Case Study - American Academy of Pediatrics

The American Academy of Pediatrics (AAP) website has a dedicated site for breastfeeding initiatives aimed at parents, health professionals and breastfeeding advocates. There is a large amount of information on this site, including recommendations, advocacy material, courses, and resources. The key materials pertaining to pre-service breastfeeding curriculum are described below.

Breastfeeding Residency Curriculum

The American Academy of Pediatrics (AAP) developed a set of curriculum tools for residents (pre-service training). Firstly, the AAP developed a Breastfeeding Residency Curriculum (Reference #1) to help residents grow their breastfeeding support skills. It was purposefully designed to allow for easy incorporation within existing residency curriculum for the following programs: Pediatric, Family Medicine, Preventive Medicine, Internal Medicine, and Obstetric/Gynecologic Residencies.

The curriculum is organized around the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies:

- Interpersonal and Communication Skills
- Medical Knowledge
- Patient Care
- Practice-Based Learning
- Improvement and Systems-Based Practice

For each Core Competency, there are assigned Goals, Learner Objectives, and Essential and Additional Activities and Strategies. Essential Activities - best to complete with every resident. Additional Activities - for more options if time allows.

The site also has planning, teaching and evaluation tools, prepared cases and presentations, and suggested resources. The curriculum is flexible - any of the activities may be implemented and all will assist with developing residents' confidence and skills in supporting breastfeeding infants and mothers. The AAP recommendation is to evaluate residents on all the activities to gauge their knowledge and track progress. These tools are also effective in evaluating a breastfeeding residency curriculum as a whole.

Implementing a Breastfeeding Curriculum

Detailed below are the AAP’s recommended steps to implement a breastfeeding curriculum into pre-service training (Reference #2):

Before you begin - Conduct a needs assessment. Determine the following about the residency program/hospital system:
1. What is currently taught about breastfeeding?
2. Who teaches the breastfeeding content?
3. What do faculty know about breastfeeding, and are they able to teach about it?
4. If faculty are capable of teaching about breastfeeding, who are they comfortable teaching?
5. How well do the faculty and residents promote, manage, and support breastfeeding? (Survey mothers, nurses, residents, and faculty about their experiences.)
6. Are staff at the hospital able to breastfeed or express breast milk at work?
7. Determine the breastfeeding rates at the institution (at discharge and 6 months).

After this needs assessment, prioritize components of the curriculum according to major needs.

**Step 1** - Gain buy-in from key faculty and residency and hospital administration (Department Chairman, Residency Program Director, etc.).

**Tools and Resources** - Pediatrics article: "Residency Curriculum Improves Breastfeeding Care" (see Feldman-Winter, L., Barone, L., Milcarek, B., Hunter, K., Meek, J., Morton, J., . . . Lawrence, R. A. (2010))

**Step 2** - Train faculty to be able to teach about breastfeeding and consider assessing the quality of care in the hospital for breastfeeding mothers and babies (including staff policies). What systems-based changes need to happen for this curriculum to be successful in teaching residents about breastfeeding?

**Tools and Resources** - Sample Breastfeeding Hospital Policy and Baby Friendly USA Sample BFHI Self-Appraisal Tool (see separate pdf)

**Step 3** - Determine length of time that residents are expected to participate in the curriculum (i.e. in one rotation, one year, or over the whole course of residency).

**Tools and Resources** - See the AAP’s Implementation Strategies page. The residency program examples show how other programs have implemented this curriculum over several years, one year, one rotation, or in one day. The example of a Resident Activity Checklist/Sign Off Form can help track the progress of the residents through the curriculum with any strategy.

**Step 4** - Develop an implementation plan that includes the length of time for residents to complete the curriculum and how progress will be tracked. Build in activities and lectures, grand rounds on breastfeeding, noon conferences, hands-on-experience, and field trips.

**Tools and Resources** - See Breastfeeding Residency Curriculum Tools.
Step 5 - Review the resources that have been shown to be most helpful in teaching the residents about breastfeeding care. Work the cost of these materials into the budget for the residency program or seek outside funding to purchase them.

Tools and Resources - See Curriculum Resource Guide.

