

BFI 20-Hour Course: Clinical Practice Options



BABY-FRIENDLY
INITIATIVE STRATEGY
ONTARIO



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Resource Overview

This resource has been developed for use in situations where there are few breastfeeding clinical placement options for learners either within their organization or a nearby organization.

This resource has three parts:

- **Part A** is for managers and contains relevant appendices.
- **Part B** is for learners and contains relevant appendices for a breastfeeding mentor to use when providing supervised clinical practice.
- **Part C** is for learners and contains optional case studies that can be used to supplement clinical hours as well as Appendix H with additional videos and resources.

There is also a companion document called *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide*.



Part A: For Managers

Introduction

The Baby-Friendly Initiative (BFI) Strategy for Ontario *BFI 20-Hour Course* consists of 16 hours of in-class education plus four hours of clinical practice. The provincial course is based on the World Health Organization course found at www.who.int/nutrition/topics/bfhi/en/. To inquire about the BFI Strategy for Ontario course, contact BFIStrategy@tehn.ca. Clinical practice is a practical-learning experience that helps consolidate skills in assessing, teaching, and assisting mothers with infant feeding, particularly breastfeeding.

This *BFI 20-Hour Course: Clinical Practice Options* resource has been developed for use when an organization is unable to find clinical placement options for their staff and health care providers who are direct caregivers to expectant, delivering, and postnatal mothers and babies. These challenges may be due to low birth rates, or working in isolated or remote areas where there is limited access to mothers. In addition, managers in a variety of settings may find some of this material helpful for enhancing staff learning.

Clinical practice may be done in various settings such as a hospital with maternity services, birthing centre, breastfeeding clinic, home visit, breastfeeding support program, mother-to-mother setting, or other community setting where breastfeeding support or education is provided. It is suggested that clinical practice occurs at a time that best reinforces the learning gained in the in-class sessions, such as within one to three months following the in-class component.

The usual expectation for learners is that clinical practice is completed face-to-face with mothers, together with a breastfeeding mentor. The breastfeeding mentor is highly experienced and knowledgeable about breastfeeding. In some cases, an International Board Certified Lactation Consultant (IBCLC) has this role. The mentor could also be a midwife, nurse, experienced La Leche Leader, or other peer supporter. Clinical practice must be completed under the supervision of a breastfeeding mentor either in your workplace, another local organization, or another community. If learning goals are not accomplished, clinical practice may be enriched remotely with a breastfeeding mentor using case studies.

This document refers to the BFI Strategy for Ontario *BFI 20-Hour Course*. Much of this material can be applied to other basic breastfeeding and BFI courses. Every learner has different learning needs, and additional clinical mentorship might be necessary after completion of the case studies. In-person supervised clinical practice should always take precedence over the completion of the case studies. The case studies may be used to enrich learning. If learners do not encounter the clinical situations listed in the case studies while completing in-person practice, the case studies may be used by the learner to ensure key lactation topics have been reviewed with their breastfeeding mentor.

Background

The Breastfeeding Committee for Canada (BCC) provides educational requirements for direct and indirect care providers in the *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services* (see www.breastfeedingcanada.ca/BFI.aspx). Within this document, the educational requirements are detailed in Step 2 and related appendices which include:

- An *Education and Orientation Checklist* for staff and health care providers that is appropriate to their role and setting. Learners have the option to use the checklist in the Appendices as a self evaluation.
- *Requirements for Breastfeeding Education for Hospital and Community Health Service (CHS) Staff and Health Care Providers.*
- *Support for Mothers Using Human Milk Substitutes Checklist.*



How to use this document

Part A of this document is directed to managers, and Parts B and C are directed to learners. Part A begins with key background information, then provides an overview of challenges that managers may encounter in securing clinical placements for learners, and finally, moves to a table with potential solutions and considerations. Core competencies for clinical learning to augment the BFI Strategy for Ontario *BFI 20-Hour Course* are described.

Part B is for learners and describes what clinical practice is, how to get ready, core competencies, and helpful teaching tools. Appendices include items to provide to a breastfeeding mentor to make their role clear. Part B could apply to most learners.

Part C is for use in situations in which clinical experiences are not available or are insufficient. In this case, core competencies may be supplemented by case studies involving readings, videos, and answering questions. These case studies are included in Part C. Answers are meant to be reviewed by a breastfeeding mentor who is knowledgeable and experienced in assisting breastfeeding mothers. To assist with the review, sample answers are available in a companion document, called *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide*.

Depending on each learner's needs and available clinical opportunities, managers may need to provide learners with a variety of clinical options or a mix of face-to-face clinical practice and case studies. Managers must bear in mind that learners are expected to meet the requirements described in the BCCs *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*. During a BFI External Assessment, direct-care-provider knowledge and skill are determined through responses to interview questions and direct observations. Additionally, during an assessment mothers are interviewed about their experience with the facility and staff, and this helps to assess clinical practice.

Role definitions in this document

- **Managers** include supervisors and any person responsible for ensuring completion of clinical placements.
- **Breastfeeding mentors** are typically professionals or others who are experienced and knowledgeable about helping breastfeeding mothers. In some cases, an International Board Certified Lactation Consultant (IBCLC) will take on the role of a breastfeeding mentor. A mentor may also be a midwife, a nurse, an experienced La Leche Leader, or other peer supporter.
- **Learners** are often professionals from health care or social services, working in settings with mothers and babies. For the purposes of this document, any individual completing the clinical component of the course, professional or not, is generically referred to as a learner.
- **Direct care providers** are people who provide direct support to breastfeeding mothers.
- **Mothers** include parents, transgender women, and those who may not identify as female yet are in a human-milk-feeding relationship with their baby or child.

Tips for tracking education and clinical practice

It is important to track education to ensure completion of both the in-class education and supervised clinical practice components of the BFI Strategy for Ontario *BFI 20-Hour Course*. Documenting BFI orientation and education is a requirement for BFI designation. Therefore, ensure that a point person in your organization, directly in your unit or in human resources, is responsible for tracking education as follows:

- Keep a copy of the curricula or course outline for every breastfeeding or BFI-related educational opportunity attended by staff or health care providers in your organization.
- Keep a record of completed clinical practice hours for each person along with a brief description of the type of experience.
- Track education received by direct care providers and indirect care providers.
- Track education of new employees, physicians, volunteers, and others who require appropriate BFI education within six months of being part of your organization.

Challenges in accessing clinical opportunities

The following are some challenges managers and learners working in isolated or remote communities have encountered:

- Lack of available supervision/mentorship.
- Lack of prenatal classes in the region.
- Lack of breastfeeding clinics in the region.
- Lack of breastfeeding support groups in the region.
- Lack of IBCLCs in the region.
- Confidentiality or insurance concerns with external learners coming into an organization.
- Inconsistent or low number of mothers requiring support.
- Clinical opportunities which are strictly observational without mentoring capability.
- Limited clinical opportunities due to a large number of learners needing clinical supervision.
- Confidentiality and security concerns when sharing patient information, including the need to email confidential patient information documents for review, and the resulting concerns regarding security.

Potential solutions and considerations

The following table is a response to challenges in finding clinical opportunities. The table offers a number of clinical solutions and related considerations, many of which come from actual experiences within Ontario. In some situations, managers may use a mixed approach to supervised breastfeeding clinical practice.

