



BFHI 10 Steps Update

The World Health Organization and United Nations Children's Fund have published new implementation guidance for the Baby-Friendly Hospital Initiative. This is the first revision of the Ten Steps since 1989. The topic of each step is unchanged but the wording of each one has been updated in line with the evidence-based guidelines and global public health policy. Baby Friendly USA supports the changes HOWEVER, the US Guidelines and Evaluation Criteria will remain the same for now.

[Click here to learn more.](#)

LER Course Discounts for Global Health

To make our Lactation Consultant Training Program more widely available to those from developing countries, we are offering discounts based on the World Bank Economy Indicators.

	LER LCTP	LER Core I
Category A	975	645
Category B	825	545
Category C	680	450
Category D	535	350

[Click here](#) for more information about what countries are in each category.

Please email LER@lactationtraining.com to enroll using a discount code.

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Lactation Education Resources
Specialists in online lactation support training

6329 Genoa Rd, Tracys Landing, MD 20779
Voice 443-203-8553 • Fax 410-648-2570 • LER@LactationTraining.com

www.LactationTraining.com • www.FirstLatch.net



Featured Course : Core Phase 1

This course is a basic lactation management course designed for those who want to explore the field of breastfeeding support or want a quick course to apply for employment. The Breastfeeding Specialist Certificate CBS™ is awarded at the completion of this course.

[Click Here](#) to learn more:

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 Unlimited usage 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](#)**

New Parent Video and Handout Resources

The Neonatal Quality Improvement Collaborative of Massachusetts created family education materials focused on breastfeeding support for preterm infants in the NICU. The materials are free for use!

- **Human Milk Videos:** 5 videos in English and 5 videos in Spanish, 1-3 minutes long, and address key breastfeeding support topics. The videos portray the perspectives of NICU families and are both educational and motivational. The videos are designed to be easily seen on a phone or tablet directly at the bedside.
- **Human Milk Written Materials:** 4 educational hand-outs on key breastfeeding support topics. To ensure that the materials are useful for as many families as possible, we translated them into 9 languages and they are written at a 6th grade reading level.

These are available at www.neoqicma.org

Congrats to LER Intern Rebecca Gravenor!

Rebecca Gravenor finished her 500 hours and did a final presentation. She was working at a hospital in Maryland.



Ask a Question, Get an Answer



Question: I recently met with a mom whose baby had a tongue tie corrected but is still experiencing a lot of pain almost 4 months post revision. Right before baby latched on, the baby's tongue retracted far back into his mouth. I pulled at the corner of his mouth to see where his tongue was after he was latched on and it was over the alveolar ridge. Would this type of tongue movement be considered normal?

Answer: First, a couple of assessment questions: Did the tongue stay forward during sucking, or slip back and forth creating friction? A tongue that doesn't stay forward during sucking can cause friction and sore nipples.

If the tongue does stay in position, check and see how the suck feels on your finger. Remember it should be rippling from tip to the tongue towards the back, while the tongue, as a whole stays, in place.

Is baby chomping rather than having tongue peristalsis? Perhaps some pressure on the back on the tongue with your finger will help it "lay down" and move correctly. You might want to use some fluid from a periodontal syringe to see how the baby handles a small bolus of milk. You might find some abnormal movements. Or you may find that when the baby has to swallow a bolus of milk, that his sucking techniques improves. Suck training might be appropriate for this baby.

During an oral assessment, was the baby able to lateralize the tongue appropriately? What about the elevation of the tongue? What did the sweep under the tongue reveal? You will need to engage with the baby in a respectful manner to "ask" the baby to cooperate with the assessment to determine if there is a tongue tie.

Second, did the mom have any relief after the tongue tie release or has the pain level remained the same? If there was some relief, then pain returned, it may be related to something else besides the release of the lingual frenulum.

The baby's compensatory behavior may have caused new pain after the release. Or the release may have been conservative and requires re-assessment. Some professionals who release tethered oral ties like the baby to have some sort of body work prior to or following the release. (Body work includes assessment and treatment by a professional whose scope of practice includes this work, such as a DO, CST, DC or another type of physiotherapist). There could be another type of infection on the nipple (fungal, bacterial). These questions will help you determine if it related to the release or a separate issue.

Third, has the pain changed? The baby is older? Has a bottle been introduced? If so, was it related to new or different or more severe discomfort?

A thorough assessment including a few of these questions may help you to determine the cause of the pain and find a solution to keep this nursing couple breastfeeding!

Information for breastfeeding families



Breast Massage and Compression

Breastmilk flows easily when a let-down reflex occurs and slowly between these reflexes. The first one usually occurs within 2-3 minutes of the start of the feeding. The baby may stop sucking when the milk slows down. Breast massage and compression can encourage your baby to continue feeding.

Breast Massage and Compression is Useful for:

- A sleepy, sluggish baby
- When your baby does not routinely empty your breast
- When your baby stops suckling before the feeding is finished
- Poor weight gain
- When you are pumping
- If you experience plugged ducts or mastitis



Lactation Education Resources. This handout may be freely duplicated



Massage

Firm but gentle massage can be done in the way most comfortable to you:

- Finger tip massage in circles
- Flat of the hand from the outer towards the center of the breast
- Side of the thumb from the outer towards the center of the breast

Compressions

Firmly and gently squeeze the breast near the chest wall, not near the nipple.

Compress when the baby pauses feeding or is suckling but not swallowing. Release and return to massage when your baby begins suckling again.



Upcoming Deadlines

Jan 16, 2018 – Sept 30, 2018
Recertification by CERPs
application window

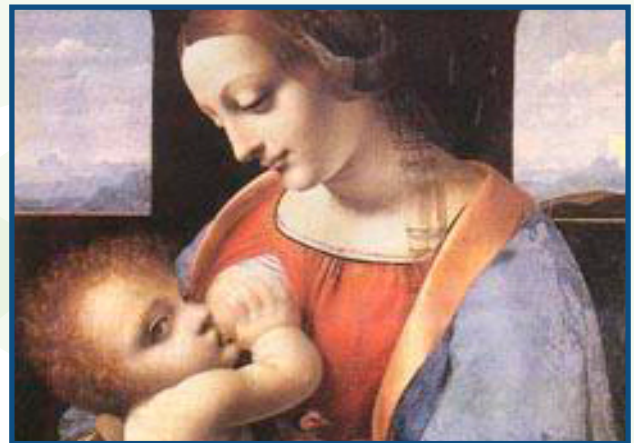
March 1, 2018 – May 15, 2018
2018 October Exam
Application Window for
initial AND recertification by
exam candidates

July 1, 2018
April 2018 exam results will be posted

Oct 1-3 2018
October 2018 Exam

Jan 1, 2019
October 2018 exam results will be posted

Check the [IBLCE website](http://www.IBLCE.org) to verify this
information and for details as they
become available.



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Lactation Education Resources
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Vergie Hughes RN MS IBCLC FILCA
Program Director

Angela Love-Zaranka BA IBCLC RLC
Program Development

www.LactationTraining.com
www.FirstLatch.net

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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>