Step 6 - Consider formal evaluation of the curriculum by testing the residents before they receive breastfeeding education and after they have completed the program. Measuring breastfeeding rates at the institution may also show improvement in breastfeeding care and the value of teaching residents about this subject. Remember to evaluate the residents following each activity.

Tools and Resources - Curriculum Tools: Pre-test, Post-test, Resident Care Evaluation: ACGME Core Competencies, tools for the Objective Structured Clinical Examination, and the Data Collection Guide.

Step 7 - Consider having a kick-off event to introduce and celebrate breastfeeding support and education. Plan a day for hospital-wide breastfeeding education and invite outside breastfeeding experts to present.

Tools and Resources - See example of Texas Tech University Health Sciences Center: Amarillo Breastfeeding Residency Curriculum Training Day.

Step 8 - Implement the curriculum. Work through each activity with the residents and be sure to evaluate and document their progress.

Tools and Resources - See Breastfeeding Residency Curriculum Tools.

Step 9 - Continually train and update faculty on breastfeeding.


Step 10 - Periodically re-assess the progress of the hospital in reaching optimal breastfeeding rates. Consider performing a cost-analysis to determine the benefit to the hospital of implementing the curriculum.

Tools and Resources - Data Collection Guide, see Breastfeeding Residency Curriculum Tools.
Breastfeeding Residency Curriculum Tools

The AAP developed tools to help programs plan and evaluate a breastfeeding residence curriculum (Reference #3). Below is a description of the tools.

Planning tools

1. **Data Collection Guide** - To document the impact of breastfeeding interventions at an institution and the benefits of breastfeeding residency curriculum. If an institution does not collect breastfeeding data for their entire patient population, the Data Collection Guide will help with developing a method to measure breastfeeding rates.

2. **General Implementation Strategy** - This provides a step-by-step guide to starting a breastfeeding curriculum. It has been designed to be flexible and to fit in to existing residency programs.

Evaluation tools

To evaluate the implementation of this residency curriculum and residents' performance.

1. **Pre and Post Tests** (with answers) - access the knowledge, practice patterns, and confidence of residents before they begin learning about breastfeeding and after.

2. **Evaluation forms**:
   - Communication skills: use during an observed clinical examination or during a real patient encounter;
   - Patient history: evaluate residents' ability to take a patient history and educate a patient about breastfeeding during an observed clinical examination or during a real patient encounter; and
   - Core Competencies: evaluate residents' breastfeeding care skills according to the ACGME Core Competencies (medical knowledge, patient care, interpersonal skills and communication, practice based learning and improvement and systems based practice) and can be used as a final evaluation to determine residents' competence in breastfeeding care.

Resident Handouts

1. **Pre and Post Tests** - As above, administer to residents to evaluate knowledge, practice patterns, and confidence of residents before and after they learn about breastfeeding.

2. **Objective Structured Clinical Examination(OSCE) Case Study: Standardized Patient Role Description and Script** - to assess residents' ability to counsel and treat a patient on the topic of breastfeeding.

3. **OSCE Case Study: Performance Assessment** - completed by the "patient" after the role play exercise to evaluate resident performance.

Teaching Tools

1. **OSCE Case Study: Set Up** - To help develop an OSCE on breastfeeding in the classroom. After the OSCE case is explained, use the Resident Handouts, OSCE Case Study: Standardized Patient Description and
Script and OSCE Case Study: Performance Assessment, to provide guidance on the enactment of the case and evaluation of the how well the resident performed.

2. **Clinical Case Studies** - cover common breastfeeding issues and concerns that residents encounter.

3. **Cultural Case Studies** - designed to help the residents understand cultural effectiveness as it relates to breastfeeding.

4. **Prepared Presentations** - Each presentation includes a slide set and notes for the speaker.

5. **Basic Breastfeeding Assessment** - Understand how to do a basic breastfeeding assessment of the mother and the infant:
   - Description of breastfeeding positions;
   - Description of proper latch-on of the infant to the breast and signs of an incorrect latch; and
   - Description of adequate milk transfer.