SOLUTION	CONSIDERATIONS
Partner with others who see mothers for breastfeeding assessments or support.	
Partner with a midwife for client visits at client homes or in clinic.	<p>Define if the role of the learner is to observe, to assist in providing support, or if a graduated approach may be taken. Midwives are often open to having learners.</p> <p>Prenatally, midwives follow the provincially-recommended visiting schedule. Postpartum, midwives routinely see their clients at delivery, the next day (which is day 1), and on days 3 and 5 in the client home. They also see their clients in the office on day 10, at week 6, and as needed prior to discharge at week 6.</p>
Attend health unit or other prenatal classes.	Define if the role of the learner is to observe or to assist in providing support, teaching, or a combination. Consider collaborating with the instructor so the learner could participate in teaching several topics such as informed decision making, establishing a latch, hand expression, preventing or addressing breastfeeding challenges.
Attend culturally-relevant services such as Indigenous Friendship Centres when breastfeeding mothers attend.	Observe mothers in an environment supportive of breastfeeding. Have the learner ask permission to watch latching and to ask the mother(s) questions. Attend groups and/or one-on-one care.
Work with local La Leche League (LLL) Leaders. Attend LLL meetings.	Connect with local leaders and meetings at www.lllc.ca/find-group-ontario and scroll down to see what is available in your community or nearby community. Arrange for learners to attend a LLL meeting. Ask about a learner's potential level of involvement, for example, observer or providing some guidance.
Use local expertise such as breastfeeding peer support volunteers.	Start a discussion with local formal or informal breastfeeding supporters. Get a sense of their work and if a partnership could be developed that may include mentoring a learner.
Search local breastfeeding support services for potential partners.	Check if there are any local services on this website, www.ontariobreastfeeds.ca . If there are services (including those offered by private IBCLCs), they may be willing to partner with you.
Travel to a nearby larger centre for clinical practice. Some organizations regularly make this happen.	Consider the closest organizations that offer breastfeeding services. Make arrangements with the centre's management team.

SOLUTION	CONSIDERATIONS
Create new opportunities.	
<p>Network in your region to create a list of potential mentors, or organizations where mentors may be enlisted.</p>	<p>Consider enlisting <i>BFI 20-Hour Course</i> facilitators and others with extensive breastfeeding experience and knowledge. Ensure mentors have all relevant documents (pages 19-23).</p>
<p>Build capacity with partners.</p>	<p>Have a learner from another centre take the lead on presenting a breastfeeding topic while being mentored by a nurse who has experience helping mothers with breastfeeding.</p>
<p>Have more than one learner attend a client visit or patient encounter at your hospital, Nurse Practitioner-Led Clinic, other health clinic, or Aboriginal Health Access Centre.</p>	<p>With patient consent, have two or three learners attend the visit, which allows more learners to get exposure at once. This may work best for a confident mother or mother with previous children.</p>
<p>Longer term plan: Collaborate with partners to open a Breastfeeding Support Drop-in in your region or start a breastfeeding clinic at your centre.</p>	<p>By having a Breastfeeding Support Drop-In, core staff may develop competencies and could, in turn, become mentors of other learners. Consider offering an open area where peer support could occur parallel to professional support. Consider having a private space available for mothers who request this for religious or comfort reasons. Consider having a peer supporter at professionally-led clinics. Lastly, consider frequency of such a clinic such as monthly, weekly, or other.</p>
Use existing resources.	
<p>Use telemedicine to help by:</p> <ul style="list-style-type: none"> • Using a <i>guest invite</i> if your organization does not have telemedicine equipment. • Connect with someone who has the knowledge and skills to be a breastfeeding mentor. There are several IBCLCs currently available through telemedicine. 	<p>Ontario Telemedicine Network (OTN) uses a private and secure two-way video system. A new feature is that only one site needs to have OTN; a second site could connect using a guest invite. Learners could have a mother and baby at their site and connect with someone knowledgeable about breastfeeding at a prearranged time. Learners could plan to connect with an IBCLC during a consultation. See Part A-Appendix A for details.</p>
<p>Use a confidential email system for correspondence such as emailing a client situation to a mentor for feedback.</p>	<p>Ensure client consent is obtained. ONE Mail is an encrypted email service that lets registered health care professionals securely share patient information. ONE Mail may be used by a broad range of health care services.</p>
<p>Use existing confidentiality agreements or create a new confidentiality agreement that meets the needs of your organization.</p>	<p>If having learners come to your organization, consider having a signed confidentiality agreement. Two potential agreements are available, one in Appendix G of the <i>BFI 20-Hour Course</i> toolkit, another in this document (Part A-Appendix B).</p> <p>Additional organizational requirements may need to be met such as a Police Reference Check.</p>

Core competencies

Basic knowledge required for the Baby-Friendly Initiative is described in Step 2 and related appendices of the BCCs *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*.

For the BFI Strategy for Ontario *BFI 20-Hour Course* clinical practice component, the following core competencies are recommended. In Part C, case studies are created around these competencies.

Learners may choose additional objectives based on their personal learning needs.

- 1) Effective communication skills may be practiced by:
 - Having an informed decision-making conversation with a mother about the importance of breastfeeding and risks of not breastfeeding.
 - Talking with a pregnant woman or prenatal group about one or two items on the *Prenatal Checklist – Infant Feeding* (Part B-Appendix F).
 - Talking with a postpartum mother about one or more items on the *Breastfeeding Observation Aid* (Part B-Appendix G).
- 2) Assisting a mother to learn to position and latch her baby for breastfeeding, and teaching her to assess milk transfer.
- 3) Observing and supporting a mother and baby as they breastfeed and offering help if needed. Consider:
 - Using the *Breastfeeding Observation Aid* (Part B-Appendix G).
 - Teaching and supporting the use of skin-to-skin.
 - Discussing strategies to build and maintain an adequate milk supply while enhancing a mother's confidence.
- 4) Assisting a mother to learn hand expression of breast milk.
- 5) Showing a mother how to spoon feed, cup feed, or use a lactation aid at the breast if there is a medical indication for supplementation. If bottle feeding is indicated, safe and responsive bottle feeding can be taught one-to-one.





Setting up for clinical success

Managers can help set their staff up for success prior to involvement in this training. The following may be considered:

- Explain to learners the need for four hours of clinical as a requirement of the BFI Strategy for Ontario *BFI 20-Hour Course*. This is also explained during in-class instruction.
 - Discuss with learners what their options will be for clinical education, and the core competencies they are expected to learn.
- Ask learners in which areas they need increased experience. This encourages self-reflection and goal setting.
 - Ensure, as much as possible, that learners are clear as to who their mentor will be. If possible arrange this in advance of learners taking the BFI Strategy for Ontario *BFI 20-Hour Course*. Managers and learners may need to work together to find a mentor, such as the person providing the in-class training. In some situations, there may be multiple potential mentors within an organization that are available to supervise internal and external learners. If your organization has opportunities for external learners, please let it be known in your regional networks.
 - Discuss clinical completion timelines with learners and in conjunction with their mentor.
 - Discuss, with the mentor, the expectations of their role, time commitments, and available support including resources. Discuss, with the learner, who will provide the mentor with relevant documents. Relevant documents are listed in the section *Documents for the Breastfeeding Mentor* and are available in Part B appendices.
 - Ensure each learner has a *Clinical Practice Tracking Record* for completion (Part B-Appendix E) and understands to whom it must be returned.
 - Encourage learners to review the materials from the in-class component of the *BFI 20-Hour Course* and become familiar with related resources.
 - Review with learners how clinical practice is tracked. Ensure a point person is tracking breastfeeding education and clinical practice for each learner, or, have individual learners track their education and clinical experiences and submit to a point person.

