

Interdisciplinary Lactation Care

In This Chapter

Practice Settings for Lactation Consultants	
Professional Development.	
Maturing as a Lactation Consultant	
Reading Research.	
Leadership and Change.	

Practice Settings for Lactation Consultants

Interdisciplinary Healthcare Team

- The International Board Certified Lactation Consultant® (IBCLC®) is an integral member of the family's healthcare team.
- The breastfeeding healthcare team includes hospitals, health clinics, physicians, public health, pharmacies, specialists, therapists, nutritionists, and community services.
- Breastfeeding counselors and educators provide integral support to families.
- Interdisciplinary coordination of care and support best serves the family's needs.

Hospital Practice

Hospital practice includes:

- Make rounds of patients and assist with problems.
- Observe every baby breastfeed before discharge.
- Provide inpatient and staff education.
- Provide breastfeeding equipment and supplies.
- Provide discharge planning and referral to community peer counselors and support groups.
- Coordinate lactation services when peer counselors are part of the hospital lactation team.

32 Chapter 3: Interdisciplinary Lactation Care

Public Health

Clinics (e.g., Women, Infants, and Children Program in the United States) typically:

- Serve low-income families.
- Counsel families with cultural, socioeconomic, and lifestyle differences.
- Teach classes and facilitate community support groups and networking.
- Teach and supervise peer counselors.

Physician Practice

Pediatric, obstetric, and family practices:

- Assist families during pregnancy and breastfeeding.
- Teach classes and facilitate support groups.
- Make patient rounds in hospital.
- Provide follow-up calls and warm line.
- Refer families to community peer counselors and support groups.

Home Health Care

Home health services may include:

- Follow up with families after discharge.
- Assess breastfeeding.
- Provide anticipatory guidance on long-term issues.
- Refer families to community peer counselors and support groups.

Private Practice

Seasoned IBCLCs with extensive experience set up practice in the community:

- Provide office and/or home visits, remote consultations, and follow-ups.
- Document consultations, send physician reports, and retain records.
- Market the practice, and establish a referral base.
- Bill for services, contract with insurance companies as an in-network provider, and facilitate third-party reimbursement.
- Refer families to community peer counselors and support groups.

Corporate Practice

Providing services to local businesses:

- Good opportunity for IBCLCs with no healthcare background.
- Help businesses establish a breastfeeding policy and a private area with breastfeeding equipment for employees to express milk.
- Provide education and support to pregnant and breastfeeding employees and their families.
- Refer families to community peer counselors and support groups.

Professional Development

Formal Preparation for the IBCLC Profession

- Complete required general health science education (see **Table 3-1**).
- Complete a lactation management program that covers the disciplines and chronological periods in the IBLCE Detailed Content Outline (see **Table 3-2**).
- Acquire clinical experience to apply theory and knowledge to clinical situations.
 - Acquire necessary clinical experience to qualify for IBCLC certification.
 - Enroll in a formal internship for supervised clinical experience.
 - Completion of an academic program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) fulfills the IBLCE Pathway 2 requirements.

Role Acquisition

- Anticipatory stage
 - You collect information from other lactation consultants, ILCA, IBLCE, LEAARC, providers of lactation education, and professional journals.

Table 3-1 Health Science Education for Lactation Consultants

Equivalent of 1 semester of postsecondary higher education in:

- Biology
- Human anatomy
- Human physiology
- Infant and child growth and development
- Nutrition
- Psychology or counseling or communication skills
- Introduction to research
- Sociology or cultural sensitivity or cultural anthropology

Continuing education in:

- Basic life support (e.g., cardiopulmonary resuscitation)
- Medical documentation
- Medical terminology
- Occupational safety, including security, for health professionals
- Professional ethics for health professionals
- Universal safety precautions and infection control

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34 Chapter 3: Interdisciplinary Lactation Care

