Lactation Education Resources

NEWSLETTER
JUNE 2018

Earn CPEUs from LER!

CPEU's for RDs and DTRs

Lactation Education Resources is a approved provider of CPEUs by the Commission on Dietetic Registration. Any course offered in our extensive library of lactation courses qualifies for CPEUs, so sign up for any topic that interests you.

See the topics and learn more by clicking here.

Happy Father's Day:
Be Important, Make a Difference!

by Timothy Tobolic, MD FABM
President, Academy of Breastfeeding Medicine

President's Corner reprinted from BREASTFEEDING MEDICINE, Volume 13, Number 5, 2018

Feliz Dı´a del Padre, S˘t˘astny´ den˘ otcov, Joyeuse fe^te des Pe`res, Alles gute zum Vatertag, and many more!

Father's Day is an event celebrated throughout the world that recognizes the important role fathers play in support of their children. A unique and powerful role that fathers or father figures can play in their child's life is to support and encourage breastfeeding. Many studies have shown that a mother's decision to initiate and continue breastfeeding is directly influenced by the father's support and attitude toward breastfeeding.1,2

When I provided maternity care in my practice, I always invited and accommodated the baby's father

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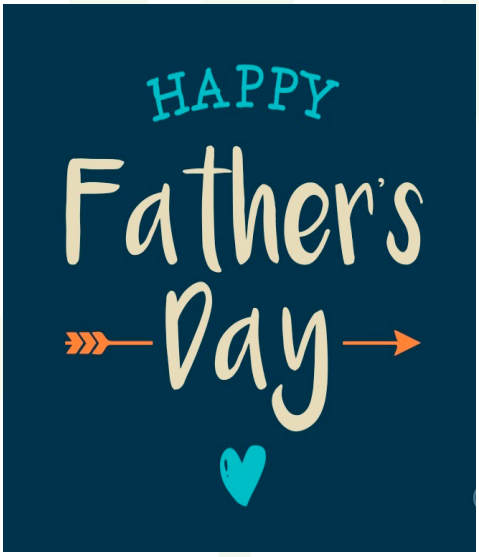

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Featured Course :

Relactation and Induced Lactation

Join Jane Bradshaw RN BSN IBCLC in an exploration of issues and protocols for relactation (the re-stimulation of lactation after cessation) and induced lactation (stimulation of lactation without a pregnancy). Includes hormonal and non-hormonal methods.

Learn more by clicking here.

BFHI Reached 500 Hospitals!

As of March 2018, there are now over 500 Baby-Friendly designated facilities in the United States!! The program has grown from less than 100 designated hospitals in the US in 2010. Reaching the 500 mark means that:

- Approximately 1 in 6 hospitals or birthing centers in the US are Baby-Friendly designated
- Approximately 24% of babies born in the US are born in Baby-Friendly designated facilities

In another month or two, another important milestone will be reached: one million babies born each year in Baby-Friendly facilities. In addition, there are another 692 facilities are working towards designation in the US.

Join the movement!

Happy Father's Day: Be Important, Make a Difference!

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to come to prenatal visits. It was a great opportunity to have them discuss and ask questions about breastfeeding. Unless they had a breastfeeding role model, I found that many fathers had little knowledge about the importance of breastfeeding, especially those who did not attend prenatal breastfeeding classes. For many fathers, their first exposure to breastfeeding and breastfeeding education may be at the time of delivery—that is too late.

With fathers, I discussed how breastfeeding protected their baby from infections, provided optimal nutrition for longterm development, and how their support was so powerful and important. For mothers to be successful and confident in their decision to breastfeed, fathers must also understand their commitment to support breastfeeding—breastfeeding is temporary, but provides lifelong benefits to their infant. Fathers need to be cheerleaders, coaches, and assistants prenatally, at delivery and postpartum. Breastfeeding-supportive fathers should understand that they also become role models for their infant sons and daughters when they have their grandchildren. Many fathers who came to prenatal visits were supportive, some were skeptical, but with discussion and education, I saw many of them change their mind and became true breastfeeding advocates for their baby. For many fathers, prenatal visits with their physician may be the only time they engage in a conversation with the mother about breastfeeding. This is an opportunity to provide information for the couple to continue the discussion about breastfeeding on their own.

Fathers can be empowered to be part of the breastfeeding experience. Tasks that help the mother, such as diaper changes, bathing, feeding pumped breast milk when mom is away, making meals, fetching plenty of water, massages, watching the baby while mother rests, and regulating visitors, may sound simple, but are important to breastfeeding support. Fathers need to be educated about the multitude of ways they can support breastfeeding without introducing a bottle if they perceive a problem. We discussed a father's need to understand changes in the baby and breastfeeding such as skin color, weight gain, stool and urination patterns, and feeding cues. It is rewarding to see a father come for a well-infant visit and be able to describe what is happening with such things as stool and urination frequency, swallowing, and proper latch. For the still skeptical father, discussing the financial advantages and savings with breastfeeding may entice some to take notice.

We all know the importance of skin-to-skin contact with the mother. We need to educate fathers, prenatally, about the important and powerful tool of skin-to-skin contact that fathers can provide. Yes, skin-to-skin with dad provides many of the same benefits of temperature regulation, immune system enhancement, sleep, and psychological bonding. Educate fathers that skin-to-skin may also help them get more sleep, calm the baby, and understand baby's feeding cues, and they will be empowered to be part of the triad.