Role of the breastfeeding mentor

A breastfeeding mentor is a person who works directly with a learner to support their clinical practice. This person must be experienced and knowledgeable about helping breastfeeding mothers. Although this will not always be possible, in some cases an IBCLC will take on the role of a breastfeeding mentor. A mentor may also be a midwife, a nurse, an experienced La Leche Leader, or other peer supporter. The following describes the role of the breastfeeding mentor.

- 1) Works one-on-one, in-person, or remotely with a breastfeeding learner. This mentor could be in your organization, another organization in your community, or in another community.

- 2) Understands the core competencies and education described for direct care providers under Step 2 of the BCCs *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*.
- 3) For those working with a mentor and mother(s) in the same setting, the mentor:
 - a. Knows clinical practice may be done in various settings such as hospital, breastfeeding clinic, home visit, breastfeeding support program, mother-to-mother setting, or other.
 - b. Discuss, with the learner, the learner's role and how they will work together.
 - c. Decides, with the learner, when clinical practice will be done and when to expect completion of clinical practice hours.
 - d. Discusses if the learner's role is strictly observational or if the learner may contribute to the history taking, assessment, intervention, and follow-up plans. Supports the learner who may begin as an observer and later provide assessment, education, intervention, support, and follow-up plans. Within a structured setting, such as breastfeeding prenatal classes, the learner plans to teach a few sections, understanding that the mentor contributes as needed.
 - e. Discusses the experience and observations following the patient interaction. See sample questions in Part B-Appendix D and discusses the answers.
 - f. Completes the *Clinical Practice Tracking Record* (Part B-Appendix E) document with the learner to include experiences and feedback. Signs, dates, and documents time spent in clinical practice. Knows this tracking record will confirm successful completion of four hours of clinical practice for the learner.
 - g. Uses the case studies (pages 24 – 38) to augment learning. In particular, uses case studies in situations where the learner has had no opportunity to experience some of the topics in the core competencies, or the learner needs additional mentoring to have adequate knowledge and skill regarding a particular topic.
- 4) In extreme circumstances, when clinical practice cannot be completed by working with mothers, and when travelling to another location is absolutely not feasible, the mentor in another community:
 - a. Knows the supervised clinical practice for the course may in part be completed using the case studies, videos, and resources below. Knows that this is not a self-study module with learners looking up their own answers.
 - b. Decides, with the learner, a timeframe to complete clinical practice, including a deadline for submitting case study answers and expected time to receive feedback from the mentor. Mentors will review the learner's case study answers and provide appropriate feedback.



- c. Has a *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide* to assist in reviewing case studies, along with clinical judgement. The *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide* is available separately.
- d. Completes the *Clinical Practice Tracking Record* (Part B-Appendix E) document and returns it to the learner signed, dated, and with time spent in clinical practice noted. The case studies will take about four hours to complete.

Documents for the breastfeeding mentor

The following table lists documents that may be helpful for the breastfeeding mentor. The manager's role is to ensure these have been offered to the breastfeeding mentor by either the manager or the learner.

DOCUMENT	FOUND
Role of the Breastfeeding Mentor	Part B-Appendix C
Sample Clinical Questions for a Mentor to Ask a Learner	Part B-Appendix D
Clinical Practice Tracking Record	Part B-Appendix E
Prenatal Checklist - Infant Feeding	Part B-Appendix F
Breastfeeding Observation Aid	Part B-Appendix G
Additional Videos and Resources	Part C-Appendix H
BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide	Separate Document

Opportunities to refresh a learner's knowledge of breastfeeding

If at any point direct care providers could benefit from reviewing breastfeeding content, consider providing applicable sections of the following online resources.

- Registered Nurses' Association of Ontario Breastfeeding e-learning course at <http://rnao.ca/content/new-breastfeeding-e-learning>.
- Toronto Public Health e-learning modules and Breastfeeding Protocols for Health Care Professionals found at <http://breastfeedingresourcesontario.ca/resource/breastfeeding-e-learning-modules-tph> and <http://breastfeedingresourcesontario.ca/resource/breastfeeding-protocols-health-care-professionals-tph>. There are 12 e-learning modules intended to be used with the series of 21 breastfeeding protocols which include normal breastfeeding, breastfeeding concerns, and management suggestions. It also includes an online quiz and certificate of completion.
- Wellstart International Self-Study (2014) available at no cost at www.wellstart.org/Self-Study-Module.pdf. It contains pre- and post-tests, with and without answers, breastfeeding content that health care professionals need to know, and case studies on common breastfeeding problems.
- BFI 101 e-learning at www.breastfeedingresourcesontario.ca/resource/bfi-101-e-learning.
- Breastfeeding Resources Ontario at www.breastfeedingresourcesontario.ca provides quality, evidence-informed resources.
- Best Start Resource Centre at www.beststart.org provides quality provincial resources on breastfeeding, nutrition, and a variety of topics from pre-conception to 6-year-olds.
- Academy of Breastfeeding Medicine Clinical Protocols at www.bfmed.org/Resources/Protocols.aspx.

Part A Appendices

Appendix A – Ontario Telemedicine Network: How It Can Help



Ontario Telemedicine Network (OTN) can support a learner's need for clinical experience when at least one organization has OTN equipment, and when external real-time support would be beneficial.

OTN background information:

- If your organization does not have an OTN account, a guest invite platform is available, allowing you to access the secure network.
- OTN ensures the protection of personal health information by using a private and secure connection.
- A non-OTN location may use a PC, Macintosh, or an iOS device with a high definition camera, speakers, high speed internet, and an OTNconnect application.
- Make arrangements, if possible, at least 48 hours in advance.
- Once a video visit invitation from OTNhub.ca has been received, participation may occur simply by opening the secure link on a personal computer (PC/Macintosh).

Here are several ways to use OTN:

- 1) Partner with another organization.** First, arrange an organizational partner.
 - a) If both organizations have access to OTNhub, arrange your connection date and time with others through the Customer Service Department.
 - b) If only one organization has access to OTNhub, the Customer Service Department can help arrange your connection date and time using a guest invite.
- 2) Arrange to meet a mentor such as a physician, nurse, or others skilled in helping breastfeeding mothers.**
 - a) By connecting with the Customer Service Department.
 - b) By contacting a telemedicine coordinator at lyndam@langs.org, phone 519-653-1470, fax 519-653-6277, or, www.langs.org.

Appendix B – Sample Confidentiality Agreement



Somerset West Community Health Centre (SWCHC) is committed to protecting the privacy, confidentiality, and security of all personal information in which it is entrusted in order to carry out its mission.

This Confidentiality Agreement is distributed to all employees, volunteers, and students to sign upon hire. On an annual basis, employees, volunteers, and students will be required to sign a pledge as a reminder of the Confidentiality Agreement that they signed upon hire or affiliation with SWCHC.