Table 3-2 IBCLC Detailed Content Outline

Disciplines

- I. Development and Nutrition—Infant and Maternal
- II. Physiology and Endocrinology
- III. Pathology—Infant and Maternal
- IV. Pharmacology and Toxicology
- V. Psychology, Sociology, and Anthropology
- VI. Techniques
- VII. Clinical Skills
 - A. Equipment and Technology
 - B. Education and Communication
 - C. Ethical and Legal Issues
 - D. Research
 - E. Public Health and Advocacy

Chronological Periods

1. Prenatal
2. Labor/birth (perinatal)
3. Prematurity
4. 0–2 days
5. 3–14 days
6. 15–28 days
7. 1–3 months
8. 4–6 months
9. 7–12 months
10. Beyond 12 months
11. General principles (including preconception)

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- You complete the required health science education.
- You complete a comprehensive lactation management program.
- Formal stage
 - You obtain clinical experience through an internship or academic program.
 - Formal documents guide your practices.

The IBCLC offers an adjunct service that builds on the physician–patient relationship.

- ▶ Communicate with primary care practitioners to establish yourself as part of the healthcare team.
- ▶ Share research and literature from disciplines that affect lactation and breastfeeding management.
- ▶ Share sound clinical information from unbiased sources.
- ▶ Help physicians recognize that families need support and validation in their decisions.
- ▶ Encourage physicians to refer parents to an IBCLC.

- You begin to break down preconceived ideas and teachings.
- You choose from more than one method to determine your own practices.
- You practice rigidly and formally according to your perceived “rules” as you try to do everything right.
- You prefer the security of a mentor to guide you.
- Informal stage
 - You begin to modify rigid rules and directions.
 - You consider different approaches to care and weigh options.
 - Interactions with families and healthcare professionals become more spontaneous.
 - You have less fear of imperfection.
- Personal stage
 - You develop a style that is consistent with your personality.
 - You understand the motives and whims of new parents and accept their choices.
 - You discard options if they are incompatible with your approach.
 - You look critically at research and adapt it to your practice.
 - You enjoy teaching others and assume leadership roles.

Ethical Behavior

- Morals and ethics greatly influence social behavior.
 - Ethics are principles or standards of human conduct.
 - Moral customs change with each new generation, but ethical values are enduring.
 - Modern ethics teach that immediate pleasures must give way to a regard for ultimate good.

36 Chapter 3: Interdisciplinary Lactation Care

- In reality, no one practices ethical habits all the time.
 - We all have internal personal needs and external social needs.
 - We steer our lives by trial and error, and by intuition and reason.
 - Ethical values determine how we behave, how we treat one another, and how we enable others to thrive individually and collectively.
- Practice ethical behavior.
 - Treat others as unique individuals, value their worth, and treat them with respect.
 - Elicit the best from every person and enable everyone to thrive.
 - Allow others to make choices and to be accountable for their mistakes.
 - Act with integrity and keep commitments.
 - Be open, honest, caring, and responsive with others.
 - Educate yourself in order to grow both in wisdom and in your social life.
 - Remain true to your values and standards, without compromise.
- Assure client privacy and confidentiality and follow governmental privacy regulations.
- Adhere to the *Code of Professional Conduct, for IBCLCs* which guides lactation consultant practice (see **Figure 3-1**).
- Adhere to the *International Code of Marketing of Breastmilk Substitutes*.

Early theories on ethics:

- ▶ Pythagoras: The best life is one devoted to mental discipline.
- ▶ Sophists: Individual perception is valid only for oneself and cannot be generalized.
- ▶ Socrates: People will be virtuous if they know what virtue is.
- ▶ Greeks: The essence of virtue is self-control, which can be taught.
- ▶ Plato: Emotions should be subject to intellect and will.
- ▶ Aristotle: Moral virtues must accommodate differences among people and conditions.
- ▶ Stoics: Man should strive to be independent of material influences.
- ▶ Epicureans: Man should postpone immediate pleasure to attain lasting satisfaction in the future.
- ▶ Christianity: Man achieves goodness only with God's grace and not by will or intelligence.
- ▶ John Locke: Rational pursuit of happiness and pleasure leads to cooperation.

