min)	BBC 6- Putting Baby to Breast - Part 2: Latch DVD: Latch 1,2,3 (5:29 – 11:30 (Begin at “Feeding Cues”) Role Play: Assisting a mother	
1105 – 1145 (40 min)	BBC 7- Assessment & Documentation Activity 1: Latch Assessment (option- use DVD clips) DVD: Royal College of Midwives- Helping A Mother to Breastfeed: No Finer Investment (3:40-17:40) (Title 1, Ch 4 – This is the only chapter on our DVD) (End after 6 panel recap is finished) Activity 2: BF Assessment Tool- LATCH Scoring	
1145 – 1245 (60 min)	Lunch	
1245 – 1345 (60 min)	BBC 8- Early Concerns Activity 1: Group Problem solving Activity 2: Belly Balls	
1345 – 1415 (30 min)	BBC 9- Expressing & Feeding Breast Milk DVD: Morton- Breastfeeding Management, Educational Tools for Physicians and Other Professionals Title 2: Early Hand Expression with Teaching Steps beg -> 7:22 Activity 1: Hand expression using a balloon	
1415- 1430 (15 min)	Break	
1430 – 1540 (70min)	BBC 10- Special Situations Optional: DVD: Morton: A Premie Needs his Mother Activity 1: Hale Books	
1540-1545 (5 min)	Stretch/ Optional Activity: Piano Keys Massage	
1545 – 1605 (20 min)	BBC 11- Continuity of Care Activity 1: Breastfeeding Resources	
1605 – 1630 (25 min)	BBC 12- Next Steps: Working Towards Sustainability Activity 1: Group Discussion Wrap up DVD: Boston Medical Center From Bottles to Baby Friendly (Show entire DVD)	
1630 – 1645 (15 min)	catch up time	
1645 – 1700 (15 min)	Post Test, Evaluation	

Birth & Beyond California
16 Hour Learner Workshop Supplies List

	Included	Session	Location
Registration Supplies			
Sign-in Sheet (1 per day)		Day 1 & 2	
Pens (1 per participant)		Day 1 & 2	
Markers (1 set)		Day 1 & 2	
Name tags (1 per participant)		Day 1 & 2	
Tent cards (1 per participant) <i>OPTIONAL</i>		Day 1 & 2	
Participant Supplies			
BBC 16 Hr Training Syllabus (1 per participant)	X	Day 1	Print Job
BBC Participant Self-Efficacy Tool (1 per participant)	X	Prior to 16 Hour Learner Workshop	Supplemental
Schedule of Sessions (1 per participant)	X	Day 1 - Registration	Supplemental
BBC Pre Test (1 per participant)	X	Day 1 - Registration	Print Job
BBC Post Test (1 per participant)	X	End of Day 2	Print Job
BBC Evaluation – Day 1 (1 per participant)	X	End of Day 1	Print Job
BBC Evaluation – Day 2 (1 per participant)	X	End of Day 2	Print Job
Stones (1 per participant) <i>OPTIONAL</i>		BBC 5	
Belly Ball laminated cards (1 per participant)	X	BBC 8	Supplemental BBC 8
CEU Certificates		End of Day 2	
Participant Handouts			
Eating Patterns Activity (1 per participant)	X	BBC 0 BBC 4	Handouts BBC 0, BBC 4
AHRQ – Executive Summary Breastfeeding and Maternal and Infant Health Outcomes in Developing Countries (1 per participant)	X	BBC 2	Handouts BBC 3
Role of Human Milk (1 per participant)	X	BBC 3	Handouts BBC 3
Feeling Word Vocabulary List (1 per participant)	X	BBC 3	Handouts BBC 3

	Included	Session	Location
Participant Handouts			
Behavioral Cycles of Sleep-Wakefulness (1 per participant)	X	BBC 4	Handouts BBC 4
LATCH Score Card (1 per participant)	X	BBC 7	Handouts BBC 7
Storage Guidelines (1 per participant)	X	BBC 9	Handouts BBC 9
Preemie Wheel (1 per participant)	X	BBC 10	Handouts BBC 10
Educational Supplies			
Plastic bowls (2 per table) <i>OPTIONAL</i>		Day 1 & 2	
Peppermint candies <i>OPTIONAL</i>		Day 1 & 2 BBC 2	
Travel size hand lotion (1 per 2 participants)		Day 1 & 2 BBC 1	
Pom Poms (2 packages) <i>Suggestion: Replace with red crumpled paper</i>		Day 1 & 2 BBC 0	
Baby Dolls, normal weight (10 dolls)		Day 1 & 2	
Baby Dolls, premies (6 dolls)		Day 1 & 2	
Hospital gowns (13)		BBC 2	
Receiving blankets (13)		BBC 0, BBC 2, BBC 6	
Large blanket (1)		BBC 0, BBC 2	
Pillows with pillow cases (1 per participant)		Day 1 & 2	
Mat or gurney to lie on (1)		BBC 6	
Feeling Word laminated cards	X	BBC 3	Handouts BBC 3
Yellow highlight markers		BBC 3	
Large flip chart		Day 1 & 2	
Colored Markers		Day 1 & 2	
Hale, "Medications in Mother's Milk" (1 per 2 participants)		BBC 10	
Small post-its (25) <i>OPTIONAL</i>		Day 1 & 2	
Small ball or stuffed animal		BBC 3	
Wall clock (1) <i>OPTIONAL</i>		Day 1 & 2	
Count down timer (1) <i>OPTIONAL</i>		Day 1 & 2	
Smiley face stickers <i>OPTIONAL</i>		Day 1 & 2	