This pledge states the expectation that all employees, volunteers, and students:

- Have read and understood SWCHCs policy COR-5-03 PRIVACY POLICY ON THE COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION;
- Will comply with all privacy policies and procedures;
- Will not access or use any confidential and/or personal health information learned of or possessed, unless it is necessary to do so in order to perform job responsibilities;
- Will not disclose or discuss confidential and/or personal health information except to other persons who are authorized to receive such information;
- Will not alter, destroy, copy, or interfere with this information except with authorization and in accordance with the policies and procedures;
- Will ensure any confidential data saved to removable storage (e.g., USB keys, DVDs) or mobile computing devices (e.g., laptop, BlackBerry) is encrypted;
- Will not send confidential client data via email;
- Will keep any computer access codes (e.g., passwords) confidential and secure and protect physical access devices (e.g., entry fob, keys). Will not lend access codes or devices to anyone, nor attempt to use those of others; and
- Understand alleged breaches will be investigated.

Failure to comply with the above, or my participation in a breach of privacy, may result in disciplinary action, including the termination of my employment or affiliation with SWCHC, and may also result in legal action being taken against the individual. This pledge continues in effect following my employment or affiliation with SWCHC.

Signature

Date

Part B – For Learners

What is breastfeeding clinical practice?

Breastfeeding clinical practice is a practical-learning experience that will help you consolidate your classroom learning and prepare you to assess, teach, assist, and support mothers with breastfeeding. This clinical component is part of the basic education requirement for health care providers working with mothers and babies and is to be completed soon after taking the in-class BFI Strategy for Ontario *BFI 20-Hour Course*. The supervised clinical practice component is approximately four hours. The clinical component will be done with the supervision of a breastfeeding mentor in your workplace, in a nearby workplace, or remotely if needed.

A breastfeeding mentor's role is to help you incorporate the in-class teaching you received during the BFI Strategy for Ontario *BFI 20-Hour Course*. The mentor does this by preparing you to assist families with infant feeding, providing you with feedback concerning your practice, and helping build your confidence. It is meant to be a positive learning experience for everyone, with the goal of providing consistent, quality care to families.

The clinical component will give you an opportunity to apply your breastfeeding knowledge and communication skills to develop core competencies.



How do I get ready for breastfeeding clinical practice?

- 1) Complete the in-class BFI Strategy for Ontario *BFI 20-Hour Course*. The course has 16 hours of class time which is to be completed before doing clinical practice.
- 2) Work with your manager to determine how you will obtain your clinical practice hours and to identify your breastfeeding mentor. This person could be in your organization, another organization within your community, or in another community.
- 3) Read this document. If you have questions, discuss them with your manager or ask your breastfeeding mentor. Provide your mentor with the *Role of the Breastfeeding Mentor* (Part B-Appendix C). You may also wish to review your course notes and other resources such as booklets and video links.
- 4) For those working with a mentor and mother(s) in person:
 - a. Discuss your role with your mentor and how you will work together.
 - b. Decide, with your mentor, a time when you will complete your clinical practice hours.
 - c. Discuss whether your role is strictly observational or if you may contribute to the assessment, intervention, education, support, and follow-up plan. Active contribution will help your clinical practice. Many learners have found it helpful to begin as an observer and then provide breastfeeding assessment, support, and intervention. In a structured setting, such as teaching breastfeeding prenatally, you could plan in advance to teach a few sections, with the understanding that your mentor will contribute as needed.
 - d. Ensure mothers are comfortable and give consent to have a learner.
 - e. Complete clinical practice in settings such as hospital, breastfeeding clinic, home visit, breastfeeding support activity, mother-to-mother setting, or other settings that are available and agreed upon with your manager.
 - f. Discuss the experience and observations post-patient interaction. See sample questions in Part B-Appendix D.
 - g. Use the case studies provided (pages 24 – 38).
 - h. Provide the *Clinical Practice Tracking Record* (Part B-Appendix E) document to your mentor with information about your clinical experiences. The mentor will provide feedback, sign, date, and verify time spent in clinical practice. The completed tracking record document will confirm your successful completion of clinical practice.
- 5) For those working in isolated or remote areas with limited access to mothers, and/or the clinical situations in the case studies during in-person clinical practice were not encountered:
 - a. Use the case studies (pages 24 – 38) and videos and resources (pages 40 – 41) to enhance your learning. It is expected that the case studies will take approximately four hours to complete.



- b. Decide on a time with your mentor to have your case study answers submitted, and the time when you should expect to receive feedback from your mentor. A phone conversation to receive feedback as well as some written feedback is recommended to enhance learning.
- c. Provide the *Clinical Practice Tracking Record* (Part B-Appendix E) document to your mentor. Your mentor will sign and date the tracking record and return it to you or your manager. This document will confirm your completion of clinical practice hours.
- d. Upon completion of the case studies, review your learning needs and determine if additional supervised clinical practice is needed. Discuss a plan with your manager to meet your needs.

What are the core competencies I need to learn?

For the BFI Strategy for Ontario *BFI 20-Hour Course* clinical practice component, the following core competencies are recommended. Case studies have been created around these competencies (see pages 24 – 38). Learners may choose additional objectives based on their personal learning needs.

- 1) Effective communication skills may be practiced by:
 - Having an informed decision-making conversation with a mother about the importance of breastfeeding and risks of not breastfeeding.
 - Talking with a pregnant woman or prenatal group about several items on the *Prenatal Checklist – Infant Feeding* (Part B-Appendix F).
 - Talking with a postpartum mother about one or more items on the *Breastfeeding Observation Aid* (Part B-Appendix G).
- 2) Assisting a mother to learn to position and latch her baby for breastfeeding and teaching her to assess milk transfer.
- 3) Observing and supporting a mother and baby as they breastfeed and offering help if needed. Consider:
 - Using the *Breastfeeding Observation Aid* (Part B-Appendix G).
 - Teaching and supporting the use of skin-to-skin.
 - Discussing strategies to build and maintain an adequate milk supply while enhancing a mother’s confidence.
- 4) Assisting a mother to learn hand expression of breast milk.
- 5) Showing a mother how to spoon feed, cup feed, or use a lactation aid at the breast if there is a medical indication for supplementation. If bottle feeding is indicated, teaching safe and responsive bottle feeding one-to-one.



You are expected to practice effective communication skills and complete as many competencies as possible. It is highly recommended that you continue to work on any core competency where you feel you need additional knowledge and skill. Direct care providers are expected to have the knowledge and skill described in Step 2 and related appendices of the Breastfeeding Committee for Canada document called *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*.

When assisting parents with breastfeeding, what teaching tools may help?

- A doll.
- A breast model – bought or made. There are many knitting patterns online such as at www.lcgb.org/resources/teaching-tools/lcgb-knitted-breast-the-pattern/. You can also use a stuffed sock with an areola drawn on and some stitching to make a nipple. See photo inserts.



- Printed resources for parents:
 - Provincial booklets from the Best Start Resource Centre at www.beststart.org:
 - *Breastfeeding Matters*, read and be familiar with it. Available in print in English and French at www.beststart.org/resources/breastfeeding. Available in PDF online in 18 languages: English, French, Arabic, Bengali, Chinese (Simplified), Farsi, Gujarati, Hindi, Korean, Punjabi, Russian, Serbian (Cyrillic), Somali, Spanish, Tagalog, Tamil, Urdu, and Vietnamese.
 - *Breastfeeding for the Health and Future of our Nation* is a First Nations-focused breastfeeding booklet available in English, Cree, and Ojibway at www.beststart.org/resources/breastfeeding.
 - *My Breastfeeding Guide* is a lower-literacy booklet available in PDF in 18 languages as above. Also available in print in English and French at www.beststart.org/resources/breastfeeding.
 - *Infant Formula: What You Need To Know* booklet, available in PDF in 18 languages as above. Also available in print in English and French at www.beststart.org/resources/nutrition.
 - Quality, evidence-based resources used at your organization.
 - Written information on specific support available in your community.
- Online videos to support your learning and parent learning.
 - Global Health Media: <https://globalhealthmedia.org/videos/>.
 - Videos on www.breastfeedingresourcesontario.ca.