Principles of Code of Professional Conduct for IBCLCs

1. Provide services that protect, promote, and support breastfeeding.
2. Act with due diligence.
3. Preserve the confidentiality of clients.
4. Report accurately and completely to other members of the healthcare team.
5. Exercise independent judgment and avoid conflicts of interest.
6. Maintain personal integrity.
7. Uphold the professional standards expected of an IBCLC.
8. Comply with the IBLCE Disciplinary Procedures.

Figure 3-1 Principles of the Code of Professional Conduct for IBCLCs. Reproduced from International Board of Lactation Consultant Examiners®. www.iblce.org. Printed with permission.

Maturing as a Lactation Consultant

Difficult Experiences

- A parent does not comply with your recommendations.
 - Give appropriate support and information.
 - Step back and respect the parent's choice.
- A parent or baby experiences medical complications.
 - Work through the grief process just as the parent does.
- A parent experiences external interference.
 - Educate the person who is exerting the influence.
 - Be open and frank with the parent.
 - Provide follow-up care.

Professional Burnout

- Take measures to avoid burnout.
 - Accept your limitations.
 - Establish personal boundaries and make time for yourself and your family.
 - Network with colleagues, attend conferences, and become involved in professional activities.

38 Chapter 3: Interdisciplinary Lactation Care

- Signs of emotional burnout
 - Tunnel vision
 - Loss of coping skills
 - Lack of focus and concentration
 - Unexplained physical pain
 - Fatigue
 - Irrational behavior, a feeling of being on an “emotional roller coaster”
 - Avoiding obligations and other avoidance behaviors
 - Feeling that life is out of control
 - Insomnia
 - Irritation
 - Depression
 - Inability to manage time

Potential Pitfalls in Helping Parents

- Not accepting your limitations.
- Getting overly involved.
- Discussing your own breastfeeding experience.
- Making value judgments.
- Interrupting others with your own comments.
- Overwhelming parents with too much information or technology.
- Being too solution oriented.
- Not providing follow-up.

Reading Research

Types of Research Articles

- Editorials are not studies and are not critically reviewed.
- Case studies report on a problem, diagnosis, or treatment, and cannot be used to generalize.
- Meta-analysis combines data of several studies to test conclusions.
- Reviews, written by experts, analyze the best and worst studies with little or no original data.
- Clinical practice articles are reports of applications in real life.
- Research reports put long-held beliefs or new ideas to a scientific test.

Structure of Scientific Articles

- Title: Explains main findings and may be two sentences long.
- Authors: Tend to publish profusely in a specific, narrow discipline.
- Abstract: Is a brief summary that explain a study.

- **Introduction:** Contains the purpose, parameters, and restraints of the study.
- **Literature review:** Explains previous research.
- **Methods:** Describe how researchers operationalized the hypothesis, how subjects were recruited, tools used to measure outcomes, surveys, scales, tests, definition of terms, and statistical methods.
- **Results:** Often displayed in graphs, tables, and charts; they are peer reviewed for accuracy.
- **Discussion:** Reviews reasons for the study and relevant literature, summarizes results, and suggests applications and further research.
- **References and bibliography:** List of the citations referred to in the article.

Research Study Design

- **Retrospective study:** Uses two comparison groups, with output variables describing the subjects after follow-up or treatment.
- **Prospective study:** Samples subjects based on input variables believed to influence outcomes.
- **Cross-sectional study:** Researchers gather data from everyone at the same time, relying on record keeping or memory.
- **Descriptive study:** Lists many relevant variables of a defined sample rather than comparing two groups.
- **Qualitative study:** Researchers observe subjects and events in a natural setting rather than establishing a control.
- **Randomized clinical trial:** Treatment groups are treated the same in all ways except for the treatment itself.
- **Blind clinical trial:** Knowledge of which treatment the patient received remains secret until analysis of the data begins.