	Included	Session	Location
DVDs			
<i>The following videos are recommended to complement the materials of the BBC Learner Workshop but are by no means required to conduct the workshop. Hospitals and other facilities utilizing the BBC Learner Workshop are encouraged to use media best suited for the educational needs of their staff.</i>			
“Kangaroo Mother Care I & II” By Nils Bergman, MD		BBC 0	
“Clinical Implications of Touch in Labor and Infancy” By Marshall Klaus, MD, Stephen Suomi, MD		BBC 1	
“Six Core Strengths for Healthy Childhood Development – Attachment” By Bruce Perry,		BBC 1	
“Six Core Strengths for Healthy Childhood Development – Self-Regulation” by Bruce Perry		BBC 1	
“Your Baby Knows How to Latch On” By Ameda		BBC 2	
“Amazing Talents of the Newborn” By Marshall Klaus, MD		BBC 2, BBC 4	
“Breastfeeding: Baby’s Choice”		BBC 4	
“Latch 1, 2, 3”		BBC 6	
“Helping a New Mother to Breastfeed” by Royal College of Midwives <i>Note: This video is currently only available in VHS and can be purchased in the United Kingdom only.</i>		BBC 7	
“Breastfeeding Management, Teaching Tools for Physicians and Other Professionals” by Jane Morton, MD		BBC 9	
“A Premie Needs His Mother” By Jane Morton, MD		BBC 10	
Equipment			
Laptop with DVD player		Day 1 & 2	
LCD Projector		Day 1 & 2	
Slide advance remote		Day 1 & 2	
Screen or white wall surface		Day 1 & 2	
Extension cord <i>OPTIONAL</i>		Day 1 & 2	
Duct tape <i>OPTIONAL</i>		Day 1 & 2	
Masking tape <i>OPTIONAL</i>		Day 1 & 2	
Scissors		Day 1 & 2	
Laser pointer		Day 1 & 2	
Wheeled carts <i>OPTIONAL</i>		Day 1 & 2	
Batteries (AA and AAA)		Day 1 & 2	

RECOMMENDED DVD LIST
(updated Feb. 10, 2010)

TITLE	DISTRIBUTOR	PRICE* (subject to change)
Amazing Talents of the Newborn	No longer produced or distributed. PAC/LAC will provide a copy	n/a
Breastfeeding: Baby's Choice	Health Education Associates, Inc. 327 Quaker Meeting House Rd., E. Sandwich, MA 02537 Tel. No.: 508-888-8044 Fax: 508-888-8044 www.healthed.cc	\$39.00
Breastfeeding Management, Educational Tools for Physicians and Other Professionals (used for Hand Expression clip)	Breastmilksolutions Breastmilksolutions.com Videotransform, Inc. 940 Commercial St., Palo Alto, CA 94303 Tel. No: 650-433-1003 (bulk rates only)	\$65.00
From Bottles to Breasts to Baby-Friendly: Boston Medical Center	Baby-Friendly USA www.babyfriendlyusa.org 327 Quaker Meeting House Rd., E. Sandwich, MA 02537 Tel. No.: 508-888-8092 Fax: 508-888-8050	\$45.00
Helping a mother to breastfeed – No finer investment	Healthcare Productions, LTD Available in the UK only – www.healthcareproductions.co.uk	£ 26.50
Kangaroo Mother Care I & II	Geddes Productions P.O. Box 41761, Los Angeles, CA 90041 www.geddesproduction.com orders@geddesproduction.com	\$50.00
Latch 1,2,3: Troubleshooting Breastfeeding in the Early Weeks	Health Education Associates, Inc. 327 Quaker Meeting House Rd., E. Sandwich, MA 02537 Tel. No.: 508-888-8044 Fax: 508-888-8044 www.healthed.cc	\$29.95
A Premie Needs His Mother	Breastmilksolutions Breastmilksolutions.com Videotransform, Inc. 940 Commercial St., Palo Alto, CA 94303 Tel. No: 650-433-1003 (bulk rates only)	\$125.00 (single – can call for bulk rates)
The Six Core Strengths for Healthy Development: Attachment	The Child Trauma Academy 5161 San Felipe, Suite 320, Houston, TX 77056 Tel. No.: 866-943-9779 Fax: 713-513-5465 www.ctaproducts.org childtrauma@childtraumaacademy.org	\$89.95
The Six Core Strengths for Healthy Development: Self-Regulation	The Child Trauma Academy 5161 San Felipe, Suite 320, Houston, TX 77056 Tel. No.: 866-943-9779 Fax: 713-513-5465 www.ctaproducts.org childtrauma@childtraumaacademy.org	\$89.95
Touch in Labory & Infancy: Clinical Implications	No longer produced or distributed. PAC/LAC will provide a copy	n/a


Birth & Beyond
California:
Breastfeeding Training &
Quality Improvement Project



Your Hospital Name

PROGRAM DESCRIPTION

This 16-hour course provides the evidence, knowledge and skills participants need to confidently support, establish and protect both early mother-infant attachment and breastfeeding in the hospital setting. It will highlight the personal tools necessary to enhance early parent-infant attachment, and help families to listen to and understand the language of the newborn. Emphasis will be on honoring the mother's beliefs and choices of infant feeding.

This course was adapted from the Perinatal Services Network at Loma Linda University Medical Center. Through the Birth and Beyond Course, Perinatal Services Network has provided education to over 2,200 health professionals in San Bernardino and Riverside Counties.

TARGET AUDIENCE

Physicians, Registered Nurses, Licensed Vocational Nurses, Dietitians/Nutritionists, Occupational Therapists, Lactation Consultants, Lactation Educators, and others interested in supporting

families in the initiation and maintenance of breastfeeding.

OBJECTIVES

Following the didactic presentations, participants will be able to:

- ❖ Create an environment that supports and enhances the newborn's natural capabilities;
- ❖ Demonstrate the skills necessary to organize care to maximize mother and infant skin-to-skin contact and bonding;
- ❖ Identify the biologic, nutritional and immunologic properties of breastfeeding and the risks of artificial milk; and to
- ❖ Recognize and discuss solutions to alleviate common barriers to supporting mothers' choice to exclusively breastfeeding.

LOCATION

Your classroom location

TIME

7:45 am Registration
8:00 am – 5:00 pm Class

REGISTRATION

Pre-registration is required. Registration deadline is 2 weeks prior to the first day of class. If you do not receive your confirmation email before the class, please call to confirm your registration has been received.