Completion of clinical practice for the BFI 20-Hour Course

Congratulations! We hope you have learned new skills to bring back to your workplace, to share with your colleagues, and most importantly to help mothers and babies.

It is important to continue to strengthen your breastfeeding knowledge and skills. See additional videos and resources found in Part C-Appendix H. Share them with your colleagues, have fun with them during breaks and staff meetings, and consider how you might use them with mothers.

Part B Appendices

Appendix C – Role of the Breastfeeding Mentor

A breastfeeding mentor is a person who works directly with a learner to support their clinical practice. This person must be experienced and knowledgeable in helping breastfeeding mothers. Although this will not always be possible, in some cases an International Board Certified Lactation Consultant (IBCLC) will take on the role of a breastfeeding mentor. A mentor may also be a midwife, a nurse, an experienced La Leche Leader, or other peer supporter. The following describes the role of the breastfeeding mentor.

- 1) Works one-on-one, in-person or remotely with a breastfeeding learner. This mentor could be in your organization, another organization in your community, or in another community.
- 2) Understands the core competencies and education described for direct care providers under Step 2 of the BCCs *BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*.
- 3) For those working with a mentor and mother(s) at the same time, the mentor:
 - a. Knows clinical practice may be done in various settings such as hospital, breastfeeding clinic, home visit, breastfeeding support activity, mother-to-mother setting, or other.
 - b. Discusses the learner's role and how you will work together.
 - c. Decides, with the learner, the timing of the clinical practice and ensures mothers are comfortable.
 - d. Discusses if the learner's role is strictly observational or if the learner may contribute to the history taking, assessment, intervention, and follow-up plans. Active contributions will build the learner's clinical competence. The mentor supports the learner who may begin as an observer and soon provide assessment, education, intervention, support, and follow-up plans. Within a structured setting such as breastfeeding prenatal classes, the mentor supports the learner to plan and to teach to teach a few sections, understanding that the mentor contributes as needed.
 - e. Discusses the experience and observations post-patient interaction. Provides the learner the sample questions in Part B-Appendix D and discusses the answers.
 - f. Completes the *Clinical Practice Tracking Record* (Part B-Appendix E) document with the learner to include experiences and feedback. Signs, dates, and documents the time spent in clinical practice. Knows this tracking record will confirm successful completion of four hours of clinical practice.
 - g. Uses the case studies (pages 24 – 38) to augment learning. In particular, uses the case studies in situations where the learner has had no opportunity to experience some of the topics in the core competencies, or the learner needs additional mentoring to have adequate knowledge and skill regarding a particular topic.
- 4) In extreme circumstances, when clinical practice cannot be completed by working with mothers, and when travelling to another location is absolutely not feasible, the mentor in another community:
 - a. Uses the case studies, videos, and resources (pages 24 – 38) to help the learner enhance learning. It is expected that the case studies will take approximately four hours to complete. Knows that this is not a self-study module with a learner independently looking up answers.

- b. Decides, with the learner, on the time to submit completed case studies, and the time when case study answer feedback will be provided to the learner. A phone conversation to receive feedback as well as written feedback is recommended to enhance learning.
- c. Uses the *BFI 20-Hour Course: Clinical Practice Options Case Study Answer Guide* to assist in reviewing the learner's case study answers.
- d. Completes the *Clinical Practice Tracking Record* (Part B-Appendix E) document and returns it to the learner signed, dated, and with time spent in clinical practice noted. The case studies will take about four hours to complete.

Appendix D – Sample Clinical Questions for a Mentor to Ask a Learner

- Describe the mother's situation and your observations.
- How could you empathize with this mother?
- What could have been the cause of the mother's concern?
- What additional information is needed from this mother?
- What information does this mother need to be given to resolve her problem and continue to breastfeed?
- To avoid a recurrence of this concern, what would you suggest?
- What was the outcome of the interaction with this mother?
- Discuss communication skills used, what skills were effective, and how communication could be improved.



Appendix E – Clinical Practice Tracking Record

CLINICAL PRACTICE TRACKING RECORD

Name of Learner: _____

Facility of Mentor: _____ Type of Setting: _____

Core competencies:

1) Effective communication skills may be practiced by:

- Having an informed decision-making conversation with a mother about the importance of breastfeeding and risks of not breastfeeding.
- Talking with a pregnant woman or prenatal group about one or two items on the *Prenatal Checklist – Infant Feeding* (Part B-Appendix F).
- Talking with a postpartum mother about one or more items on the *Breastfeeding Observation Aid* (Part B-Appendix G).

2) Assisting a mother to learn to position and latch her baby for breastfeeding and teaching her to assess milk transfer.

3) Observing and supporting a mother and baby as they breastfeed and offering help as needed. Consider:

- Using the *Breastfeeding Observation Aid* (Part B-Appendix G).
- Teaching and supporting the use of skin-to-skin.
- Discussing strategies to build and maintain an adequate milk supply while enhancing a mother's confidence.

4) Assisting a mother to learn hand expression of breast milk.

5) Showing a mother the various methods of supplementing a baby such as spoon, cup, lactation aid, or bottle. After the mother makes an informed decision on a method, ensure safe and responsive feeding is taught.

DATE	HOURS COMPLETED	MENTOR'S NAME PRINTED & SIGNATURE	BRIEF DESCRIPTION OF LEARNING EXPERIENCE

Appendix F – Prenatal Checklist – Infant Feeding

PRENATAL CHECKLIST – INFANT FEEDING

All of the following should be discussed with all pregnant women by 32 weeks of pregnancy. The clinician discussing the information should sign and date the form.

Name: _____

Expected date of birth: _____

TOPIC	DISCUSSED OR NOTED IF MOTHER DECLINED DISCUSSION	SIGNED	DATE
<p>Importance of exclusive breastfeeding to the baby (protects against many illnesses such as chest infections, diarrhea, ear infections; helps baby to grow and develop well; all baby needs for the first six months, changes with baby's needs, babies who are not breastfed are at higher risk of illness)</p>			
<p>Importance of breastfeeding to the mother (protects against breast cancer and hip fractures in later life, helps mother form close relationship with the baby, artificial feeding costs money)</p>			
<p>Importance of skin-to-skin contact immediately after birth (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)</p>			
<p>Importance of good positioning and latch (good positioning and latch helps the baby to get lots of milk, helps the mother to avoid sore nipples and sore breasts).</p>			
<p>Getting feeding off to a good start</p> <ul style="list-style-type: none"> • Cue-based feeding • Knowing when baby is getting enough milk • Importance of rooming-in/keeping baby nearby • Problems with using artificial nipples, pacifiers 			
<p>No other food or drink needed for the first 6 months – only mother's milk</p> <p>Importance of continuing breastfeeding after 6 months while giving other foods</p>			
<p>Risks and hazards of not breastfeeding</p> <ul style="list-style-type: none"> • Loss of protection from illness and chronic diseases • Contamination, errors of preparation • Costs • Difficulty in reversing the decision not to breastfeed 			