6. **Management of Common Breastfeeding Situations** - Common situations experienced by the breastfeeding infant and mother, and management strategies for the following:
   - Perceived low milk supply;
   - Slow weight gain (normal weight loss patterns and regain);
   - Normal feeding positions,
   - Latch, and feeding behaviors (latch on, milk supply);
   - Sore Nipples; and
   - Inverted Nipples (technique to evert, use of shells)

7. **Management of Common Breastfeeding Problems** - Common problems experienced by the breastfeeding infant and mother and management strategies for the following:
   - Delayed lactogenesis II;
   - Low milk supply, and oversupply;
   - Ineffective suckle (late preterm, ankyloglossia, anatomic mismatch, disorganized suckle);
   - Engorgement;
   - Mastitis;
   - Hyperbilirubinemia/Breastfeeding Jaundice;
   - Dehydration (in the context of poor feeding and/or low milk supply);
   - Yeast and Bacterial Infections; and
   - Blocked Ducts

**Organization of Breastfeeding Curriculum**

The curriculum has been organized based on the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies:

- Interpersonal and Communication Skills
- Medical Knowledge
- Patient Care
- Practice-Based Learning
- Improvement and Systems-Based Practice
**Interpersonal Communication Skills**

Residents should demonstrate interpersonal and communication skills to ensure that patients, their families, and other health professionals receive accurate and helpful information. (Reference #4)

**Goal A:** Residents will communicate effectively with patients and families regarding breastfeeding.

⇒ Learner Objective: Practice communication skills about the topic of breastfeeding.

**Activities and Evaluation Strategies:**

**Essential**
Conduct a role play of a case study involving a physician providing peripartum support to a mother. Continue the role play by adding in a situation where the pediatrician/family physician discusses the case with the mother’s obstetrician and/or vice versa.
Objective: demonstrate the importance of communication among different types of physicians when providing breastfeeding support.

*Evaluate the role-playing performance.*

**Goal B:** Residents will provide culturally effective breastfeeding care.

⇒ Learner Objectives:
1. Define culture and cultural competency.
2. Describe how culture affects the decision to breastfeed and impacts breastfeeding behavior.
3. Demonstrate counseling skills that enable mothers to overcome barriers to breastfeeding.
4. Recognize the effect of cultural diversity on breastfeeding attitudes and practices and encourage variations to practice, if appropriate, that effectively promote and support breastfeeding in different cultures.

**Activities and Evaluation Strategies:**

**Essential**
Use the Cultural Case Studies provided, or develop case studies based on faculty/resident experience, so that residents can practice different scenarios that require consideration with regard to cultural competency. See Breastfeeding Residency Curriculum Tools.

*Grade the answers/responses of residents to the case studies against the answers that have been provided in this curriculum or use the Cultural Competence Health Practitioner Assessment to evaluate residents' knowledge of providing culturally competent care.*

The Cultural Competence Health Practitioner Assessment was developed by Tawara D. Goode of the Georgetown University Child Development Center.
Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. (Reference #5)

Goal A: Residents will understand the anatomy of the breast, the physiology of lactogenesis, and the challenges of breastfeeding.

Learner Objectives:
1. Describe the anatomy of the breast
2. Describe the physiology of lactogenesis

Activities and Evaluation Strategies:

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Evaluate the resident's knowledge of anatomy and physiology of lactation by using the provided Pre- and Post-test or another simple exam.

2. Present a lecture on the anatomy and physiology of lactation to the residents during noon conference.

Evaluate the resident's knowledge of anatomy and physiology of lactation by using the provided Pre- and Post-test or another simple exam.

3. Residents develop three cases that illustrate an understanding of breast anatomy and lactation physiology.

Evaluate the resident's knowledge of anatomy and physiology of lactation by grading the quality of the cases and the description of the problems and solutions.

(For number 4 Complete Breastfeeding Basics course, the link is broken and Breastfeedingbasics.org is no longer a site)
Goal B: Residents will become familiar with breastfeeding technology and contraception.

Learner Objectives:
1. Understand the indications and application of breastfeeding technology (manual and mechanical breast milk expression, supplemental feeding methods, test weighing of the infant, milk storage, donor human milk).
2. Describe the influence of contraceptive methods on breastfeeding (lactational amenorrhea method, other non-hormonal and hormonal methods, and how they influence breastfeeding).