Registration includes: continental breakfast each day, syllabus, and continuing education credit. Lunch is on your own.

CONTINUING EDUCATION UNITS

Your hospital name is a provider approved by the Board of Registered Nursing, provider # _____; this course offers 16 contact hours after *completion of class and post-test*. The attendee must maintain certificates for a period of four years following the course. No partial CEU's will be granted for missed time in class.

DATES

This 16-hour course is offered in two 8-hour days. Day 1 and Day 2 must be taken together in the session dates offered below.

Sessions
Day of the Week, Dates

SESSION TOPICS

- Current Outcomes in Bonding and Attachment
- Physiology of Birth and Lactation
- Science of Attachment
- Predictable Newborn Patterns
- Science, History & Culture of Feeding Practices
- Infant Led Latch
- Contraindications to Breastfeeding
- Common Concerns
- Expressing Breastmilk
- Sustainability of Policy and Practice Changes

PARTICIPANT CONFIRMATION

Confirmation by e-mail will be sent to participants providing an e-mail address. No other confirmation will be sent.

MORE INFORMATION / QUESTIONS

phone

or

email

REGISTER

RETURN THIS FORM TO: _____

BIRTH & BEYOND CA REGISTRATION

Session/Class Dates

First Name

Last Name

Job Title

Department

Street Address

City

State

Zip Code

Telephone

E-mail address

License Number

Hospital Name: _____

Birth & Beyond California Participant Self-Efficacy Scale

This questionnaire is designed to help gain a better understanding of Birth & Beyond California participants' perceptions of their own abilities to implement Model Hospital Breastfeeding Policies to improve exclusive in-hospital breastfeeding rates.

Please rate your level of confidence with the following statements.

Breastfeeding Quality Improvement:

	Not at All Confident	A Little Confident	Somewhat Confident	Fairly Confident	Totally Confident
• I can show mothers and families how to engage their infants in skin-to-skin contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can support breastfeeding by keeping healthy mothers and their babies close together during the entire hospital stay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can show mothers how to properly breastfeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can encourage new mothers to exclusively breastfeed their infants for their first six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communication with Healthcare Professionals:

• I can educate nurses, certified midwives, physicians and other health professionals about the benefits and management of breastfeeding.	<input type="radio"/>				
• I can encourage nurses, certified midwives, physicians and other health professionals to place mothers and babies skin-to-skin during the first two hours after birth and as much as possible thereafter.	<input type="radio"/>				
• I can make sure that breastfeeding infants are not given sterile water, glucose water, or artificial milk without the mother's informed consent and/or physician's specific order.	<input type="radio"/>				
• I can utilize opportunities to collaborate on patient care with physicians.	<input type="radio"/>				
• I can seek ideas about breastfeeding quality improvement from professionals, other than physicians, e.g., (registered dietitians, lactation consultants, occupational therapists, etc.).	<input type="radio"/>				

Communication with Patients:

• I can help a mother to understand the importance of skin-to-skin contact.	<input type="radio"/>				
• I can encourage the undecided mother to breastfeed.	<input type="radio"/>				
• I can help mothers overcome breastfeeding fears.	<input type="radio"/>				
• I can help mothers to understand babies' sleep and feeding patterns.	<input type="radio"/>				

This questionnaire is designed to help gain a better understanding of Birth & Beyond California participants' perceptions of their own abilities to implement Model Hospital Breastfeeding Policies to improve exclusive in-hospital breastfeeding rates.

Please rate your level of confidence with the following statements.

Access to Resources:

	Not at All Confident	A Little Confident	Somewhat Confident	Fairly Confident	Totally Confident
• I can get the education and training I need to improve breastfeeding quality at my hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• I can get the resources (staff, equipment, etc.) to improve breastfeeding quality at my hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Empowerment:

• I can have a significant impact on a mother's success with breastfeeding.	<input type="radio"/>				
• I can promote and support breastfeeding in my hospital.	<input type="radio"/>				
• I can influence breastfeeding quality improvement decisions at my hospital.	<input type="radio"/>				
• I can freely express my views about important breastfeeding quality improvement issues.	<input type="radio"/>				
• Overall, my current work environment empowers me to accomplish my work related to breastfeeding quality improvement in an effective manner.	<input type="radio"/>				

Participant Background:

Birth & Beyond California Training (Select all that apply.) None Decision Maker Learner Trainer QI/QA Network

Years of Nursing Experience None 1-5 6-10 11-15 16-20 >20

Years of Nurse Management Experience None 1-5 6-10 11-15 16-20 >20

Years of Hospital Management Experience None 1-5 6-10 11-15 16-20 >20

Hospital Quality Improvement Experience None 1-5 6-10 11-15 16-20 >20

Breastfeeding Quality Improvement Experience None 1-5 6-10 11-15 16-20 >20

Professional Status (Select all that apply.) MD CNM CNS NP PA RN

RT RD MSW LC/IBCLC Other (Please specify): _____

Specialty Area(Please select all that apply.) L&D Post Partum Nursery NICU Peds.

Management Mother/Baby Other (Please specify): _____

Date: _____

Hospital: _____

***Birth & Beyond California: Training & Quality Improvement Project
16 Hour Learner Workshop***

Pretest

Please indicate (circle one) the best answer to each of the following questions.