Adapted from WHO UNICEF Baby-Friendly Hospital Initiative Course

Other points discussed and follow-up needed:

Appendix G – Breastfeeding Observation Aid

BREASTFEEDING OBSERVATION AID

SIGNS THAT BREASTFEEDING IS GOING WELL:	SIGNS OF POSSIBLE DIFFICULTY:
<p>GENERAL</p> <p><i>Mother:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Mother looks healthy <input type="checkbox"/> Mother relaxed and comfortable <input type="checkbox"/> Signs of bonding between mother and baby <p><i>Baby:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Baby looks healthy <input type="checkbox"/> Baby is calm and relaxed <input type="checkbox"/> Baby reaches or roots for breast if hungry <p>BREASTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breasts look healthy <input type="checkbox"/> No pain or discomfort <input type="checkbox"/> Breast well supported with fingers away from areola <input type="checkbox"/> Nipple protractile <p>BABY'S POSITION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baby's head and body in line <input type="checkbox"/> Baby held close to mother's body <input type="checkbox"/> Baby's whole body supported <input type="checkbox"/> Baby approaches breast, nose to nipple <p>BABY'S LATCH</p> <ul style="list-style-type: none"> <input type="checkbox"/> More areola seen above baby's top lip <input type="checkbox"/> Baby's mouth open wide <input type="checkbox"/> Lower lip turned outwards <input type="checkbox"/> Baby's chin touches breast <p>SUCKLING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slow, deep sucks with pauses <input type="checkbox"/> Cheeks round when suckling <input type="checkbox"/> Baby releases breast when finished <input type="checkbox"/> Mother notices signs of oxytocin reflex 	<p><i>Mother:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Mother looks ill or depressed <input type="checkbox"/> Mother looks tense and uncomfortable <input type="checkbox"/> No mother/baby eye contact <p><i>Baby:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Baby looks sleepy or ill <input type="checkbox"/> Baby is restless or crying <input type="checkbox"/> Baby does not reach or root <ul style="list-style-type: none"> <input type="checkbox"/> Breasts look red, swollen, or sore <input type="checkbox"/> Breast or nipple painful <input type="checkbox"/> Breasts held with fingers on areola close to nipple <input type="checkbox"/> Nipple flat, not protractile <ul style="list-style-type: none"> <input type="checkbox"/> Baby's neck and head twisted to feed <input type="checkbox"/> Baby not held close <input type="checkbox"/> Baby supported by head and neck only <input type="checkbox"/> Baby approaches breast with lower lip/chin to nipple <ul style="list-style-type: none"> <input type="checkbox"/> More areola seen below bottom lip <input type="checkbox"/> Baby's mouth not open wide <input type="checkbox"/> Lips pointing forward or turned in <input type="checkbox"/> Baby's chin not touching breast <ul style="list-style-type: none"> <input type="checkbox"/> Rapid shallow sucks <input type="checkbox"/> Cheeks pulled in when suckling <input type="checkbox"/> Mother takes baby off the breast <input type="checkbox"/> No signs of oxytocin reflex noticed

NOTES

Adapted from *Breastfeeding Counselling: a training course*, WHO/CHD/93.4, UNICEF/NUT/93.2



Part C Optional Case Studies to Supplement Clinical Practice

Introduction

The following case studies are designed to help you meet core competencies. They may be used:

- When no other clinical practice options are available to you.
- To supplement clinical practice experiences with mothers.
- To enhance your knowledge in a particular area.

Complete the communication activity and case studies below as follows:

- Either:
 - Use this document that is in a fillable PDF format. Save it to your computer and write the answers in the spaces provided.
 - Or copy and paste the case studies into a Word document and then complete.
 - Or print the case studies if needed and then complete.
- Return the completed communication activity and case studies to your breastfeeding mentor for feedback.

Provide answers that consider:

- Effective communication techniques.
- Being supportive, sensitive, and non-judgmental of the mother and baby.
- Clear communication of facts.
- Options that might work for the mother in the case study.

Communication skills and self-reflection

Communication skills are essential to working effectively with patients, clients, and colleagues. It is helpful to pause and consider how we communicate and if there is anything we could do differently. Communication involves active listening and building confidence in the mother in addition to giving information.

Complete the following self-reflection exercise. Each activity includes a video link and several questions. Watch each video and answer the related questions:

1) **Empathy** – With humour, Brené Brown speaks about empathy. Watch www.youtube.com/watch?v=1Evwgu369Jw

a) What are the four qualities of empathy mentioned in the video?

1. _____
2. _____
3. _____
4. _____

b) Write two sentences that show empathy with a mother in relation to an infant feeding concern she may have.

1. _____

2. _____

c) What is a word choice Brené Brown suggests to avoid?

d) What ultimately makes someone feel better?

2) **Boundaries, Empathy, and Compassion** – Watch www.theworkofthepeople.com/boundaries

a) What are some tips you heard in this video?

b) What do you think of Brené Brown's perspectives? What difference these could make in your situation?

c) Consider how boundaries are key within empathy and compassion. How could this apply to your work life?

3) Blame. Who's in control? – With humour, Brené Brown briefly talks about blaming, accountability, and opportunities for empathy. Watch www.youtube.com/watch?v=RZWf2_2L2v8.

a) Can you think of a situation where you have used blame in your life? What was the impact?

b) In your work life, how might you use accountability to find opportunities for empathy?

Review the following concepts and consider how they can be used in answering the case studies and in your daily practice (Adapted from BFI Strategy for Ontario 20-Hour Course and WHO UNICEF Baby-Friendly Hospital Initiative Course).

Listening and learning, helpful tips:

- Use helpful non-verbal communication such as giving your full attention.
- Ask open-ended questions, which are questions that cannot be answered with a simple yes or no.
- Show interest and use words to reflect back what the mother says.
- Empathize to show that you understand her feelings.
- Avoid words that sound judgmental.

Building confidence and giving support, helpful tips:

- Accept what a mother thinks and feels.
- Recognize and acknowledge what a mother and baby are doing well.
- Give practical help.
- Give relevant information using suitable language.
- Make suggestions, not commands.
- Decide on a plan together with the mother.

Effective communication skills are considered a core competency and are central to everyday interactions with mothers. Demonstrate your communication skills in the following case studies which will help you learn the other core competencies.

Case Study Beckie: Informed decision-making conversations

Read Infant Feeding, Informed Decision-Making Tip Sheet at www.breastfeedingresourcesontario.ca.

Beckie is a client that you meet when she is pregnant (early, middle, or late pregnancy as fits your work environment).

1) You are not aware of how she is planning to feed her baby. How might you start a conversation to find out?

2) She tells you her family and friends have generally formula fed. She knows breastfeeding is best. She tells you that to her:

- Formula is as good as breastfeeding.
- Formula-fed babies seem very healthy.
- Her partner also wants to feed their baby.
- She wants to sleep more through the night.

Respond to Beckie. In your response, consider her opinions about formula and let her know she has been heard.

3) Write two questions that might help to evaluate her knowledge of infant feeding.

4) Write an open-ended question or statement to see how receptive she may be to learning more.

5) Read the informed decision-making information (pages 5 – 7) in *Breastfeeding Matters* at <http://www.beststart.org/cgi-bin/commerce.cgi?preadd = action&key = B04-E>.

Beckie tells you she wants to hear more. How might you share factual information about formula feeding and breastfeeding?