Activities and Evaluation Strategies:

<table>
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<td>1. Learn how to assemble and operate the manual and electric breast pumps provided by the hospital/clinic setting or used in the community. Describe how to use these tools to mentor.</td>
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*Observe the resident describing how to assemble and operate manual and electric breast pumps. Assess clarity and accuracy in describing how to use the machines.*


*Observe the resident providing guidance on manual expression with and without the infant latched and while using an electric or manual breast pump.*

3. List and become familiar with all the methods of contraception that can be used by a breastfeeding mother and understand what methods may interfere with breastfeeding and why.

*Evaluate the number of methods of contraception that the resident identified for the breastfeeding mother and particularly their description of the Lactational Amenorrhea Method, including the 3 criteria that must be met for this method and the rate of efficacy.*

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health (Reference #6).

Goal A: Residents will understand the importance of and be able to teach the new mother of a healthy, term infant, the three key breastfeeding educational components described below.
Learner Objectives:
1. Identify normal nutritional parameters for the term infant
2. Evaluate positioning and latch-on
3. Demonstrate hand expression

Activities and Evaluation Strategies:

**Essential**
1. Discuss with a set of expectant parents how to establish milk production and normal attachment. Use Breastfeeding, A Guide to Getting Started video and companion booklet, "The ABC's of Breastfeeding."

   *After the resident leaves the room, obtain feedback from the parents on the success of the resident's counseling – use the Resident Care Evaluation: Communication Skills and Resident Care Evaluation: Patient History and Education forms to evaluate the resident or develop your own point scale and give the appropriate amount of points dependent on the parents' feedback. See “Curriculum: Tools”.*

2. Teach at least three new mothers the key educational components of breastfeeding education. To prepare for this activity, residents should watch video, "Breastfeeding Management, Educational Tools for Physicians and Other Professionals" and discuss personal strategies and barriers to teaching new mothers with their mentor.

   *After the resident leaves the room, obtain feedback from the parents on the success of the resident's counseling – use Resident Care Evaluation: Communication Skills and Resident Care Evaluation: Patient History and Education forms to evaluate the resident or develop your own point scale and give the appropriate amount of points dependent on the parents' feedback.*

**Additional**
1. Present the provided lecture "Management of Common Breastfeeding Situations" to the residents

   *Evaluate the resident's knowledge of managing common breastfeeding situations by using the provided Pre- and Post-test or another simple exam.*


   *Evaluate if the resident can identify the 2-3 most common reasons given by mothers for discontinuing breastfeeding (insufficient milk production, problems with attachment and lack of maternal confidence) and that the resident sufficiently described how to minimize these issues.*

3. Discuss, role-play, or demonstrate teaching a new mother:
   - The four normal nutritional parameters: weight loss, feeding volumes in first 5 days, a reliable
clinical sign of adequate intake on day 5, and timeline to regain birth weight;
- How to position a baby in the cross-chest hold, using a sandwich hold, and an asymmetrical latch;
- How to hand express colostrum and early milk.

This activity can either be done as part of an OSCE or with an actual mother. If including in an OSCE, use the OSCE Case Study: Set Up and OSCE Case Study: Standardized Patient Description and Script for information on how to set-up, conduct, and evaluate the exam using a standardized patient. If completing this activity with an actual mother, adapt the OSCE Case Study: Performance Assessment. The evaluator can also use the Resident Care Evaluation: Communication Skills and Resident Care Evaluation: Patient History and Education forms to evaluate the resident’s performance.

4. Call three new mothers 24-48 hours after discharge to discuss outcome and assist with follow-up.

Evaluate the resident by reviewing the patient logs at least three times for completion of follow-up and accuracy of information provided.

5. Present three hypothetical or real cases that illustrate pre-glandular, glandular and post-glandular causes for insufficient milk production (1 case for each category).

Evaluate the resident by grading the quality of the cases and the description of the problems and solutions.

6. Observe physicians providing breastfeeding management in the office setting (prenatal and postnatal). Generate a report on what was observed that was done correctly, and where improvements could be made. The setting can be in a community-based pediatric office, newborn nursery, continuity clinic, etc.