1. Three ways hospital staff can promote proximity of the mother/baby dyad are:
 - a. Encourage family visitors to be with the mother and infant, place the baby skin to skin with the mother, demonstrate infant massage
 - b. Place the baby skin to skin with the mother, assist the mother to room-in with the infant, encourage the use of a pacifier for hearing screening
 - c. Place the baby skin to skin with the mother, encourage the mother to rest at night by taking the baby to the nursery, support breastfeeding
 - d. Share observations that instruct the mother the value of keeping the baby close, place the baby skin to skin with the mother, assist the mother with rooming-in
 - e. All of the above

2. Two hormones that impact lactation are:
 - a. Adrenaline, oxytocin
 - b. Oxytocin, prolactin
 - c. Progesterone, testosterone
 - d. Insulin, gastrin
 - e. Pitocin, prolactin

3. The American Academy of Pediatrics (AAP) recommends that babies breastfeed:
 - a. Exclusively for 2 months
 - b. Exclusively for 4 months with complementary foods added thereafter
 - c. Exclusively for 6 months, adding complementary foods thereafter and continuing for the first year of life and beyond for as long as mutually desired by mother and child
 - d. Exclusively for 6 months, adding complementary foods thereafter and continuing for the first 2 years of life and beyond for as long as mutually desired by mother and child

4. Linda delivered a term baby girl by vaginal birth. The baby is now 36 hours old. The infant was sleepy the first 24 hours, but nursed well when mother worked to bring her to a quiet alert or drowsy state after she was 18 hours old. The infant now wants to nurse constantly. Linda is distressed by this behavior and has asked you for a pacifier. Which is the best response?
 - a. You should bring Linda a pacifier for her baby, because she is the mother and has the right to make choices for her newborn
 - b. You should explain to Linda that the baby's feeding behavior is normal and will help stimulate her milk production and that you will help her work rest periods into her care while she is still in the hospital
 - c. You should offer to take the newborn to the nursery and feed her formula so that Linda can get some much needed rest before she is discharged home

5. Identify the three hospital practices that can increase breastfeeding duration:
 - a. Rooming-in, in-hospital exclusive breastfeeding, breastfeeding within the first hour after birth
 - b. Priming his sucking reflex with a pacifier, rooming-in, in-hospital exclusive breastfeeding
 - c. Rooming-in, swaddling to calm infant prior to breastfeeding, referral phone number for breastfeeding help after discharge
 - d. Skin to skin with the father, breastfeeding within the first hour after birth, rooming-in
 - e. Rooming-in, encouraging family visitors, in-hospital exclusive breastfeeding

Please See Reverse

6. Identify three indicators of an effective latch:
 - a. Cheeks dimpling in while sucking, nose deep into breast and gliding jaw movements
 - b. Chin deep into breast, wide angled mouth opening, rhythmic sucking bursts with swallows
 - c. Much of the areola taken into the mouth, lips flanged back by breast and cheeks dimpling in while sucking
 - d. Baby's mouth centered on the areola, audible smacking sounds and lips flanged back by breast
 - e. Audible smacking sounds, tongue visible under areola and evidence of milk in baby's mouth

7. Problems in need of referral to a lactation consultant/specialist:
 - a. Refusal to latch after 12 hours
 - b. Flat nipples
 - c. Unresolved pain, >3 on a 10-point pain scale
 - d. Intermittent audible swallowing
 - e. All of the above

8. Sore nipples in the early days are best addressed by the following nursing strategy:
 - a. Regular use of ibuprofen
 - b. Using a nipple cream regularly
 - c. Help in positioning and latching the baby
 - d. Limiting breastfeeding to 20 minutes per side
 - e. Rest the nipples and bottle feed the infant

9. Milk expression in the hospital is indicated when:
 - a. Mother has been on magnesium sulfate
 - b. Infant is unable to latch or breastfeed well
 - c. Mother plans to formula feed the infant
 - d. Father wants to feed the infant
 - e. Mother needs assurance she has enough milk

10. When there is a concern of possible adverse effects with the use of a medication while breastfeeding, the 3 most reliable reference materials are:
 - a. Hale, *Medications in Mother's Milk*, 2008; Briggs, *Drugs in Pregnancy and Lactation*, 8th Edition; National Institute of Health: LactMed, www.toxnet.nlm.nih.gov
 - b. Physician' Desk Reference, 2008; the physicians' order; the warning posted on the drug label "not recommended if pregnant or breastfeeding"
 - c. Briggs, *Drugs in Pregnancy and Lactation*, 8th Edition; Physician' Desk Reference, 2008; Merck's Manual
 - d. None of the above

Date: _____

Hospital: _____

***Birth & Beyond California: Training & Quality Improvement Project
16 Hour Learner Workshop***

Post Test

Please indicate (circle one) the best answer to each of the following questions.

1. Three ways hospital staff can promote proximity of the mother/baby dyad are:
 - a. Encourage family visitors to be with the mother and infant, place the baby skin to skin with the mother, demonstrate infant massage
 - b. Place the baby skin to skin with the mother, assist the mother to room-in with the infant, encourage the use of a pacifier for hearing screening
 - c. Place the baby skin to skin with the mother, encourage the mother to rest at night by taking the baby to the nursery, support breastfeeding
 - d. Share observations that instruct the mother the value of keeping the baby close, place the baby skin to skin with the mother, assist the mother with rooming-in
 - e. All of the above

2. Two hormones that impact lactation are:
 - a. Adrenaline, oxytocin
 - b. Oxytocin, prolactin
 - c. Progesterone, testosterone
 - d. Insulin, gastrin
 - e. Pitocin, prolactin

3. The American Academy of Pediatrics (AAP) recommends that babies breastfeed:
 - a. Exclusively for 2 months
 - b. Exclusively for 4 months with complementary foods added thereafter
 - c. Exclusively for 6 months, adding complementary foods thereafter and continuing for the first year of life and beyond for as long as mutually desired by mother and child
 - d. Exclusively for 6 months, adding complementary foods thereafter and continuing for the first 2 years of life and beyond for as long as mutually desired by mother and child

4. Linda delivered a term baby girl by vaginal birth. The baby is now 36 hours old. The infant was sleepy the first 24 hours, but nursed well when mother worked to bring her to a quiet alert or drowsy state after she was 18 hours old. The infant now wants to nurse constantly. Linda is distressed by this behavior and has asked you for a pacifier. Which is the best response?
 - a. You should bring Linda a pacifier for her baby, because she is the mother and has the right to make choices for her newborn
 - b. You should explain to Linda that the baby's feeding behavior is normal and will help stimulate her milk production and that you will help her work rest periods into her care while she is still in the hospital
 - c. You should offer to take the newborn to the nursery and feed her formula so that Linda can get some much needed rest before she is discharged home