6) How might you respond if she tells you:

a) She wants to formula feed?

b) She wants to mix feed, that is, give some formula and do some breastfeeding?

c) She wants to exclusively breastfeed?

7) Beckie gives birth to her baby and, even though it is not medically needed, on day 2 she decides to partially formula feed. You are meeting her for the first time, and she tells you she has made an informed decision, after which you respectfully discuss key points with her to ensure she has enough information. She now needs information on how to safely prepare, feed, and store formula.

Read *Infant Formula: What You Need to Know* at www.beststart.org/resources/nutrition. Find the resource at the bottom of the nutrition page.

a. You explain to Beckie the three types of formula, and that powdered infant formula is not sterile. Which babies are at greatest risk of infections from powdered infant formula?

b. After the water has been at a rolling boil for two full minutes, for safest use of powdered formula, what is the minimum water temperature needed when mixing it?

c. Name key types of safe water sources. For concentrated liquid and powdered formulas, it is safe to use these waters after they have been sterilized.

d. Beckie wonders how old the baby needs to be before she can stop sterilizing the water or feeding supplies. Is the following statement true or false? “There is no known safe age to stop, so it is recommended to sterilize feeding supplies and water as long as formula is being used.”

e. After teaching on alternative feeding methods, Beckie decides to give formula by bottle. Any prepared formula that was partially fed or that was prepared and not immediately stored in the fridge should be used within two hours. The can or bottle of formula may say the formula is good for one hour and mothers may safely follow that direction.

Beckie may not want to waste formula and might try to get her baby to drink the whole bottle. How can she prevent overfeeding her baby? Think of infant feeding cues for hunger and being full.

8) Read *Infant Formula: What You Need to Know* (pages 16 – 20) at www.beststart.org/resources/nutrition. Also refer to *Responsive Feeding: Supporting Close and Loving Relationships* at <http://breastfeedingresourcesontario.ca/resource/responsive-feeding-supporting-close-and-loving-relationships>.

What are three reasons to use feed a baby responsively?

9) Responsive feeding is responding to a baby's non-verbal cues while feeding. What are some tips to share with Beckie and other mothers on normal feeding habits of a young baby and how to be responsive?

10) What additional tips could you share with Beckie on how to feed responsively?

Case Study Yasmin: Position, latch, milk transfer

Yasmin wants to latch her new baby who is now 5 days old.

Position

Watch this video on latch and positioning at www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby. Skin-to-skin is a good idea any time and especially when babies are learning to breastfeed. Read *Breastfeeding Matters* (pages 16 – 17) at <http://www.beststart.org/cgi-bin/commerce.cgi?preadd = action&key = B04-E>.



1) All breastfeeding positions are options to consider with breastfeeding mothers. Name some breastfeeding positions.

2) From page 17 of *Breastfeeding Matters*, what are four positioning tips to keep in mind for a mother and her baby?

- 3) Watch this video by Nancy Mohrbacher at www.youtube.com/watch?v=rHXolgD4r44 called *How do Natural Breastfeeding positions compare to others? Babies feel secure tummy to tummy with mummy*. Consider some of the points about using gravity, and comparing positions to bottle feeding. Read *Breastfeeding Matters* (page 12) on baby-led latching.

This position has been called the laid-back position and also called biological nurturing. Describe three benefits of this position:

1. _____
2. _____
3. _____

- 4) Describe how you would teach this breastfeeding position to a mother.

It is important to encourage a mother to find comfortable positions. Sometimes having a stool to put her feet on can be helpful. Mothers have different breast sizes, nipple shapes, body shapes, arm lengths, torso heights, and different-sized babies. All of these make positioning individual for each mother and sometimes individual for each side of the same mother.

Latch

Watch this video at www.healthyfamiliesbc.ca/home/articles/video-latching-your-baby to get ideas on how to help a baby to latch well. Having a baby dressed only in a diaper, skin-to-skin with his mother, is a good idea any time especially when babies are learning to breastfeed. There is evidence to support spending time daily skin-to-skin with a baby for the initial months, regardless of how the baby is fed.

Refer to *Breastfeeding Matters* (pages 18 - 19).

Latch tips:

- When the video says to tickle the baby's lips, it means for a mother to touch her baby's lips with her breast. If a mother's breast is moving a lot, the baby may actually get confused and start looking like he is shaking his head, because he does not really know where to go.
- When a baby feels the touch of his mother's breast, he reflexively opens his mouth. That is when latching may occur. A mother and baby may need a few attempts to achieve a comfortable and effective latch.
- With laid-back or baby-led latching, the baby already can feel where he is, knows where he needs to go, and engages more of his reflexes.

1) What are main points to teach a mother to help her with latching?

2) What would you teach a mother so she may recognize her baby is latched effectively?

3) Watch the Global Health Media video on *Breastfeeding Attachment* at <https://globalhealthmedia.org/videos/> to see the contrast between effective and non-effective latches and other important teaching points. Watch the first seven minutes. Consider how you will use this information in your practice. What are some latch tips you learned from this video?

4) What feeding cues are mentioned in this video? List at least one early, one mid, and one late feeding cue. What action can a mother take with each?

- 5) Yasmin has found a position she likes, but her nipples are sore. Watch this video by Nancy Mohrbacher, *Can a change in positions help relieve nipple pain?* Watch from approximately 2 minutes 45 seconds to 4 minutes 50 seconds at www.youtube.com/watch?v=-hhCz65lhP4. Listen to the explanations, watch what this mother does, and notice the health care provider's communication skills.

What are the three things the mother in this video adjusted to help make the latch more comfortable?

Yasmin's latch is now comfortable but feedings are rather long, and her baby wants to breastfeed often. She tells you that her baby is not swallowing much, and she is concerned her breasts are not softening much.

- 6) Watch this video at www.youtube.com/watch?v=GcfqIic99LE and look at how Dr. Jack Newman helped this mother and baby. Notice how he pushed the baby's shoulder blades in and made the baby's chin go deeper into the mother's breast. Listen to the difference in swallowing. Why do you think the baby started swallowing more milk after this adjustment?

- 7) Read *Breastfeeding Matters* (page 19) *How to tell if your baby is latched well*. Become familiar with the *Breastfeeding Observation Aid* (Part B-Appendix G). Approximately how many of the checklist topics have you already covered?

Milk transfer

Yasmin says the latch is comfortable and her baby seems to be content at her breast. Once latched, a baby has to get milk out of his mother's breast. This is called transferring milk or milk transfer.

Watch the following brief videos on milk transfer. It is the direct care provider's job to assess if this is happening and to teach the mother to identify milk transfer.

- 1) Consider how to recognize that milk is transferring well by watching the video called *Good Drinking* at <http://ibconline.ca/breastfeeding-videos-english/>.

Here is another Dr. Jack Newman video with good milk transfer. Look for a difference in how the baby is swallowing in the first 30 seconds compared with the last 30 seconds. Watch www.youtube.com/watch?v=4aXY1fy75Is

For these babies, how can you tell milk is transferring and that swallowing is happening?

- 2) In this video, the mother at Dr. Jack Newman’s clinic is helping to increase milk transfer. Watch how she follows the baby’s lead. <https://www.youtube.com/watch?v=d9GnNy-oFO0>

What is the mother doing with her hands to get more milk to her baby?

This is an easy way for a mother to increase milk transfer if there is any concern. *Breastfeeding Matters* (page 21) has more information on breast compressions.