Statistical Tests

- **Confidence intervals:** Determine statistical significance of a result, the range within which a population's true value is expected to be found.
- **Chi-square:** Determines whether proportions in two groups are significantly different; large chi-square values usually lead to low, statistically significant *P* values.
- **Cohen's kappa:** Shows that two observers who rate an event on a scale are in close agreement.
- **Cronbach's alpha test:** Determines reliability of an instrument.
- **Regression:** Determines the relationship between a predictor (independent) variable and an outcome (dependent) variable.
- ***T* test:** Decides between two contradictory hypotheses about the mean of a sample.
- **Odds ratio:** Summarizes relative proportion in two different groups.

40 Chapter 3: Interdisciplinary Lactation Care

Critical Reading of Research

- Look at the title and consider what you know about the topic, how you would have studied it, and what you expect to find.
- Read the authors' names and the abstract.
- Examine sources of funding, authors' employers, and authors' disclosures to discern possible author bias and/or conflict of interest.
- Identify terms and key concepts.
- Study the tables and graphs and read the results.
- Read the methods to determine whether the authors can justify their conclusions.
- Read the introduction and literature review and consider the significance, accuracy, appropriateness of studies, omissions, and thoroughness of explanations.
- Read the discussion and watch for speculation, suggestions for further research, and flaws or weaknesses.
- Read the results again to check that data is consistent with claims and that there is no other equal or better explanation.
- Watch for spurious relationships.
- Determine what the researchers chose to include and exclude and why.

Leadership and Change

Effectiveness (From *The 7 Habits of Highly Effective People*, Stephen Covey, 2004).

- Choose to be effective: Choose your response and be proactive.
- Start with a blueprint: Plan before you act.
- Focus on what is important: Distinguish urgent from important, then prioritize, develop a timeline, and stay committed to your goals.
- Work toward mutual benefit: Create mutual benefits and focus on issues rather than on people.
- Understand other points of view: Attempt to see an issue from another person's point of view.

The art of persuasion (Benjamin Franklin's acronym TALKING [Humes, 1992]).

- ▶ **Timing:** Choose the right moment.
- ▶ **Appreciation:** Appreciate the other person's problems and concerns.
- ▶ **Listening:** Listen well enough to find out what you need and how best to sell it.
- ▶ **Knowledge:** Learn the other person's viewpoint and persuade them to see yours.
- ▶ **Integrity:** Maintain your fundamental beliefs or motives.
- ▶ **Need:** Show them that they are uniquely qualified to give you what you need.
- ▶ **Giving:** Learn the value of giving.

- **Build a strong team:** Work toward achieving unity and building a strong team.
- **Take care of yourself:** Be healthy physically and mentally, with attention to exercise, nutrition, and stress.

Self-Confidence

- Approach every situation with the belief that you will succeed.
- Focus on the best way to do the job right and visualize yourself doing it.
- Trust in your ability to learn and use failure to build strength and wisdom.
- Be assertive when presenting your ideas to others.
- Learn how to resolve conflict.
 - Avoid confronting conflict in public or in the presence of others who are uninvolved.
 - Establish common goals, debate strategies, and find ways all parties can benefit by the outcome.
 - Obtain support from others before a meeting and solicit their reactions when confronted.
 - Use humor to diffuse conflict and resistance.
- Learn how to approach a difficult person.
 - Give recognition and praise for accomplishments and avoid placing blame.
 - Write down what you want to say to prepare for interactions.
 - Face the person squarely, sit or stand erect, and lean forward.
 - Give your undivided attention by responding verbally and nonverbally.
 - Focus on the goal and what you are saying and avoid distractions that could sidetrack you.
 - Recycle the other person's message and wait for a response before continuing to speak.