5. Identify the three hospital practices that can increase breastfeeding duration:
 - a. Rooming-in, in-hospital exclusive breastfeeding, breastfeeding within the first hour after birth
 - b. Priming his sucking reflex with a pacifier, rooming-in, in-hospital exclusive breastfeeding
 - c. Rooming-in, swaddling to calm infant prior to breastfeeding, referral phone number for breastfeeding help after discharge
 - d. Skin to skin with the father, breastfeeding within the first hour after birth, rooming-in
 - e. Rooming-in, encouraging family visitors, in-hospital exclusive breastfeeding

Please See Reverse

6. Identify three indicators of an effective latch:
 - a. Cheeks dimpling in while sucking, nose deep into breast and gliding jaw movements
 - b. Chin deep into breast, wide angled mouth opening, rhythmic sucking bursts with swallows
 - c. Much of the areola taken into the mouth, lips flanged back by breast and cheeks dimpling in while sucking
 - d. Baby's mouth centered on the areola, audible smacking sounds and lips flanged back by breast
 - e. Audible smacking sounds, tongue visible under areola and evidence of milk in baby's mouth

7. Problems in need of referral to a lactation consultant/specialist:
 - a. Refusal to latch after 12 hours
 - b. Flat nipples
 - c. Unresolved pain, >3 on a 10-point pain scale
 - d. Intermittent audible swallowing
 - e. All of the above

8. Sore nipples in the early days are best addressed by the following nursing strategy:
 - a. Regular use of ibuprofen
 - b. Using a nipple cream regularly
 - c. Help in positioning and latching the baby
 - d. Limiting breastfeeding to 20 minutes per side
 - e. Rest the nipples and bottle feed the infant

9. Milk expression in the hospital is indicated when:
 - a. Mother has been on magnesium sulfate
 - b. Infant is unable to latch or breastfeed well
 - c. Mother plans to formula feed the infant
 - d. Father wants to feed the infant
 - e. Mother needs assurance she has enough milk

10. When there is a concern of possible adverse effects with the use of a medication while breastfeeding, the 3 most reliable reference materials are:
 - a. Hale, *Medications in Mother's Milk*, 2008; Briggs, *Drugs in Pregnancy and Lactation*, 8th Edition; National Institute of Health: LactMed, www.toxnet.nlm.nih.gov
 - b. Physician' Desk Reference, 2008; the physicians' order; the warning posted on the drug label "not recommended if pregnant or breastfeeding"
 - c. Briggs, *Drugs in Pregnancy and Lactation*, 8th Edition; Physician' Desk Reference, 2008; Merck's Manual
 - d. None of the above

Date: _____

Hospital: _____

**Birth & Beyond California: Training & Quality Improvement Project
16 Hour Learner Workshop**

KEY

Please indicate (circle one) the best answer to each of the following questions.

1. Three ways hospital staff can promote proximity of the mother/baby dyad are:
d. Share observations that instruct the mother the value of keeping the baby close, place the baby skin to skin with the mother, assist the mother with rooming-in
2. Two hormones that impact lactation are:
b. Oxytocin, prolactin
3. The American Academy of Pediatrics (AAP) recommends that babies breastfeed:
c. Exclusively for 6 months, adding complementary foods thereafter and continuing for the first year of life and beyond for as long as mutually desired by mother and child
4. Linda delivered a term baby girl by vaginal birth. The baby is now 36 hours old. The infant was sleepy the first 24 hours, but nursed well when mother worked to bring her to a quiet alert or drowsy state after she was 18 hours old. The infant now wants to nurse constantly. Linda is distressed by this behavior and has asked you for a pacifier. Which is the best response?
b. You should explain to Linda that the baby's feeding behavior is normal and will help stimulate her milk production and that you will help her work rest periods into her care while she is still in the hospital
5. Identify the three hospital practices that can increase breastfeeding duration:
a. Rooming-in, in-hospital exclusive breastfeeding, breastfeeding within the first hour after birth
6. Identify three indicators of an effective latch:
b. Chin deep into breast, wide angled mouth opening, rhythmic sucking bursts with swallows
7. Problems in need of referral to a lactation consultant/specialist:
e. All of the above
8. Sore nipples in the early days are best addressed by the following nursing strategy:
c. Help in positioning and latching the baby
9. Milk expression in the hospital is indicated when:
b. Infant is unable to latch or breastfeed well
10. When there is a concern of possible adverse effects with the use of a medication while breastfeeding, the 3 most reliable reference materials are:
a. Hale, Medications in Mother's Milk, 2008; Briggs, Drugs in Pregnancy and Lactation, 8th Edition; National Institute of Health: LactMed, www.toxnet.nlm.nih.gov

**Birth & Beyond California
Learner Workshop Evaluation – DAY 1**

Hospital Site: _____

Event Date: _____

Please help us determine the quality of this training by completing the evaluation form. All responses are confidential. Thank you for your cooperation.

1. Please evaluate the following statements using the following rating scale:

1 =Strongly Disagree; 2 =Disagree; 3 =Neither Agree nor Disagree; 4 =Agree; 5 =Strongly Agree

- a. The event met the expected objectives.
- b. The topics were relevant.
- c. The activity will benefit me and contribute to improved patient care.
- d. The presentations were free from commercial bias.
- e. The physical facility was conducive to the learning environment.
- f. I would recommend this training to a colleague.

2. Please evaluate the faculty members using the following rating scale:

1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Excellent

Topic/Speaker	Lecture Content	Level of Presentation	Speaker Knowledge	Speaker Style	Audio Visual	Syllabus Materials
Session 1: Science of Attachment						
Session 2: Anatomy & Physiology						
Session 3: Promoting Breastfeeding						
Session 4: Predictable Newborn Patterns						
Session 5: Hospital Practices						

Please identify your professional status (Please circle):

MD CNM CNS NP PA RN RT RD MSW LC Other (Please specify): _____

Please identify your area of specialty (Please Circle):

L&D Post Partum Nursery NICU Management Peds Mother/Baby

Suggestions for Improvement: _____

**Birth & Beyond California
Learner Workshop Evaluation – DAY 2**

Hospital Site: _____

Event Date: _____

Please help us determine the quality of this training by completing the evaluation form. All responses are confidential. Thank you for your cooperation.