Evaluate the resident’s report on the physician they observed and determine if the areas of improvement were valid and if the residents’ suggestions on how to improve the situation were accurate.

For all the presentations and forms listed, see Breastfeeding Residency Curriculum Tools.

Goal B: Residents will understand how to provide peripartum breastfeeding support related to lactogenesis, labor and delivery management, position and attachment, evaluation of breastfeeding, problem solving, infants with special needs, medications and breastfeeding, and management.

➔ Learner Objectives:
1. Perform a detailed mother/infant breastfeeding history.
2. Identify absolute contraindications to breastfeeding and factors that are NOT contraindications.
3. Educate families and health care professionals about contraindications to breastfeeding.
Activities and Evaluation Strategies:

**Essential**

1. Identify true contraindications to breastfeeding and the use of human milk and those that are sometimes identified as contraindications, but are not (both medicines and medical conditions). Present a case in which a mother was inappropriately counseled not to breastfeed and the consequences that this led to in the health of the mother and the infant.

   *Evaluate the content of the case study presentation.*

**Additional**


   *Evaluate the resident's knowledge of peripartum breastfeeding support using the provided Pre- and Post-test or another simple exam.*

2. Participate in a 3-5 day newborn follow-up visit in a primary care office setting and observe the breastfeeding counseling that is provided during this visit. Record the discussion between the physician and the mother pertaining to breastfeeding, comment on the positive and negative aspects of this interaction, and present to mentor as a case study.

   *Evaluate the content of the case study presentation.*

3. Attend a newborn/lactation follow-up clinic at least five times and report on experiences. Keep a journal to identify the positive and negative aspects of the clinic in relation to breastfeeding support and management.

   *Evaluate the journal specifically looking for positive and negative aspects of the clinic in regards to breastfeeding support and management.*

4. Develop a system for documenting telephone contact/visits with breastfeeding families in the first few weeks.

   *Grade the telephone system that is developed and evaluate the possibility of implementation.*

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**Goal C:** Residents will recognize and address common breastfeeding challenges and provide anticipatory guidance.

- **Learner Objective:**
  Identify at least five common challenges experienced by the breastfeeding infant and mother, and suggest initial management strategies for these challenges, including:
Insufficient milk production
Attachment problems (latch-on, milk supply)
Sore nipples
Engorgement/mastitis
Hyperbilirubinemia/dehydration

Activities and Evaluation Strategies:

**Essential**

1. Participate in a case-based didactic series to describe a step-by-step approach in the management of:
   - A mother who, on her baby's fourth day of life, is engorged and her hungry baby will not latch on;
   - A baby that is latching, but causing nipple damage and trauma; and
   - A baby who has ankyloglossia

   *Evaluate the discussion of the cases by the resident.*

**Additional**

1. Present the prepared lecture "Management of Common Breastfeeding Problems" to the residents.

   *Evaluate the resident's knowledge of management of common problems by using the provided Pre- and Post-test or another simple exam.*

2. Make rounds with a physician who has a breastfeeding-friendly practice and present one breastfeeding challenge that was observed while making rounds to mentor.

   *Evaluate the quality of the resident's presentation. The resident must provide the etiology, remedy, and any possible anticipatory guidance that may have prevented the concern from arising.*

   For all the presentations and forms listed, see *Breastfeeding Residency Curriculum Tool*.

**Practiced Based Learning and Improvement**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. (See Reference #7).

*Goal A:* Residents will educate themselves, medical students, and others regarding breastfeeding.
Learner Objective:
1. Participate in the development of educational materials on breastfeeding.

Activities and Evaluation Strategies:

**Essential**

1. Deliver a presentation of the 2-3 most common reasons given by mothers for discontinuing breastfeeding within the first month, and strategies for minimizing these outcomes:
   - Insufficient milk production
   - Problems with attachment (milk transfer and latch)
   - Lack of maternal confidence

   Portions of the *Management of Common Breastfeeding Situations Presentation* can be used for this lecture.