Types of difficult people

- ▶ **Aggressors:** are abrasive, abrupt, intimidating, and relentless—stay as dispassionate as possible, listen attentively, look them directly in the eye, and be ready to interrupt.
- ▶ **Saboteurs:** sabotage your efforts from behind the scene—expose their undermining efforts.
- ▶ **Wet blankets:** dampen enthusiasm and undermine positive thinking—ask them for positive, realistic ways to solve problems and engage their talents.
- ▶ **Experts:** may come across as pompous and arrogant and are usually very productive and talented—show that you respect their opinion, ask them to explain their point further, and be prepared and accurate in your interactions.

42 Chapter 3: Interdisciplinary Lactation Care

Being a Change Agent

- Address a person's reasons for resisting change.
 - Loss of control: Increase their involvement and participation and empower them with legitimate choices and ownership.
 - Uncertainty: Avoid springing decisions without groundwork or preparation.
 - Difference: Minimize changes and leave as many habits and routines unchanged as possible.
 - Loss of face: Praise others for past accomplishments and thank them for their willingness to change to meet present needs.
 - Competence: Equip others with the knowledge and skills to perform under the new rules.
 - Disruption: Support and recognize the extra energy, time, and mental preoccupation.
 - Past grievances: Address unresolved grievances that could color responses to the change.
 - Real threat: Be sensitive to the loss of routines, comforts, traditions, and relationships.
- Facilitating change
 - Do your homework: Collect as much supporting research and data as possible.
 - Evaluate: Assess present policies and procedures and identify those that can remain in place.
 - Define the problem: Define specific areas that require change and prepare detailed rationale.
 - Define goals: Identify specific objectives for each proposed change.
 - Anticipate: Write down anticipated arguments, possible responses, and other approaches.

Stages of Resistance to Change (SARAR International):

- ▶ There is no problem. We don't need to change.
- ▶ I recognize there is a problem, but it's not my responsibility.
- ▶ I accept that there is a problem, but I doubt anyone's ability to change it.
- ▶ I accept that there is a problem, but I'm afraid to get involved.
- ▶ We have a problem, but I'm afraid to try to do anything about it.
- ▶ We know we can do it, and obstacles will not stop us.
- ▶ We did it, and now we want to share our results with others.

- Prioritize: Start with the most acceptable changes to establish a record of accomplishment.
 - Define strategies: Develop a timeline for planning and implementing the change.
 - Implement the change: Monitor responses for unanticipated problems and rectify them.
 - Give recognition and praise: Recognize compliance with creative incentives or rewards.
- Form a diverse breastfeeding committee.
 - Level of support: Include allies, resisters, and those who are neutral.
 - Members: Consider members from obstetrics, labor and delivery, postpartum, neonatal intensive care, pediatrics, quality improvement, technicians, housekeeping, management, home care, pharmacy, and speech pathology.
 - Personality types: Include reactors, workaholics, rebels, persisters, dreamers, promoters, synthesists, idealists, pragmatists, analysts, and realists.

Promotion Efforts

- International initiatives
 - *International Code of Marketing of Breastmilk Substitutes* (see Appendix A)
 - *Baby-Friendly Hospital Initiative* (see Appendix B)
 - *Global Strategy for Child and Young Infant Feeding* (WHO/UNICEF, 2002)
- U.S. Office on Women's Health
 - National Breastfeeding Awareness Campaign (2004) encouraged exclusive breastfeeding to 6 months of age and advertised the risks of not breastfeeding.
 - Employer solutions for supporting breastfeeding (2014) searchable online resource for businesses.
- Centers for Disease Control and Prevention
 - Biannual Maternity Practices in Infant Nutrition and Care (mPinC) survey.
 - State-by-state scores represent the level of breastfeeding support in maternity care facilities.
 - CDC Breastfeeding Report Card summarizes survey data.
- The Joint Commission
 - Accredits U.S. hospitals and is instrumental in improving quality of care.
 - Five perinatal care core measures to assess hospital practices.
 - PC-05: Report rate of exclusive breastmilk feedings as a percentage of all full-term births as well as the rate of exclusive breastmilk feedings, considering parents' intention to breastfeed.