1. Please evaluate the following statements using the following rating scale:

1 =Strongly Disagree; 2 =Disagree; 3 =Neither Agree nor Disagree; 4 =Agree; 5 =Strongly Agree

- a. The event met the expected objectives.
- b. The topics were relevant.
- c. The activity will benefit me and contribute to improved patient care.
- d. The presentations were free from commercial bias.
- e. The physical facility was conducive to the learning environment.
- f. I would recommend this training to a colleague.

2. Please evaluate the faculty members using the following rating scale:

1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Excellent

Topic/Speaker	Lecture Content	Level of Presentation	Speaker Knowledge	Speaker Style	Audio Visual	Syllabus Materials
Session 6: Putting Baby to Breast						
Session 7: Assessment & Documentation						
Session 8: Early Concerns						
Session 9: Expressing & Feeding Breast Milk						
Session 10: Special Situations						
Session 11: Continuity of Care						
Session 12: Sustainability						

Please identify your professional status (Please circle):

MD CNM CNS NP PA RN RT RD MSW LC Other (Please specify): _____

Please identify your area of specialty (Please Circle):

L&D Post Partum Nursery NICU Management Peds Mother/Baby

Suggestions for Improvement: _____

SELF-ASSESSMENT AND CLINICAL COMPETENCY - POSITIONING & LATCH

Name _____ Preceptor: _____ Date: _____

POSITIONING & LATCH	Self-Assessment Rating (1,2,or 3)	KNOWLEDGE		SKILL	JUDGEMENT		Preceptor's Initials
		Method	Date	Demonstrated	Method	Date	
Is the practitioner able to <u>describe</u> principles of positioning?							
▪ Head and body in line							
▪ Held close to mother							
▪ Nose opposite nipple							
▪ Head free to tilt back							
▪ Position sustainable for both							
Is the practitioner able to <u>demonstrate</u> the principles of positioning?							
▪ Head and body in line							
▪ Held close to mother							
▪ Nose opposite nipple							
▪ Head free to tilt back							
▪ Position sustainable for both							
Is the practitioner able to <u>describe</u> an effective latch?							
▪ Chin touching breast							
▪ Mouth open wide							
▪ Lower lip flanged							
▪ Cheeks full and rounded							
▪ If visible, more areola seen above top lip							
▪ Slow rhythmic suckling with pauses							
▪ Feeding is pain free							
Is the practitioner able to <u>explain</u> why effective positioning and latch are important?							
Did the practitioner establish what the mother already knew?							
Did the practitioner explain what constitutes an effective positioning and latch:							
▪ Accurately?							
▪ Using simple language?							
▪ In a logical sequence?							
▪ Using a "hands-off" approach?							
Is the practitioner knowledgeable about hospital and community resources? (e.g. handouts, models, etc.)							
Did the practitioner check the mother's understanding?							
Did the practitioner use appropriate body language?							
▪ Posture							
▪ Eye contact and facial expressions							
Did the practitioner document the event appropriately?							
Comments by practitioner:							
Comments by preceptor							

Self-Assessment

1 - Need to learn and practice prior to validation
 2 - Need practice prior to validation
 3 - Can perform independently (needs validation only)

Method of Learning (Knowledge)

R - Read
 O - Observation
 D - Demonstration
 LMC - Learning Module Completed
 CA - Class Attended
 CAI - Computer Assisted Instruction

Method of Evaluation (Judgement)

RD - Return Demonstration
 PO - Preceptor Observation
 WA - Written Assessment
 CA - Chart Audit
 PFB - Patient Feedback
 V - Verbalize Understanding
 PCS - Patient Care Scenarios

SELF-ASSESSMENT AND CLINICAL COMPETENCY - HAND EXPRESSION

Name _____ Preceptor: _____ Date: _____

HAND EXPRESSION	Self-Assessment Rating (1,2,or 3)	KNOWLEDGE		SKILL	JUDGEMENT		Preceptor's Initials
		Method	Date	Demonstrated	Method	Date	
Is the practitioner able to <u>describe</u> relevant breast anatomy?							
Is the practitioner able to <u>describe</u> ways to simulate the oxytocin reflex?							
▪ Having baby near							
▪ Gentle breast massage							
▪ Use of something to remind mother of baby							
Is the practitioner able to <u>describe</u> how the mother can place hand?							
▪ Place finger(s) and thumb opposite each other							
Is the practitioner able to <u>demonstrate</u> how to place mother's hand?							
▪ Place finger(s) and thumb opposite each other							
Is the practitioner able to <u>describe</u> how to express milk?							
▪ Place finger(s) and thumb opposite each other							
▪ Press, compress and release							
▪ Repeat, maintaining a rhythm of press, compress & release							
▪ Avoid sliding fingers on skin							
Is the practitioner able to explain why hand expression may be useful?							
Did the practitioner establish what the mother already knew?							
Did the practitioner explain the procedure:							
▪ Accurately?							
▪ Using simple language?							
▪ In a logical sequence?							
▪ Using a "hands-off" approach?							
Is the practitioner knowledgeable about hospital and community resources? (e.g. handouts, models, etc.)							
Did the practitioner check the mother's understanding?							
Did the practitioner use appropriate body language?							
▪ Posture							
▪ Eye contact and facial expressions							
Did the practitioner document the event appropriately?							
Comments by practitioner:							
Comments by preceptor							

Self-Assessment

- 1 - Need to learn and practice prior to validation
- 2 - Need practice prior to validation
- 3 - Can perform independently (needs validation only)

Method of Learning (Knowledge)

- R - Read
- O - Observation
- D - Demonstration
- LMC - Learning Module Completed
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Method of Evaluation (Judgement)

- RD - Return Demonstration
- PO - Preceptor Observation
- WA - Written Assessment
- CA - Chart Audit
- PFB - Patient Feedback
- V - Verbalize Understanding
- PCS - Patient Care Scenarios

Latch Assessment

When assessing the baby's latch, ask yourself the following questions:

Before the latch:

1. What is the infant's state?
2. Are feeding cues observed?

Beginning the latch:

1. Does the nursing start with the baby's nose at the level of the mother's nipple?
2. Does the baby open his mouth wide (in a gape)?
3. Is the baby moved quickly onto the breast once the gape is seen?
4. Does the baby's lower lip and tongue make contact with the breast before the upper lip?

