



Lactation Education Resources

NEWSLETTER FEBRUARY 2018

LactationTraining.com

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February 2018

National Day of Healing

LER recognized January 16 as the National Day of Racial Healing.

We would like to thank and honor the lactation support providers who are working hard to ensure that all infants have equitable access to human milk.

We know there are significant structural barriers that communities of color face in ensuring access to human milk and lactation support in the United States. We believe that racial healing is the pathway forward. To that end, we commit to sharing truths and amplifying the voices of the unheard in 2018.

[Click here to learn more.](#)

Does Breastfeeding Still Mean Breastfeeding?

In years past, breastfeeding meant a mother feeding her infant/s at her breast. There is a lot more variety in "breastfeeding" these days!

So, in an effort to be precise about what we mean, let's define breastfeeding.

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New Advanced Course!

Exciting NEW Lesson Coming in February!

Comprehensive Review of Infant Suck

by world renowned author and researcher Cathy Watson-Genna BS IBCLC RLC.

Cathy features tongue movement during normal breastfeeding, reviews conditions that may impact infant sucking skills, describes the importance of latch in normal sucking and defines breastfeeding related consequences of tongue tie as well as discusses interventions for feeding problems related to tongue-tie.

[Click here](#) for more info.

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Featured Course : Lactation Consultant Training Program

There is still time to complete a Lactation Course to prepare for the October 2018 IBLCE Exam! The application window for the Fall exam is March 1 to May 15. Ninety hours of didactic training, college courses and general education courses and your clinical experience must be completed before registering for the exam.

Sign up today and work at your pace to complete the lessons.

<https://www.lactationtraining.com/courses-required-to-apply-for-iblce-exam>

Breastfeeding and Obesity

The Obesity Society published an opinion statement on breastfeeding which reinforces what studies have proven and other health care organizations recommend: breastfeeding reduces the incidence of obesity. Take a look at these facts:

- In comparison to normal weight women, breastfeeding is 14% less likely to be initiated in overweight women and 46% less likely in obese women.
- As compared to infants never breastfed, breastfed infants have a 12 to 24% reduction in the future risk of overweight/obesity.

The Obesity Society encourages social and health care support for those breastfeeding mothers who want to lose weight after breastfeeding is established.

[Click here](#) to read the position statement.

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.



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or download a **[FULL PROPOSAL](#)**



Does Breastfeeding Still Mean Breastfeeding?

Continued from page 1

Labbok found great differences in research outcomes based on the fact that the amount of breastmilk and the duration of breastfeeding makes such a difference. She devised the schema based on the approximate percentage of breastmilk in the infant's diet:

- Full – exclusive or nearly exclusive
- Partial – high, medium or low
- Token – minimal (no nutritional impact)

In addition to how much breastmilk the infant receives, breastmilk that is expressed from the breast and stored before being fed is slightly different in composition (due to exposure to oxygen and the material of the container) and should be accounted for in definitions for research purposes.

Breastfeeding may mean at-the-breast-feeding by a surrogate, grandmother, sister, or other family member. It may mean induced lactation for an adopted baby, or re-lactation after a mother weaned.

It may mean breastmilk feeding. Providing pumped breastmilk for a mother's own infant as in the case of an employed breastfeeding mother or pumping for a hospitalized infant, or it may mean feeding an infant with milk obtained from a Mother's Milk Bank, or from another individual.

Rasmussen et al suggest the following definitions:

- Feeding at the breast or at-the-breast-feeding - The infant is feeding at the breast
- Expressed breastmilk - Breastmilk that has been expressed and stored before feeding
- Donated breastmilk - Breastmilk obtained from an organized milk bank that has been screened and pasteurized., may be pooled milk
- Shared breastmilk - Breastmilk obtained from another mother
- Purchased breastmilk - Breastmilk purchased from another mother

References:

Labbok M, Krasovec K. Toward consistency in breastfeeding definitions. *Stud Fam Plann.* 1990 Jul-Aug;21(4):226-30.

Rasmussen KM, Felice JP, O'Sullivan EJ, Garner CD, Geraghty SR. The Meaning of "Breastfeeding" Is Changing and So Must Our Language About It. *Breastfeed Med.* 2017 Nov;12(9):510-514

Get Connected! USBC



The United States Breastfeeding Committee (USBC) is an independent nonprofit comprised of 50+ national organizations

whose mission is to "drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the US.

Stay up to date on the latest news and actions by signing up for USBC text alerts: text USBC to 555888.

Find information, resources and action alerts on breastfeeding related legislation in the Breastfeeding Advocacy HQ: www.usbreastfeeding.org/advocacy

Breastmilk Sharing

The Academy of Breastfeeding Medicine has published a position statement on informal milk sharing in the journal *Breastfeeding Medicine*.

The statement includes detailed guidance for health-care providers to talk with their patients about informal milk sharing. It highlights strategies for maximizing the safety of community-based breastmilk sharing including medical screening of the donor and safe milk handling practices.

[Click here](#) to view the statement.



Bottle feeding like breastfeeding



Feeding is a special time; and even when being bottle fed, baby can experience some of the benefits of breastfeeding.

Mom should do the feedings

For optimal social and emotional growth of your baby, you, the mother, should do the majority of feeds as you would be if breastfeeding. When bottle feeding, it is easier to pass the baby off for others to feed; but strong bonding with the primary care giver, Mother, is what baby needs most.

Devote your attention to your baby

Stop other activities and devote yourself to baby during most feedings. Turn off the stove. Let the phone go to voice mail and let your attention be on the baby.

Hold the baby and the bottle

Hold the baby for feedings and often if using a pacifier. Never prop the bottle. Look at, talk, stroke, and play with baby while he eats. This is good for his emotional and intellectual development.

You should hold the bottle for all feedings, even for older babies. Consider the bottle part of you, not the baby. So even when baby is old enough to hold the bottle himself, you continue to hold it also.

Switch sides

Switch sides half way through the feeding or every other feed. This enhances baby's eye development and eye-hand coordination on both sides.

Paced bottle feeding

Choose a bottle nipple that is round, straight and tapers, not bulbous. Choose a slow flow nipple. The feeding should take 15-20 minutes, so choose a bottle nipple that delivers a flow at about that pace. Hold your baby nearly upright and the bottle nearly horizontal. Be patient and respectful of baby, waiting for him to open his mouth rather than pushing the bottle in.

Place the tip of the nipple just below his nose and let him "reach" for it. Or tap the lower lip until the baby opens WIDE. The baby's lips should touch the collar of the nipple.



Let baby pace his own feeding. Don't force him to finish a bottle if he indicates he is done. Let him go to sleep in your arms as he might have done at the breast.

Skin to skin

Breastfed babies get large doses of skin to skin contact daily. Give your baby some skin to skin contact while bottle feeding. Baby can be skin to skin with your arm, chest, tummy or breast. Consider learning infant massage. The benefits of skin to skin contact have been found to be even more powerful than previously understood.

Don't rush baby to wean from the bottle. Enjoy and treasure this special time.



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>