I offer the following recommendations for physicians to advocate for and integrate into breastfeeding education and discussions with fathers and their families. If you have more, I would be interested in hearing them:

1. The role of males and fathers must be acknowledged and integrated into breastfeeding promotional campaigns, preconception health promotion, and prenatal breastfeeding education.
2. Fathers must be encouraged, invited, and accommodated to participate in prenatal maternity visits.
3. Fathers must be provided with information on the economic advantages of breastfeeding.
4. Fathers must be provided with information about the health benefits of breastfeeding for baby and mother.
5. Fathers must be provided with prepregnancy and prenatal counseling to identify attitudes and misconceptions that they and supporting family members may have about breastfeeding in a culturally appropriate manner.
6. Couples should be encouraged to communicate their concerns about breastfeeding with each other preconception and prenatally.
7. Fathers must be provided with information on their important role supporting breastfeeding postdelivery.
8. Encourage governments and employers to provide paternal leave to support breastfeeding families.
9. Develop and support community-based (school, employer, and community) breastfeeding education and support programs that actively involve males.

Happy Father's Day—be a hero!

References

1. Arora S, McJunkin C, Wehrer J, et al. Major factors influencing breastfeeding rates: Mother's perception of father's attitude and milk supply. Pediatrics 2000;106:E67.
2. Freed GL, Fraley JK, Schanler RJ. Accuracy of expectant mother's predictions of fathers' attitudes regarding breastfeeding. J Fam Pract 1993;37:148–152.

Information for breastfeeding families

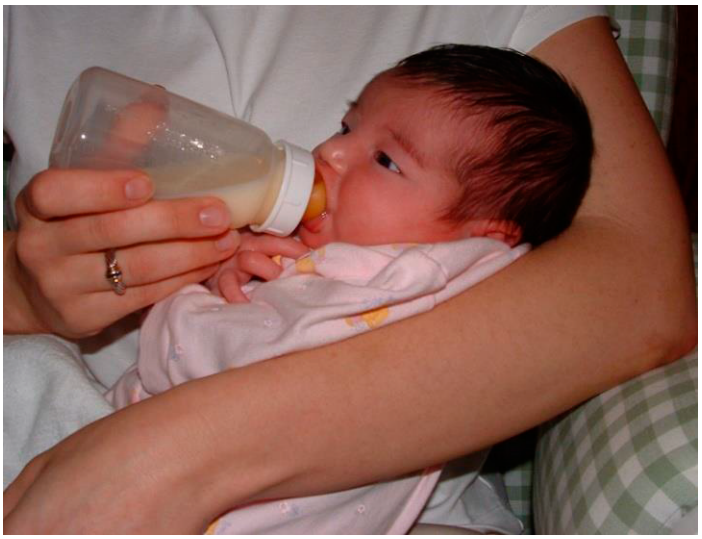
Paced Bottle Feeding

Breastfeeding and bottle feeding are unalike in almost every way. For this reason we recommend that you only breastfeed for the first several weeks while your baby is learning to breastfeed.

Bottle Feeding	Breastfeeding
Firm nipple	Soft, amorphous shaped nipple
Front of the mouth position	Back of the mouth position (near juncture of hard and soft palate)
Inelastic nipple	Nipple elongates during sucking
Flow begins instantly	Flow is delayed until the let-down occurs
Flow is very fast	Flow is slow, faster during let-down
Feeding is very quick	Feeding takes 30-45 minutes
Sucking on bottle is suction/vacuum	Suckling at breast is peristaltic tongue movement
Tongue is humped in back of mouth	Tongue is forward cupped around the nipple

Paced Bottle Feeding

✓Hold the baby almost ***upright.***
✓Select a medium or wide base nipple with a slow flow.
✓Hold the bottle ***horizontal*** just filling the nipple with fluid.
✓Encourage your baby to take it into his mouth until he has a wide latch (140°) and it is deep in his mouth. Let the baby seek for the nipple.
✓The feeding should take 15-30 minutes. If the baby drinks too fast, tip the bottle down or remove it to slow the pace of the feeding.
✓Mothers can hold the baby cheek to breast for the feeding.



LER Live! and LIL Schedule

Got a Minute? Live Interactive Learning Sessions, or LILs, are short, focused learning sessions to increase knowledge and retention.

Got Questions? LER LIVE! is a one hour session where you can bring questions from your studies and/or scenarios from your clinical work or internships.

Find details on how to join a session on our website.

LER Live! How to Study for the IBLCE Exam
May 30, 6:00-7:00pm EDT
Angela Love-Zaranka will cover how to create a study plan for the IBLCE Exam.

LIL Session
June 20, 5:00-5:30pm EDT

LIL Session
July 31, 7:00-7:30pm EDT

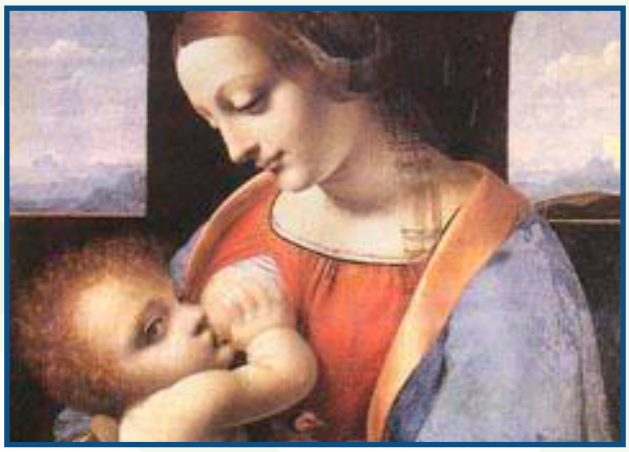
Want to be a LC but not sure where to start? These YouTube videos will help!

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

Pathway 1
https://youtu.be/oUV1dtpa97Y

Pathway 3
https://youtu.be/eOT1AEcj8x4

Internships
https://youtu.be/N3hWU4QUrDQ



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