Assessing the quality of the latch:

1. Is the baby's mouth positioned asymmetrically at the breast?
2. Does the mother feel pain?
3. Is the baby's mouth open wide (140 degrees)?
4. Are the baby's lips sealed around the mother's breast?
5. Are the baby's upper and lower lips flanged out?
6. Are the baby's cheeks rounded?

Assessing adequate milk transfer:

1. Is the baby's jaw moving in a rocker motion?
2. Can you hear the baby swallowing?
3. What are the rhythms of the baby's swallowing?
4. Does the baby end the feeding with arms and hands relaxed?
5. Does the baby appear satiated at the end of the feeding?

THE FOURTEEN LESSON LIST – UNICEF, 1992

Lesson 1: Breastfeeding and Child Survival

- Current breastfeeding recommendations
- Superiority of human milk
- Benefits of exclusive breastfeeding for six months
- Maternal medications and breastfeeding

Lesson 2: How Milk Gets from the Breast to the Baby

- Anatomy and physiology of lactation
- Process of breast milk production
- Role of suckling & attachment

Lesson 3: Promoting Breastfeeding Through Pregnancy & Birth

- Women at risk for breastfeeding difficulties
- Talking with pregnant women about breastfeeding
- Management that supports early breastfeeding

Lesson 4: Getting Breastfeeding Started

- Counseling skills
- Helping mothers with early feeds
- Practices that may hinder or harm breastfeeding

Lesson 5: Evaluating a Breastfeed

- Observing breastfeeding
- Evaluating attachment
- Evaluating baby's suckling

Lesson 6: Early Problems with the Breast

- Appearance of the mother's breasts and nipples
- Engorgement
- Sore nipples

Lesson 7: Babies Who "Refuse" the Breast

- Evaluating & working with babies who have difficulty getting attached or staying attached to the breast

Lesson 8: Low Milk Production

- Patterns of growth in breastfed infants
- Low milk production: real and perceived
- How to increase milk production
- Relactation

Lesson 9: Babies Who Need Special Attention

- Preterm and low birth weight infants
- Multiples
- Prevention and management of jaundice

Lesson 10: Later Breast Problems

- Blocked milk ducts
- Mastitis
- Breastfeeding & maternal illness
- Acceptable medical reasons for supplementation of breastfed infants

Lesson 11: Expressing and Feeding Breast Milk

- Maintaining lactation during maternal/infant separation
- Expressing and storing human milk
- Feeding expressed breast milk to the baby

Lesson 12: Ongoing Support for Breastfeeding Mothers

- Anticipatory guidance
- Sustaining breastfeeding
- Lactation and child spacing
- The Lactational Amenorrhea Method

Lesson 13: Building Baby-Friendly Communities

- National health policies
- The International Code of Marketing of Breastmilk Substitutes
- Promoting breastfeeding in the community

Lesson 14: The Baby-Friendly Hospital Initiative

- The Ten Steps to Successful Breastfeeding
- The role of maternity staff
- The process of becoming a "Baby-Friendly" hospital or birth center

Note: Baby Friendly USA requires primary components of at least 11 of the 14 lessons.

	A	B	C	D	E	F	G	H	
1	UNICEF- 14 Lesson List	Primary Components	Birth and Beyond	California Lessons					
2			0 Introduction	1 Science of	2 Anatomy &	3 Promoting Bfing	4 Predictable	5 Hospital BFHI	
3				Attachment	Physiology	& Risks of Not BFing	Newborn Patterns	Practices	
4	1. Breastfeeding & Child Survival	Current breastfeeding recommendations				x		x	
5		Superiority of human milk				x			
6		Benefits of exclusive breastfeeding 6 months				x			
7		Maternal medications & breastfeeding							
8									
9	2. How milk gets from	Anatomy & physiology of lactation			x				
10	the breast to the baby	Process of breast milk production			x				
11		Role of suckling & attachment		x	x				
12									
13	3. Promoting Breastfeeding	Women at risk for breastfeeding difficulties				x			
14	through Pregnancy & Birth	Talking with pregnant women about breastfeeding				x			
15		Management that supports early breastfeeding							
16									
17	4. Getting Breastfeeding Started	Counseling Skills				x			
18		Helping mothers with early feeds				x			
19		Practices that may hinder or harm breastfeeding						x	
20									
21	5. Evaluating a Breastfeed	Observing breastfeeding							
22		Evaluating attachment							
23		Evaluating baby's suckling							
24									
25	6. Early Problems with the Breast	Appearance of the mother's breasts & nipples							
26		Engorgement							
27		Sore Nipples							
28									
29	7. Babies Who "Refuse" the Breast	Evaluating & working with babies who have							
30		difficulty getting attached or staying attached							
31									
32	8. Low Milk Production	Patterns of growth in breastfed infants							
33		Low milk production: real and perceived							
34		How to increase milk production							
35		Relactation							
36									
37	9: Babies Who Need	Preterm and low birth weight infants							
38	Special Attention	Multiples							
39		Prevention and management of jaundice							
40									
41	10: Later Breast Problems	Blocked milk ducts							
42		Mastitis							
43		Breastfeeding & maternal illness							
44		Acceptable medical reasons for							
45		supplementation of breastfed infants							
46									
47	11: Expressing and Feeding	Maintaining lactation during maternal/infant separation							
48	Breast milk	Expressing and storing human milk							
49		Feeding expressed breast milk to the baby							
50									
51	12: Ongoing Support	Anticipatory guidance							
52	for Breastfeeding Mothers	Sustaining breastfeeding							
53		Lactation and child spacing							
54		The Lactational Amenorrhea Method							
55									
56	13: Building Baby-Friendly	National health policies							
57	Communities	The International Code of Marketing of Breastmilk Substitutes							
58		Promoting breastfeeding in the community							
59									
60	14: The Baby-Friendly	The Ten Steps to Successful Breastfeeding							
61	Hospital Initiative	The role of maternity staff							
62		The process of becoming a "Baby-Friendly" hospital or birth center							
63									
64	Yellow indicate the BBC Learner Workshop addresses the UNICEF Lessons. Baby Friendly requires 11 of the 14 Lessons be covered.								
65	BBC addresses, 10 of 14.								