44 Chapter 3: Interdisciplinary Lactation Care

- U.S. Surgeon General's Call to Action (2011)
 - Call to Action to Support Breastfeeding issued by Dr. Regina Benjamin.
 - Reduce barriers to breastfeeding and inequities in the quality of health care for families.
 - Improve support in employment and community settings.
 - Ensure access to International Board Certified Lactation Consultants.
- U.S. Patient Protection and Affordable Care Act (2010)
 - Employers must provide break time and a private place for employees to express milk.
 - Most health insurance plans must provide breastfeeding support, counseling, and equipment (including breast pumps) for pregnant and nursing women for the duration of breastfeeding.
- What you can do
 - Develop comprehensive national policies on infant and young child feeding.
 - Use an evidence-based, integrated, comprehensive approach.
 - Consider the physical, social, economic, and cultural environment.
 - Support exclusive breastfeeding for 6 months in healthcare environments.
 - Increase exclusive breastfeeding rates in work environments.
 - Support breastfeeding with complementary foods up to 2 years and beyond.
 - Provide adequate, timely, safe complementary foods.
 - Guide families in exceptionally difficult circumstances.
 - Legislate and regulate adherence to the International Code of Marketing of Breastmilk Substitutes.

Tutorial for Students and Interns

Key Clinical Management Strategies

Data from *Clinical Guidelines for the Establishment of Exclusive Breastfeeding* (ILCA, 2014):

- Comply with the *International Code of Marketing of Breastmilk Substitutes* and subsequent resolutions.

Key Clinical Competencies

Data from *Clinical Competencies for the Practice of IBCLCs* (IBLCE, 2012):

- Conduct yourself in a professional manner, by complying with the profession's code of ethics, standards of practice, and the *International Code of Marketing of Breastmilk Substitutes* and its subsequent World Health Assembly resolutions.
- Practice within the laws of the setting in which you work, showing respect for confidentiality and privacy.

- Advocate for breastfeeding families in the workplace, community, and within the healthcare system.
- Demonstrate effective communication skills to maintain collaborative and supportive relationships.
- Make appropriate referrals to other healthcare professionals and community resources.
- Communicate effectively with other members of the healthcare team, using written documents appropriate to the location, facility, and culture in which the student is being trained, such as consent forms, care plans, charting forms/clinical notes, pathways/care maps, and feeding assessment forms.
- Utilize current research findings to provide a strong evidence base for clinical practice, and obtain continuing education to enhance skills and obtain or maintain IBCLC certification.
- Seek out appropriate resources for research to provide information to the healthcare team on conditions and medications that affect breastfeeding and lactation.
- Use breastfeeding equipment appropriately and provide information about risks as well as benefits of products, maintaining an awareness of conflict of interest if profiting from the rental or sale of breastfeeding equipment.
- Obtain clinical experience in a lactation consultant private practice office.
- Obtain clinical experience in a private practice OB, pediatric, family practice, or midwifery office.
- Obtain clinical experience in a public health department; Women, Infants and Children (WIC) Program (in the United States).
- Obtain clinical experience in a hospital birthing center, postpartum unit, level II and level III nurseries (special care nursery and neonatal intensive care nursery), and pediatric unit.
- Obtain clinical experience in home health services.
- Obtain clinical experience in an outpatient follow-up breastfeeding clinic.
- Obtain clinical experience with home birth (if legally permitted).
- Obtain clinical experience in a volunteer community support group meeting.