   *Teaching evaluation of lecture given.*

**Additional**

1. Choose one piece of breastfeeding educational material that is provided by the hospital or clinic for the patient population. Critically evaluate the material for cultural competency and accuracy and provide suggested revisions, if necessary.

   *Grade the quality of the revisions to the educational material evaluated by the resident.*

**System Based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Reference #8).

*Goal A:* Residents will support and advocate for policies which promote and support breastfeeding as the cultural norm within the medical community and the community at large.

**Learner Objectives:**

1. Describe the general benefits of and risks of not breastfeeding for the infant, mother, and the community at large, and list common barriers to successful breastfeeding.
2. Understand why it is important to work actively toward eliminating hospital policies and practices that discourage breastfeeding for patients, employees, and residents.
3. Identify the Baby Friendly Hospital Initiative, The Ten Steps to Successful Breastfeeding as described by the World Health Organization and UNICEF, and supported by the AAP, ACOG, and
Activities and Evaluation Strategies:

**Essential**

1. Assess the hospital policy with respect to the Baby Friendly Hospital Initiative/Ten Steps and identify at least one barrier and one solution that could improve the hospital's policy.

   *Use the Baby Friendly USA Sample BFHI Self-Appraisal Tool (see separate pdf) and have the resident present this information to the mentor.*

**Additional**

Participate in or present at multidisciplinary conferences on breastfeeding-related topics. Attendees to these conferences should include pediatric, obstetric, gynecologic, family medicine, and preventive medicine physicians. Conferences should be case-based, and residents from different disciplines should work together to present.

*Use the evaluations of the multidisciplinary conferences (overall and individual sessions) by residents and other attendees to determine the success of this activity.*

2. Investigate and/or develop systems for follow-up of breastfeeding infants and mothers (phone/visit log book) and for referral to breastfeeding resources (informational card development) at the resident's hospital. Compare to the practices of a Baby Friendly Hospital and suggest that these systems be implemented in the hospital or clinic setting.

3. Observe breastfeeding promotional practices and policies at a breastfeeding friendly medical office or Baby Friendly Hospital and compare to breastfeeding policies of the resident's hospital unit or clinic; evaluate teaching materials provided to families – including cultural appropriateness (handouts, videos, posters depicting breastfeeding infants and mothers, availability of materials in different languages, advertising). Review the hospital's existing policies and promotional practices and originate, co-author, or review and revise, the hospital's policies to encourage breastfeeding (suggest revisions to policies that discourage breastfeeding).

4. Describe the resident's hospital breastfeeding program for employees, and investigate two other workplaces that have policies or programs related to working breastfeeding mothers. Survey hospital employees that have been affected by these policies. Make recommendations to revise the policy, and prepare a report of findings including the existence of:
   - Established policy or program
   - Flexible work hours
   - Part-time options
• On-site child care
• Time, adequate space, and flexibility for pumping
• Support groups or the availability of a lactation consultant

Evaluate activities #’s 2-4 by developing a score sheet to compare/contrast the hospital/clinic’s policies and promotional practices versus those of a Baby Friendly Hospital or breastfeeding friendly clinic

5. Make contact with your state Chapter of your professional organization (such as the State AAP Chapter Breastfeeding Coordinator) and investigate if there are opportunities for education and collaboration within the Chapter. Have the resident report on the number of breastfeeding educational opportunities at the state level for physicians and compile a report of what types of education are available.

Evaluate the quality of the resident's report.

6. Identify and attend educational/prenatal classes available at a hospital or clinic for new parents. Survey parents on the quality of the class and its impact on their decisions about infant feeding. Have residents report their findings to the mentor and make recommendations to improve the classes.

Evaluate the residents by the number of parents that they surveyed and the quality of their recommendations to improve the classes.

7. If a breastfeeding committee is active in the hospital, have the residents participate in their meetings and possibly join.

Determine the number of residents that have joined the hospital breastfeeding committee pre- and post-participation in the program.

8. Advocate for reimbursement for breastfeeding support and lactation services in the workplace by conducting a letter writing campaign or in person meetings with businesses and insurance companies.

Evaluate the quality of the letters and business meeting and if the residents were able to bring about change.