	I	J	K
1			
2	6 Positions &	7 Assessment &	8 Early Concerns
3	Attachment	Documentation	
4			
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	L	M	N	O	P	Q	R
1	UNICEF- 14 Lesson List	Primary Components					
2			9 Expressing &	10 Special	11 Continuity	12 Sustainability	Self Study Module
3			Feeding Breastmilk	Situations	of Care		from 18 hr BFHI curriculum
4	1. Breastfeeding & Child Survival	Current breastfeeding recommendations					
5		Superiority of human milk					
6		Benefits of exclusive breastfeeding 6 months					
7		Maternal medications & breastfeeding		x			
8							
9	2. How milk gets from	Anatomy & physiology of lactation					
10	the breast to the baby	Process of breast milk production					
11		Role of suckling & attachment					
12							
13	3. Promoting Breastfeeding	Women at risk for breastfeeding difficulties					
14	through Pregnancy & Birth	Talking with pregnant women about breastfeeding					
15		Management that supports early breastfeeding					
16							
17	4. Getting Breastfeeding Started	Counseling Skills					
18		Helping mothers with early feeds					
19		Practices that may hinder or harm breastfeeding					
20							
21	5. Evaluating a Breastfeed	Observing breastfeeding					
22		Evaluating attachment					
23		Evaluating baby's suckling					
24							
25	6. Early Problems with the Breast	Appearance of the mother's breasts & nipples					
26		Engorgement					
27		Sore Nipples					
28							
29	7. Babies Who "Refuse" the Breast	Evaluating & working with babies who have			x		
30		difficulty getting attached or staying attached					
31							
32	8. Low Milk Production	Patterns of growth in breastfed infants					x
33		Low milk production: real and perceived					x
34		How to increase milk production					x
35		Relactation					x
36							
37	9: Babies Who Need	Preterm and low birth weight infants		x			
38	Special Attention	Multiples		x			
39		Prevention and management of jaundice		x			
40							
41	10: Later Breast Problems	Blocked milk ducts					
42		Mastitis					
43		Breastfeeding & maternal illness					
44		Acceptable medical reasons for					
45		supplementation of breastfed infants					
46							
47	11: Expressing and Feeding	Maintaining lactation during maternal/infant separation	x				
48	Breast milk	Expressing and storing human milk	x				
49		Feeding expressed breast milk to the baby	x				
50							
51	12: Ongoing Support	Anticipatory guidance			x		
52	for Breastfeeding Mothers	Sustaining breastfeeding					
53		Lactation and child spacing					
54		The Lactational Amenorrhea Method					
55							
56	13: Building Baby-Friendly	National health policies					
57	Communities	The International Code of Marketing of Breastmilk Substitutes					
58		Promoting breastfeeding in the community					
59							
60	14: The Baby-Friendly	The Ten Steps to Successful Breastfeeding					x
61	Hospital Initiative	The role of maternity staff				x	x
62		The process of becoming a "Baby-Friendly" hospital or birth center					x
63							

Baby Friendly Hospital Initiative	Model Hospital Policies
1. Have a written breast-feeding policy that is routinely communicated to all health care staff.	Included in 1
2. Train all health care staff in skills necessary to implement this policy.	Included in 1
3. Inform all pregnant women about the benefits and management of breastfeeding.	Included in 3
4. Help mothers initiate breastfeeding within a half-hour of birth.	Skin to skin 1 st 2 hours after birth - 5
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.	Encourage exclusive breastfeeding first 6 months - 4
6. Give newborn infants no food and drink other than breast milk, unless <i>medically</i> indicated.	Same as 8
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.	Same as 9
8. Encourage breast-feeding on demand.	Included in 6
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.	Same as 7
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.	Similar to 10

Model Hospital Policies	Baby Friendly Hospital Initiative
1. Hospitals should promote and support breastfeeding (Interdisciplinary group, develop policies and evaluation, staff should have standardized education, support employees who breastfeed)	1 and 2
2. Nurses, certified nurse midwives, physicians and other health professionals with expertise regarding the benefits and management of breastfeeding should educate pregnant and postpartum women when the opportunity for education exists, for example, during prenatal classes, in clinical settings, and at discharge teaching.	3
3. The hospital will encourage medical staff to perform a breast exam on all pregnant women and provide anticipatory guidance for conditions that could affect breastfeeding. Breastfeeding mothers will have an assessment of the breast prior to discharge and will receive anticipatory guidance regarding conditions that might affect breastfeeding.	5
4. Hospital prenatal staff should support the mother's choice to breastfeed and encourage exclusive breastfeeding for the first 6 months.	6
5. Nurses, certified nurse midwives, and physicians should encourage new mothers to hold their newborns skin to skin during the first two hours following birth and as much as possible thereafter, unless contraindicated.	4
6. Mothers and infants should be assessed for effective breastfeeding. Mothers should be offered instruction in breastfeeding as indicated.	5, 8
7. Artificial nipples and pacifiers should be discouraged for healthy, breastfeeding infants.	9
8. Sterile water, glucose water, and artificial milk should not be given to a breastfeeding infant without the mother's informed consent and/or physician's specific order.	6
9. Mothers and infants should be encouraged to remain together during the hospital stay.	7
10. At discharge, mothers should be given information regarding community resources for breastfeeding support.	10