Lactation Education Resources

Newsletter
December 2019

Handouts in Spanish

Did you know our handouts come in multiple languages?

Beginning this month, we have 10 more of our handouts translated into Spanish, including this month's feature.

We have even added three in Polish.

Don't forget, our handouts are free to distribute to your clients.

Contents

More Opportunities for Continuing Education--Including Providers!

Starting in January, Lactation Education Resources will be adding new continuing education options for dietitians and physicians in addition to the current continuing education we provide to IBCLCs, nurses, and nurse midwives.

The Commission on Dietetic Registration accepts hours without prior CDR approval and recognizes approval by the ANCC, so we can now offer continuing education to dietitians at our live and co-sponsored events in addition to our online courses.

Keep an eye on our website over the coming weeks, and get ready to start earning your CME credits!

Lactation Education Resources
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FEATURED COURSE

Initiating Breastfeeding: A Biological Perspective

Cheryl Harrow DNP, MS, FNP-BC, RNC-LRN, IBCLC presents the initiation of breasfeeding as preserving the natural newborn human habitat. She discusses how tampering with this habitat can interfere with innate neonate behaviors and possibly derail the natural processes of lactation. She gives alternatives to this disruption to promote the initiation of breast-feeding and parental/child bonding.

Click here for 1 L-CERP, 1 Nursing Contact Hour

Training for the Baby Friendly Hospital Initiative

Lactation Education Resources offers online training for hospitals seeking BFHI designation.

EASY TO USE Each lesson is recorded in webcast format so the learner sees the power point slides and hears the speaker's voice. Studies on comprehension and retention of new information show that both audio and visual components are most effective. Our lessons contain both and are rich with photos, graphics and links to web resources.

FLEXIBLE The webinar format allows access to the training program 24/7/365 Each lesson is 20-45 minutes in length so students can access the materials when they have a short window of time, or can do several lessons when they have a longer period of time to devote to it.

AFFORDABLE Discounted contracts are available for large hospitals or hospital systems.

www.FirstLatch.net

Visit our website and sign up for a **FREE TRIAL PREVIEW** or download a **FULL PROPOSAL**

Birth Trauma, Autonomy, and Mental Health: An Examination of the Impact of NICU Practices on Lactation

In a qualitative study in the journal *Social Science and Medicine*, authors Aunchalee Palmquist, Sarah Holdren, and Cynthia Fair examine NICU practices through a feminist and anthropological lens.

The authors describe mothers' feelings of marginalization and disempowerment in their infants' care. Traumatic birth experiences that led to separation of the mother-baby dyads contributed to internalized guilt and associations of feeding with post-traumatic stress.

Skilled lactation support in the NICU emerged as a key to breastfeeding success for these very low birth weight infants, as some mothers described actively being discouraged from breastfeeding (though not pumping). Some mothers looked to the support of lactation consultants as their only advocates for autonomy in the NICU.

To read the full article, click here.

USLCA Regional Conferences

Last month, USLCA wrapped up their regional conferences.

The last day kicked off with Nickie Andescavage discussing breastmilk's effect on the premature brain.

Attendees were treated to Maya Bolman sharing case studies demonstrating Therapeutic Breast Massage in several countries around the grove.

Finally, Marsha Walker's first presentation drew a collective gasp as she revealed that the two "Human Milk Oligossacharides" in infant formulas are not any of the 200 HMOs in breastmilk and, in fact, are produced from nonpathogenic e-coli. In another session, she then discussed the less looked at reasons for low milk supply. She wrapped up the day discussing the controversies around Fed is Best and how we can respond to questions around this issue.

If you missed the regional conferences this time, be on the lookout for the next round of exciting speakers that USLCA will have in the coming year.

Information for breastfeeding mothers

Surgery and the Breastfeeding Mother

You may find you need surgery while breastfeeding your baby. It is certainly not necessary to wean. And the effects of anesthesia are very short lived. Plan to resume breastfeeding as soon as possible..

Planning for Surgery

- Pump and freeze a supply of breastmilk in advance.
- Use out-patient surgery that will not require an overnight stay, if possible.
- Assure that the baby will accept a bottle or practice using a cup for feedings. Avoid bottles for infants less than 4 weeks old if there has been any reluctance for the baby to breastfeed. Breastfed babies generally are able to more easily go from breast to bottle by using nipples with a long shank, wide base, and slow flow. Teach your care givers to feed your baby with Paced Bottle Feeding.
- Discuss the type of pre-anesthesia medication and anesthesia that will be used with your surgeon. If there is concern about the anesthesia used, check Toxnet: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT for information.
- Arrange to nurse the baby right before the surgery.
- Make rooming-in arrangements for the baby. Often hospitals require another adult be present to care for the baby.
- Arrange for a hospital grade electric breast pump for use in the hospital for occasions when the baby is not present or nursing.

Day of Surgery

- Breastfeed, with help, as soon as awake from the anesthesia
- If the surgery is on the breast, your baby can nurse if the latch does not cover the incision area. If so, dress the incision (it may ooze breastmilk and need frequent changing) and use a breast pump until sufficient healing has taken place. Continue to nurse on the other breast.
- Use post-operative pain medications as needed. The amount of medication passed to the infant is minimal and will be insignificant to the healthy baby who is gaining well.
- If other medications are needed, assure that they are compatible with breastfeeding, as most are. Check Toxnet http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT with any questions.
- Plan for help at home for several weeks to allow ample time for recuperation.

Want to Be a LC But Not Sure Where to Start?

Click here to Choose Your Own Adventure with our IBCLC Pathways Chart

Where to Find LER Next

Virginia Hospital Center
Inpatient Breastfeeding Specialist
April 28, 2020

Contact Us!

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