Lactation Education Resources

Newsletter
March 2018

Happy IBCLC Day!

March 7 is IBCLC day and LER would like to thank you for all the work you do to support breastfeeding families in your community by offering all IBCLCs a

$20 coupon for any course or course bundle we offer!

Take your pick…Composition of Breastmilk, Herbals and Galactagogues, Tongue Tie Assessment and Treatment or any other that catches your fancy.

Enter the code

IBCLCday2018

at checkout from March 5-11, 2018.

#happyIBCLCday

IBCLCs Matter!

The Cochrane Database published an article on the benefits of offering support to breastfeeding mothers with healthy, term infants. The reviewed studies included over 73 trials, in 29 countries, involving 74,656 breastfeeding dyads. ***The results concluded that breastfeeding support increased the duration and exclusivity of breastfeeding.***

Do you offer support in your community? If not, do you know who does? Help breastfeeding families meet their goals by providing them with the resources they need for success!

Read the whole report here.

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Lactation Education Resources

Specialists in online lactation support training

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Featured Course : IBLCE Exam Review

Be prepared for your IBLCE exam with this on-line package of video lectures, timed practice exams, professional social networking and more!

More than half of the IBLCE exam is now photos. Our practice exams offer you the experience of answering text and photo questions in order to prepare for the board certifying exam. Through our 100 question practice exams you will cover all of the IBLCE exam topics.

Learn more by clicking here.

Hurray for RDNs!

March 14th is Registered Dietitian Nutritionist Day. RDNs and DTRs are an integral part of the health-care team as the food and nutrition experts who translate "the science of nutrition into practical solutions for healthy living".

We now have a dedicated page for dietitian's who need continuing education with a focus on breastfeeding.

Click here for more information on the course offerings.

ABM Breastfeeding Podcast

The Milk Mob has published a podcast titled *2017 Breastfeeding Year in Review*. It is recorded by Dr Anne Eglash, MD IBCLC FABM and co-sponsored by the Academy of Breastfeeding Medicine. The podcast explores key issues on breastfeeding and includes discussion on policy statements, expert opinion recommendations and studies published in 2017. The podcast is available here.

Ask a Question, Get an Answer

Question: Does glucose/dextrose gel interfere with breastfeeding in newborn babies?

Answer: Neonatal hypoglycemia is the leading cause of admission to the NICU affecting 5-15% of newborns. Infants most at risk are those who are small for gestational age (SGA), large for gestation age (LGA), preterm, infants of a diabetic mother (IDM), infants with an APGAR <7 at 5 minutes of life, presumed sepsis, hypothermia, mother received tocolytics or beta-adrenergic agonists prior to delivery or infants who have experienced perinatal stress.

Treatment can include:

- Increasing the frequency and duration of feedings
- Complementing with previously expressed mother's milk*
- Complementation with infant formula*
- Administration of 40% buccal dextrose
- Admission to the NICU for IV glucose

Early research suggests that buccal dextrose is more effective than feeding alone for reversal of neonatal hypoglycemia and therefor more likely to avoid NICU admission and complementary feeding*. Mullin found infants who received dextrose gel experienced a mean increase of 7.7 in serum blood glucose and avoided complementary feeding in 68.3% infants. In addition, it is easy to administer, maintains mother-infant contact and breastfeeding and it is inexpensive.

This preliminary research indicates that dextrose gel can be a viable alternative to avoid complementary or supplementary feedings and preserve exclusive breastfeeding. The Cochrane Review states "Oral dextrose gel should be considered first-line treatment for infants with neonatal hypoglycemia."

* Complementary feeding. In addition to feeding at the breast vs supplementary feeding which replaces a feeding at the breast.

Steps to maintain neonatal blood sugar:

- Early and frequent and effective breastfeeding (including breast massage while feeding)
- Continuous skin to skin contact
- Assessment of breastfeeding technique at frequent intervals. Provide guidance as needed
- Monitor infant temperature and apply warmed blankets as needed

Sample blood glucose protocols:

http://www.brighamandwomens.org/Departments_and_Services/pediatric-newborn-medicine/pdfs/DPNM_Hypoglycemia_Revised_12_19_16.pdf

http://www.kemh.health.wa.gov.au/services/nccu/guidelines/drug_protocols/Glucosegel.pdf

https://idph.iowa.gov/Portals/1/userfiles/88/Statewide%20Perinatal%20Letter/Progeny/March%202016%20Progeny%2C%20final.pdf

https://intermountainhealthcare.org/ext/Dcmnt?ncid=51072065

https://mainehealth.org/-/media/mainehealth/pdfs/pediatric-guidelines-and-protocols/newborn-clinical-guideline-newborn-hypoglycemia.pdf?la=en

References:

Bennett C, Fagan E, Chaharbakhshi E, Zamfirova I, Flicker J. Implementing a Protocol Using Glucose Gel to Treat Neonatal Hypoglycemia. Nurs Womens Health.2016 Feb-Mar;20(1):64-74.