- 3) In the same video, note how the baby started cueing to latch and how the mother gently responded. At what point in the video did you see most of the swallowing?

Case Study Nadine: Breast milk supply, skin-to-skin, and supplementation

Nadine is day 2 postpartum. She’s tired, her nipples are tender, and her baby wants to feed a lot.

- 1) How would you describe expected feeding patterns in the first 1-4 days? *Breastfeeding Matters* (pages 20 – 22) at www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B04-E. You may get ideas for this from *Signs that breastfeeding is going well* (pages 20 – 21) and *Is my baby getting enough milk?* (page 22).



Case Study Lila: Hand expression

All mothers, regardless of how they are feeding their infant or how well feeding is going, need to learn how to hand express their breast milk. This includes a mother who may be exclusively formula feeding since she may find herself with uncomfortably full breasts.

Lila had a difficult delivery. The nurses knew she and her baby were at risk of having some breastfeeding challenges and taught Lila how to hand express right away.

- 1) Read about hand expression in *Breastfeeding Matters* (pages 13 -14) at www.beststart.org/cgi-bin/commerce.cgi?preadd=action&key=B04-E. What are three basic steps to hand expression?

- 2) What impact will starting early hand expression have on Lila's milk supply?

- 3) What are four additional purposes for hand expression?

- 4) Watch *How to Express Breastmilk* at <https://globalhealthmedia.org/videos/breastfeeding/>. Name three tips about hand expression that you could share with a mother.

- 5) Here are several additional videos to view and share with mothers from Stanford University at <https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html> and Healthy Families BC at www.healthyfamiliesbc.ca/home/articles/video-hand-expressing-breastmilk. Notice the different techniques. What is a strength of each of these videos?

- 6) Practice hand expression using a stuffed sock or breast model. Ideally, a direct care provider can describe hand expression and demonstrate it on a model breast, but sometimes mothers need to learn by having a direct care provider's hand over theirs. Although rare, the direct care provider may occasionally need to demonstrate hand expression directly on a mother's breast. Remember to ask permission before touching a mother's breast.

Practice using the model on your upper chest. Also, practice with the breast model on someone else's upper chest or shoulder. Describe your experience practicing this skill even if it is with a model.

- 7) What different ways could Lila give her expressed milk to her baby?

Case Study Charmaine: Supplementing, spoon/cup feeding, responsive bottle feeding

Charmaine's newborn baby breastfed often and seemed like he needed to suck a lot. Like many mothers, Charmaine thought about giving her newborn a soother. Read *A Parent's Guide to Soothers* <http://breastfeedingresourcesontario.ca/resource/parents-guide-soothers>.

- 1) Consider how you would have an informed decision-making conversation with a mother about soothers/pacifiers. What are some key points you would discuss with a mother?

After learning this information, Charmaine decided on other calming techniques, and her baby was more content.

- 2) The next day, Charmaine’s baby was slightly lethargic with elevated bilirubin levels and not feeding well. It was decided that Charmaine’s baby had a medical need for supplementation. As a direct care provider, you encouraged her to hand express and give her own milk to her baby. Charmaine knew it was best not to introduce an artificial nipple and asked how to use a cup or spoon to feed her baby. Watch these videos:

Cup feeding video, <https://globalhealthmedia.org/videos/smallbaby/>. This is part of a video series on small babies, yet this cup feeding video equally applies to term babies. Note that there are two cup feeding videos, one for professionals and the other for mothers, both with excellent information. Cup feeding, spoon feeding, tube feeding and bottle feeding, www.healthyfamiliesbc.ca/home/articles/video-alternative-feeding-methods-newborns.

What are three or more points that need to be taught to parents about cup feeding?

1. _____
2. _____
3. _____

- 3) Watch this video by Jane Morton at <https://med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour.html>.

Spoon feeding is another alternative especially when small milk volumes of milk are given.

What are key teaching points for spoon feeding for Charmaine and other mothers?

- 4) By day 5 Charmaine has not needed to use any formula. Her baby is getting more active and alert and is peeing and pooping adequately. Her baby is not wanting all of the breast milk that Charmaine is offering by cup or spoon.

How can you support Charmaine to fully breastfeed her baby?

Completed case studies

Congratulations on completing the case studies and submitting your answers to your breastfeeding mentor! We hope you received helpful feedback and can now bring new knowledge and skills to help mothers and babies.

As direct care providers, breastfeeding knowledge and skills and communication skills must continue to be learned and developed. To help in your journey, see additional videos and resources in Part C-Appendix H. Share them with your colleagues, have fun with them during breaks and staff meetings, and consider how you might use them with the families that you support.

Appendix H – Additional Videos and Resources

Best Start Resource Centre

Breastfeeding and formula feeding resources.

www.beststart.org

Breastfeeding Buddies Waterloo Region, ON

Weaving Our Common Threads: Building Supportive Breastfeeding Communities.

www.weavingourcommonthreads.ca

Breastfeeding Committee for Canada

Baby-Friendly Initiative Documents

www.breastfeedingcanada.ca/BFI.aspx

Breastfeeding Information for Parents

Online courses.

www.breastfeedinginfoforparents.ca

Breastfeeding Resources Ontario

Quality evidence-informed resources that support the Baby-Friendly Initiative such as videos, written resources, and links in one centralized source.

www.breastfeedingresourcesontario.ca

Christina Smillie

Baby Led Breastfeeding, relevant excerpts.

www.youtube.com/watch?v=hKXFhjuzpsA

College of Human and Health Sciences, Swansea University

Should Babies Sleep Through the Night?

www.youtube.com/watch?v=VYGziCvEcoY&sns=tw

Global Health Media

Small Baby and Breastfeeding Videos.

<https://globalhealthmedia.org/videos/>

Healthy Families BC

Videos and written resources.

www.healthyfamiliesbc.ca/home/articles/topic/videos-breastfeeding

International Breastfeeding Centre, Dr. Jack Newman

Series of 16 videos.

www.youtube.com/results?search_query=jack+newman

International Breastfeeding Centre, Dr. Jack Newman

Visual Guide to Breastfeeding.

www.youtube.com/watch?v=56YzjsZr4hQ

La Leche League Canada

Breastfeeding Information Sheets.

www.lllc.ca/Information-sheets

Nancy Mohrbacher

Twenty-one breastfeeding videos on YouTube.

www.youtube.com/results?search_query=nancy+mohrbacher

National Breastfeeding Helpline, UK

Peer Support Works.

www.youtube.com/watch?feature=youtu.be&v=wGDvz1tLlvk&app=desktop

Sick Kids Hospital, Toronto, ON

How to establish and maintain a breast milk supply for your hospitalized baby.

www.youtube.com/watch?v=LgLunORv8dA

Sick Kids Hospital, Toronto, ON

Written and video resources.

www.sickkids.ca/breastfeeding-program/resources/index.html

Suzanne Colson

Biological Nurturing, relevant excerpts.

www.youtube.com/watch?v=iomVBXum5MI

Toronto Public Health

Trust Me, Trust My Tummy: Babies 6 months to toddlers over 12 months, Feeding Cues for Introducing Solids.

www.youtube.com/watch?v=vQvEIslQLO0&feature=youtu.be

UNICEF United Kingdom

Having Meaningful Conversations With Mothers.

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/meaningful_conversations.pdf

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Booklet contact information:

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