From Theory to Practice

1. The elements of a lactation management program presented in this text are the areas covered by the content outline for the certification exam. Which areas are your strengths and which are your weaknesses? How will you address the areas of weakness?
2. How will you obtain your clinical experience?
3. Where are you along the spectrum of acquiring the role of lactation consultant?
4. What are the dangers in failing to proceed beyond the formal stage of role acquisition?
5. What will be the nature of your role with parents when you are at the informal stage of acquiring the role of lactation consultant?
6. What are your goals after you reach the personal stage of role acquisition?
7. How do ethics influence behavior?

46 Chapter 3: Interdisciplinary Lactation Care

8. What are the elements of living an ethical life?
9. Why is it difficult to be ethical all the time?
10. How does the Code of Professional Conduct for IBCLCs guide your practice as a lactation consultant?
11. Which of the practice settings for a lactation consultant appeal most to you and why?
12. How will you know if you are starting to feel burned out as a lactation consultant?
13. How can you prevent becoming burned out?
14. Which of the pitfalls in counseling are you most at risk for experiencing? How can you avoid them?
15. Which type of research article would be least likely to form an appropriate basis for changing practices? Why?
16. What helpful insights might you gather from learning the names of research study's authors?
17. What can you learn about the validity of research findings by knowing the methods used in the study?
18. Why is it not a good idea to rely on only reading the results and discussion of a research article?
19. Which of the study designs do you consider the most valid? Why?
20. What is the significance of an unbalanced bell curve?
21. Which of the tests used in a study provide information about statistical significance?
22. What kinds of questions might you ask yourself after you read the discussion portion of a research article?
23. What kinds of questions might you ask yourself after you read the results portion of a research article?
24. How might the sources of funding or author relationships with industry affect the study's findings and presentation of those findings?
25. Which of Stephen Covey's habits of highly effective people do you think will most help you become a more effective person?
26. How can you become more confident in your interactions with others?
27. Which of the stages of resistance to change do you consider the most difficult in your interactions with colleagues?
28. You spent over an hour helping with effective positioning and latch. You checked back for the next two feedings and observed ineffective techniques both times. How will you respond, and what will be your first statement?
29. You set up a pumping routine for the parent of a preterm infant, yet each time you ask, you learn that pumping is not very frequent. How will you respond, and what will be your first statement?
30. A pregnant woman who attended your prenatal breastfeeding class called you several times in the weeks before the baby's birth. Her enthusiasm for breastfeeding was infectious, and you enjoyed sharing in her anticipation. The baby was born with galactosemia, making it impossible to breastfeed. The new parent is despondent over the loss of plans to breastfeed. How will

you respond, and what will be your first statement? How will you deal with your own disappointment?

31. One of the physicians in your community continually advises parents to supplement their babies with formula if the baby is more than 7% below birth weight at 2 days postpartum. It occurred with a parent you visited on rounds today. How will you respond, and what will be your first statement? How will you deal with your frustration?
32. Your hospital breastfeeding committee is working toward baby-friendly designation. There has been a great deal of resistance from several outspoken nurses who seem to sabotage every effort. Considering the material presented on creating change, develop a plan for addressing this problem. In your plan, address stages of resistance, reasons for resistance, conflict resolution, the art of persuasion, elements in facilitating change, and the makeup of the committee.

Resources

The Business Case for Breastfeeding: <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf>

Supporting Nursing Moms at Work: Employer Solutions: <http://www.womenshealth.gov/breastfeeding/employer-solutions>

IBLCE health science education requirements: <http://iblce.org/wp-content/uploads/2013/08/HealthSciencesEducationGuide2015.pdf>

IBLCE Detailed Content Outline: <http://iblce.org/wp-content/uploads/2013/08/IBCLC-Detailed-Content-Outline-for-2016-for-Publication.pdf>

Lactation Education Accreditation and Approval Review Committee (LEAARC): www.leaarc.org

International Code of Marketing of Breastmilk Substitutes: http://www.unicef.org/nutrition/files/nutrition_code_english.pdf