Harding JE, Hegarty JE, Crowther CA, Edlin R, Gamble G, Alsweiler JM. Randomised trial of neonatal hypoglycaemia prevention with oral dextrose gel. (hPOD): study protocol. BMC Pediatr. 2015 Sep 16;15:120.

Harding JE, Harris DL, Hegarty JE, Alsweiler JM, McKinlay CJ. An emerging evidence base for the management of neonatal hypoglycaemia. Early Hum Dev. 2017. Jan;104:51-56.

Hegarty JE, Harding JE, Gamble GD, Crowther CA, Edlin R, Alsweiler JM. Prophylactic Oral Dextrose Gel for Newborn Babies at Risk of Neonatal Hypoglycaemia: A Randomised Controlled Dose-Finding Trial (the Pre-hPOD Study). PLoS Med. 2016 Oct 25;13(10):e1002155.

Mullin S, et al. "Implementation of a hypoglycemia protocol with use of buccal dextrose gel in a community baby-friendly hospital: a sticky solution to formula complementation" Academy of Breastfeeding Medicine Conference. Nov 2017

Weston PJ, Harris DL, Battin M, Brown J, Hegarty JE, Harding JE. Oral dextrose gel for the treatment of hypoglycaemia in newborn infants. Cochrane Database Syst Rev. 2016 May 4;(5):CD011027.

Information for breastfeeding families

Baby's Second Day

Often babies are very sleepy the first day after birth. It will be a challenge to keep them awake long enough to feed, and they may not wake up frequently for feeds. So you may need to arouse your baby to feed at least 8+ times that first day. But by the second day, your baby may be more awake, ask for feedings, and be unsettled. This can be upsetting and you might not know what to do to sooth your baby.

Second Night Syndrome

Generally occurs about 24 hours after birth for almost every baby. Your baby will want to be on the breast constantly but quickly fall asleep. If you put him down, he will probably wake up. If you put him back to breast, he will feed for a short time and fall asleep. You may go back and forth with this many times.

Because you will be exhausted at that point, it would be easy to send your baby to the nursery or request a bottle feeding, ***BUT*** here is the best strategy:

Hold your baby skin-to-skin

Skin–to-skin holding is very soothing to your baby. He is familiar with the feel and smell of your body.

Offer the breast when he wants to eat

This is the best way for you to bring in an excellent milk supply. Frequent nursing is the key to an abundant milk supply. Just make sure your baby has a good latch at the breast. Your nurse or lactation consultant can give you pointers on positioning and latch-on.

Assure that your baby is drinking

Make sure your baby is getting milk while at the breast.

- ✓ Check for a wide, deep latch on the breast
- ✓ The angle of your baby's mouth on the breast is 150^{o} or wider
- ✓ Arouse your baby if he becomes drowsy while nursing
- ✓ Listen for swallows every 5-15 sucks

Nap when your baby naps

Take a short nap whenever your baby is asleep. It is likely he will want to be fed several times through the night, so take advantage of any quiet time to rest.

Enlist help!

Work out a plan with your partner, sister, mother, anyone who can spend the night with you. They can take turns holding and walking or rocking the baby while you take a break.

You are not alone

Just knowing that Second Night Syndrome is common may help you relax a bit. Almost every baby experiences this, but it will last only a night or two. Maybe three.

Lactation Education Resources

Lactation Management Training:
From Novice to Expert

Contact us!

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Want to be a LC but not sure where to start? These YouTube videos will help!

IBLCE Overview
https://youtu.be/90nhHBTb_ME

Pathway 1
https://youtu.be/oUV1dtpa97Y

Pathway 3
https://youtu.be/eOT1AEcj8x4

Internships
https://youtu.be/N3hWU4QUrDQ