Goal B: Residents will understand how to coordinate services with, and provide appropriate referral to, other professionals, laypersons, and community groups, consistent with a multidisciplinary approach to care.

⇒ Learner Objectives:
1. Identify and establish a relationship with community and professional groups, such as La Leche League, that have activities that promote and support breastfeeding.
2. Identify various professionals who contribute to the support and management of the breastfeeding infant and mother.
Activities and Evaluation Strategies:

Essential

Attend community educational sessions at one of the following groups or bring together these groups at a fair for the residents:

- Postpartum Support Groups for New Mothers and Families, i.e. La Leche League Support Groups, Grandmother's Tea, Father's Supporting Breastfeeding, Mother's Milk Club, etc.
- WIC clinic lactation consultant sessions
- Maternal and child health outreach groups or individual sessions
- Other peer support groups, or charitable or religious organizations that offer support and education

Following the visit, residents survey parents about the community services and report on this feedback as well as their own experiences.

Evaluate residents by the number of parents they surveyed and the quality of their suggestions to the various community education services.

Additional

1. Create a Breastfeeding Resource Guide, which includes contact information for community, state, and national resources, such as:
   - Breastfeeding medical and nursing specialists
   - Lactation educators and consultants
   - Breast pump rental stations
   - La Leche League etc.
   - Community coalitions

Grade the prototypes for a breastfeeding resource card or referral list and determine if implementation is possible.

2. Access and evaluate child care licensing regulations pertaining to breastfeeding. Identify the differences in the national child care standards and those of the resident’s state licensing agencies.

Score each resident's ability to identify the differences in the childcare national standards and the state licensing breastfeeding policies.

3. Review and advocate for new state and local laws (maternity/family leave policies, own institution-hospital policies, clinic/residency program policies, breastfeeding in public laws, lactation services laws, breast pump rental coverage laws). Draft a letter to local legislators to support pending legislation that
advocates for breastfeeding women.

*Grade the quality of actions taken on behalf of breastfeeding mothers, such as letters to legislators.*

4. Perform a cost/benefit analysis of breastfeeding support within a defined population, including pump rental and lactation support in the workplace, and present in a teaching forum.

*Evaluate the resident's ability to perform a cost analysis and present findings at a teaching conference on breastfeeding advocacy.*

5. Accompany a public health nurse/home care nurse on a visit to a breastfeeding infant and mother and record and present observations to mentor as a case study.

*Evaluate the content of the case study presentation.*

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**Curriculum Resource Guide**

This guide provides a list of resources that were chosen by breastfeeding and residency training experts (Reference #9). Provided below are the top 5 materials used by other programs implementing the curriculum: (Residents rated these materials the highest for learning about breastfeeding)

   This video is a case study of a new mother having difficulty with latching on correctly. It shows the key steps to take in order to prepare for and initiate breastfeeding. In addition, there is material for health professionals on counselling and caring for breastfeeding mothers.
   Where to find: Order online at [http://www.breastmilksolutions.com/](http://www.breastmilksolutions.com/)
   Cost: $65 (bulk rates available)

   A clear and succinct reference on breastfeeding and human lactation.
   Where to find: Order online at [American Academy of Pediatrics Bookstore](http://www.aap.org/) or [American College of Obstetricians and Gynecologists Bookstore](http://www.acog.org/)
   Cost: Non-member - $79.95, Member - $69.95
   (Order through the organization to which you belong and receive a member's discount)
Three self-study modules for faculty, students, and other healthcare professionals covering: (1) “Breastfeeding: A Basic Health Promotion Strategy in Primary Care”; (2) “Basics of Breastfeeding: Getting Started”; and (3) “Common Breastfeeding Problems”.

4. *Medications and Mothers’ Milk*, Thomas Hale, PhD, 2012
A reference guide identifying safe medications for mothers during breastfeeding.
Where to find: Order at online bookstore or Hale Publishing
Cost: $39.95

An up-to-date guide for new parents, including the benefits of breastfeeding, how to establish a breastfeeding routine, and troubleshooting tips. Available in Spanish.
Where to find: Order online at American Academy of Pediatrics Bookstore
Cost: $15.00

References: