



LEARNING FROM STORIES:

Breastfeeding Education for Health Care Providers

*best start
meilleur départ*)

by/par health *nexus* santé

 Ontario

Table of Contents

Learning from Stories: Breastfeeding Education for Health Care Providers

Acknowledgments.....	1
Introduction	3
References	4

Case Story One: Ottawa Valley Lactation Consultants – A Community of Practice

Key Informants	7
References	7

Case Story Two: Breastfeeding Game-Changers – Three Doctors Speak Out

Key Informants	10
Resources	10
References	10

Case Story Three: Designation through Education – Stories from the BFI Journey

Key Informants.....	13
Resources	13
References	13

Case Story Four: From Knowledge to Action – Breastfeeding Education That Works!.....

Key Informants	16
References	16

Case Story Five: Breastfeeding Professionals – Learning Through Working Together

Key Informants	19
Resources	19
References	19

Acknowledgments

Writers

The Best Start Resource Centre thanks the team of writers who collected and wrote these example case stories.

- Janet Allingham
Registered Nurse, clear language consultant, and International Board Certified Lactation Consultant
- Anne Kirkham
La Leche League Leader and International Board Certified Lactation Consultant
- Joan Hepp
Public health nurse (retired) and International Board Certified Lactation Consultant
- Gillian Szollos
Health promoter and doula

Advisory Committee

The Best Start Resource Centre thanks the advisory committee members who provided support and feedback throughout the process.

- Jennifer Abbass-Dick
Assistant Professor
University of Ontario Institute of Technology
- Janet Moorhead-Cassidy
Director, Health Promotion Department
Hastings & Prince Edward Counties Health Unit
- Hoa Duong
Registered Nurse EC, IBCLC
Somerset West Community Health Centre, Ottawa
- Dr. Patricia Mousmanis, MD CCFP FCFP
Coordinator, Healthy Child Development Program
Ontario College of Family Physicians
- Kathryn Forsyth
Public Health Dietitian, Family Health Nutrition
Advisory/BFI Working Group Representative
Ontario Society of Nutrition Professionals in
Public Health
- Kristina Niedra
BFI Strategy for Ontario, Project Manager
Michael Garron Hospital
(formerly Toronto East General Hospital)
- Kelly Graff
Registered Midwife
Northern Representative
Association of Ontario Midwives
- Teresa Pitman
Writer and Author
La Leche League Canada
- Dr. Lisa Graves, MD CCFP FCFP
Associate Professor, University of Toronto
Department of Family and Community Medicine
- Debbie Silvester
Manager of Healthy Families
Windsor-Essex County Health Unit
- Beverly Guttman, MSW RSW
Senior Project Manager
Provincial Council for Maternal and Child Health
- Anne Smith
Public Health Nurse
Past chair, Baby-Friendly Initiative Ontario
- Dr. Susan Hayward, MD CCFP FCFP FABM
Queen Square Family Health Team, Brampton
Assistant Clinical Professor, McMaster University
- Gillian Szollos
Health Promoter
Carlington Community Health Centre, Ottawa
- Stephanie George, IBCLC
Oneida Nation, Six Nations of the
Grand River Territory
Aboriginal Midwife
Six Nations Aboriginal Birthing Centre
- Linda Young
Director, Maternal Newborn and Child Health,
Mental Health, Interprofessional Practice,
and Organizational Learning
BFI Strategy for Ontario, Project Lead
Michael Garron Hospital
(formerly Toronto East General Hospital)

Key Informants

The Best Start Resource Centre thanks the key informants (women and their health care providers) who contributed to these stories and reviewed to ensure that the stories accurately reflected their experiences. The key informants are listed at the end of each story.

Reviewers

The Best Start Resource Centre thanks the reviewers who contributed from their area of expertise, including:

- Marg La Salle
RN, BScN, IBCLC, CCHN
BFI Lead Assessor

Use of this Resource

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute, or reference/source the work for non-commercial purposes on the condition that full credit is given. Because our resources are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (beststart@healthnexus.ca).

Citation

Best Start Resource Centre (2016). *Learning from Stories: Breastfeeding Education for Health Care Providers*. Toronto, Ontario, Canada: author.

For copyright or reproduction information contact:



by/par health **nexus** santé

Best Start Resource Centre
Health Nexus
180 Dundas Street West, Suite 301
Toronto Ontario M5G 1Z8
www.beststart.org www.healthnexus.ca
beststart@healthnexus.ca

Funding

This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and programs cited throughout this resource are not necessarily endorsed by the Best Start Resource Centre.



Introduction

Through funding from the Ministry of Health and Long-Term Care, the Best Start Resource Centre has been supporting Ontario service providers in addressing populations with lower rates of breastfeeding. In developing this resource, the Best Start Resource Centre used a Healthy Communities Approach¹ to explore the actions being taken in Ontario to educate health care providers.

The qualitative² results of the interviews were gathered into stories by the interviewers/writers.

We know that narrative is the primary form of human understanding³. In telling these stories, we hope to help health care and social service providers in Ontario to protect, promote, and support breastfeeding. We thank the women, health care and social service providers who shared their wisdom and insights through these stories.

Janet Allingham, a Registered Nurse, completed the interviews for the case stories in this booklet. She reports the following:

These stories explore various themes about teaching health care providers about breastfeeding. I hope that you will be excited and inspired by the passion and commitment these experts show. They teach in hospitals and community settings. Sometimes the education is in a classroom. Sometimes it takes place informally. These five stories explain how health care providers are making a difference.

The stories are about:

- A community of practice that has been educating and supporting its members for three decades.
- Physicians who have challenged and changed the way their peers think about breastfeeding.
- How the passion of one International Board Certified Lactation Consultant (IBCLC) led an organization to achieve Baby-Friendly designation.
- How learning takes place in a busy neonatal intensive care unit (NICU).
- The importance of respect while IBCLCs, nurses, and physicians learn through interacting with one another.
- The importance of constructing local knowledge to improve breastfeeding services.

These stories show that breastfeeding education can take many forms. Its goal, however, is always the same: to educate health care providers who can support mothers, babies, and families with skill and compassion.

References

1. Canadian Healthy Communities, (ND). *The Healthy Communities Approach: A Framework for Action on the Determinants of Health*. Accessed online March 11, 2016.
www.ohcc-ccso.ca/en/webfm_send/550.
2. Wyse, S.E. (2011). *What is the Difference between Qualitative and Quantitative Research?* Accessed online March 11, 2016.
www.snapsurveys.com/blog/what-is-the-difference-between-qualitative-research-and-quantitative-research/.
3. Sandelowski, M. (1991). Telling Stories: Narrative Approaches in Qualitative Research. *Journal of Nursing Scholarship*, Vol3; No3; 161-166. Accessed online March 11, 2016.
http://academic.son.wisc.edu/courses/N701/week/sandelowski_tellingstories.pdf.



CASE STORY ONE:

Ottawa Valley Lactation Consultants – A Community of Practice

Imagine that you are an International Board Certified Lactation Consultant (IBCLC) and you are stumped by a breastfeeding problem. You have searched online but could not find an answer. Your textbook did not give you quite what you need. You could use LactNet (an international email discussion group), but you need an answer right now! You would like to find and talk with another lactation consultant. Where to find one? Members of *Ottawa Valley Lactation Consultants* (OVLC) turn to one another. The OVLC members also educate the broader community. In fact, this community of practice has been doing things in this manner for almost 30 years. This is their inspirational story.

This story began in 1985 when two mothers met at a La Leche League (LLL) meeting in Ottawa Ontario. Joan Fisher, a Registered Nurse, had taught nursing students. Lana Matthews' background was in laboratory technol-

ogy. The two mothers wanted to see better breastfeeding care in Ottawa. The newly-implemented credential in breastfeeding care, the IBCLC, caught their interest. They were passionate about achieving it!

Joan and Lana knew, however, that passion would not be enough. Lana says that their first step was to get more education. The first year for the IBCLC exam was 1985. Joan studied what she could, but there was no textbook! It arrived just before she left for the exam in Washington. Lana, expecting a baby, wrote the exam later. Once Joan and Lana received their certification, they set up practices in Ottawa. Soon they were seeing lots of babies. Joan thinks that local doctors began to see the results. "They could see that what we were doing made a difference," she says. "Mothers and babies were doing well. Nurses began to see that you could help breastfeeding mothers."

Each year more people in Ottawa wrote the IBCLC exam. In order to support one another, they began to get together. The newly-certified IBCLCs also decided to do more to educate the community.

One of the first projects completed by OVLC was a one-day course on newborn assessment which was held in a hospital. A nurse gave the course, and a lactation consultant presented the breastfeeding content. Some hospital nurses attended. OVLC charged a fee. Lana says, "Once we had some money we could do something!" OVLC used the money to buy an important book for the hospitals. They chose Dr. Thomas Hale's book *Medications and Mothers' Milk*.¹ Lana says they knew the book was making a difference when mothers began to report that they were taking medication while nursing. Until then mothers who needed medication stopped nursing on the advice of physicians. OVLC was educating the community!





The group met monthly to share members' clinical experiences. They decided to hold longer educational events. This is how the two-day OVLC conference began. With the assurance of a solid attendance, they invited well-known speakers. Over the years, the list included Dr. Jack Newman, Linda Smith, Dr. Anne-Marie Widstrom, Dr. Nils Bergman, Dr. Tina Smillie, Dr. Lars Hanson, and many others.

OVLC conferences became very popular. Lactation consultants and others came from Montreal, Toronto, and the US. Lana says they were very proud that the health department sent their staff. At one point, over 150 people attended. It was a lot of work for a small group. Joan and Lana worked very hard to make the event practical and affordable. Sometimes they even had to clean the conference room themselves to keep costs down.

In 2000, OVLC members became members of the International Lactation Consultant Association (ILCA). That meant they began to receive a journal as part of their membership (*The Journal of Human Lactation*). It was a great bonus!

OVLC members join for three reasons: support, education, and the chance to share. One new lactation consultant summed it up this way, "Once I had decided to work towards the IBCLC exam, I wondered where to start. Another nurse advised me to join OVLC. It was the best advice I could have received. At first, I didn't understand what they were talking about. It was like a foreign language! The discussions were very important, though. They helped me to put things together somehow."

Nowadays, things have changed in the conference business. You can attend conferences via the Internet without leaving home. So OVLC has had to change, too. Members decided their conference had to be different. It would offer some hands-on learning. "Beginning lactation consultants need this," states Mary Gannon, a Registered Nurse, IBCLC, and chair of the most recent conferences.. "They cannot get it anywhere else." Last year there were two lectures. Then two members gave several practical sessions. "The expertise is in the group, and it costs less than bringing in speakers from far away," says Mary.

Last year the topics included:

- Breast pumps.
- Tongue-tie.
- Nipple shields.
- Supplementation devices.

Feedback from attendees is very positive. For the past two years, the group has produced something special. Their colourful knitted breasts sold well at the conference. These eye-catching items have become popular teaching tools. Nurses and lactation consultants use them in hospitals and community settings.

Meetings are still held monthly. Nowadays, members use the Internet to keep in touch between the meetings. Some call the group their network of support. Is it more than this? Some say it is a community of practice.² Why? Because it is a group of people who are passionate about what they do, members learn to do things better through meetings, and they are not always aware they are learning.

Passion for better breastfeeding care has kept this group alive. Members want to keep on learning. When the meetings did not offer education, members stayed away. Education is its life blood. As one member says “I even learn something from the chit chat I hear!”

How will OVLC support breastfeeding in the future? Will members still meet in person or through Skype? No one can say. Passion is what is important. If they still have that, OVLC will continue to do what it has always done: Support its members and others in the interests of breastfeeding.



Photo of knitted breasts supplied by Lana Matthews, IBCLC with permission

Resources:

[Ottawa Valley Lactation Consultants](#)

Key Informants

- Joan Fisher
International Board Certified Lactation Consultant
- Mary Gannon
International Board Certified Lactation Consultant
- Lana Matthews
International Board Certified Lactation Consultant

References

1. Hale, T. (2015). *Medications and Mother's Milk*. Hale Publishing, Texas, US.
2. Wenger, E. (1998). *Communities of Practice: Learning, Meaning and Identity*. Cambridge University; UK.

CASE STORY TWO:

Breastfeeding Game-Changers – Three Doctors Speak Out

Three doctors are saying they learned almost nothing about breastfeeding in medical school. They also say that family doctors and paediatricians need to know a lot more about breastfeeding. Better care, they say, means that more babies will breastfeed, and for longer. This is the story of how these doctors came to speak out. It is also the story of what they have done to improve breastfeeding care.

Meet Dr. Jack Newman. He is Canada's best-known breastfeeding expert, and says he did not get any breastfeeding education in medical school. Breastfeeding was only mentioned briefly. What he did learn was how to make formula using cow's milk and corn syrup! Dr. Newman's real introduction came when he became a father. This was where he saw that breastfeeding is the normal way to feed babies. Later, in Africa, he saw that babies died when they were not breastfed. Formula actually killed babies there.

At one time, breastfeeding just did not happen in most Canadian families. Some mothers and babies had problems right from the start. Others had problems later on. The problems were not addressed or managed. Dr. Newman saw that a combination of poor breastfeeding education and the marketing of commercial infant formulas made formula feeding common. Mothers had problems, too. So he established the first breastfeeding clinic in Canada. That is where he treated lots of babies and mothers. In time, he became an expert in solving various breastfeeding problems. His book, *Dr. Jack Newman's Guide to Breastfeeding*,¹ was first published in 2000. The latest revision of book was released in 2014.



Photo of Dr. Newman supplied with permission

Dr. Newman believes that breastfeeding education is really important for everyone. Children need to learn about breastfeeding when they are young. He would like to see educational programs from kindergarten and up. That way, everyone would learn how important breastmilk and breastfeeding is. He has educated a lot of people through lectures, books, videos, and a website. He also teaches at his clinic and has given help over the phone and by email for years. In particular, he warns doctors not to rely on printed information from formula companies. This information, he says, often brings breastfeeding to an end. He says good breastfeeding education is especially important for doctors. It is the only way to learn how to prevent and treat breastfeeding problems.



Photo of Dr. Thomas supplied with permission

Next, meet Dr. Jenny Thomas. Like Dr. Newman, she says she learned little about breastfeeding in medical school. When her first baby came along, she did not even know how breastfeeding worked. Even as a new paediatrician, she did not know there was readily available information about breastfeeding. When she became aware of the amount of information available, Dr. Thomas wondered why she did not know any of it. Then she asked herself a difficult question, “How did I complete medical education without learning about breastfeeding?” At first, she was angry. Then she decided to do something about it.

Now Dr. Thomas is on the executive board of the Section on Breastfeeding in the American Academy of Pediatrics. She says that doctors have two problems when it comes to breastfeeding. The first has to do with **what** they have learned. It is not enough. The second has to do with **how** they have been trained. She says they have been trained to recognize what is familiar first. Knowing how to support

a breastfeeding mother and baby may be unfamiliar territory for a doctor. If so, the doctor might feel uncomfortable. Seeking the familiar, the doctor may consider infant formula as a solution.

Like Dr. Newman, Dr. Thomas wants to see change. She has written a book for parents. She also manages a website and has written many articles and has given lectures abroad.

Dr. Thomas has two other ideas for doctors.

1. Dr. Thomas wants doctors to get excited about breastmilk and breastfeeding. How? Through education about how breastmilk and breastfeeding impact health. She says that many doctors do not understand the role of breastmilk in the development of the immune system. Getting doctors excited about the science of breastmilk, she thinks, might motivate them to help breastfeeding families.
2. Dr. Thomas says that babies are not the only ones who benefit when breastfeeding is saved. Doctors also gain when they help a mother start or continue to breastfeed. Doctors, she said, have been motivated to become doctors because they wanted to help people. Much of their work involved in institutional aspects of care is unrewarding. Helping a baby to get breastmilk might be a real morale booster!

Dr. Catherine Pound, a Canadian paediatrician, is going to the root of the problem. Like Dr. Newman and Dr. Thomas, a personal experience led to her interest in breastfeeding medicine. The birth of her first baby was important – both as a mother and as a doctor. She was surprised that she had problems with breastfeeding. She had assumed that she would not have any difficulties. When she returned to work, she asked other doctors about their experiences. They all said they had had problems, too. She says she learned a lot of hands-on skills from a lactation consultant. Dr. Pound believes that doctors also need to be able to help mothers right on the spot. She says, “If you’re not taught how to help a mother with breastfeeding problems, you can tell her until you’re ‘blue in the face’ that it’s better for her to breastfeed. If you can’t help her, it’s very hard.”



Photo of Dr. Pound supplied with permission

Dr. Pound also took action. She became the first breastfeeding researcher at the Children's Hospital of Eastern Ontario (CHEO). She is one of the authors of the 2012 Position Statement of the Canadian Paediatric Society entitled *The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding*.² One of her projects, *Breastfeeding Knowledge, Confidence, Beliefs, and Attitudes of Canadian Physicians*,³ asked what Canadian doctors know about breastfeeding. Dr. Pound and her team sent surveys to 1429 Canadian paediatricians and 1329 family physicians. The study found that while many Canadian physicians felt confident in their breastfeeding knowledge, their knowledge was often wrong.

Now she is looking at the education doctors receive. The doctors who most often work with breastfeeding families are family doctors and paediatricians. Before doctors can be called specialists, they are called residents. During this time, they work in hospitals and clinics to learn special skills. So now Dr. Pound and her team are working on developing a national breastfeeding curriculum for resident physicians. One day she hopes to see it start in residency programs across the country. It can take years to put ideas like these into action. She hopes that once her curriculum is in place, things will change, and family doctors and paediatricians will graduate with a strong set of breastfeeding skills.

It is not easy to speak out about how others are doing their job. These three doctors have, and they have done more than just speaking out. They are also working to bring about changes that will help breastfeeding families.



Key Informants

- Dr. Jack Newman
- Dr. Catharine Pound
- Dr. Jenny Thomas

Resources

[DrJen4Kids](#)

[International Breastfeeding Centre](#)

References

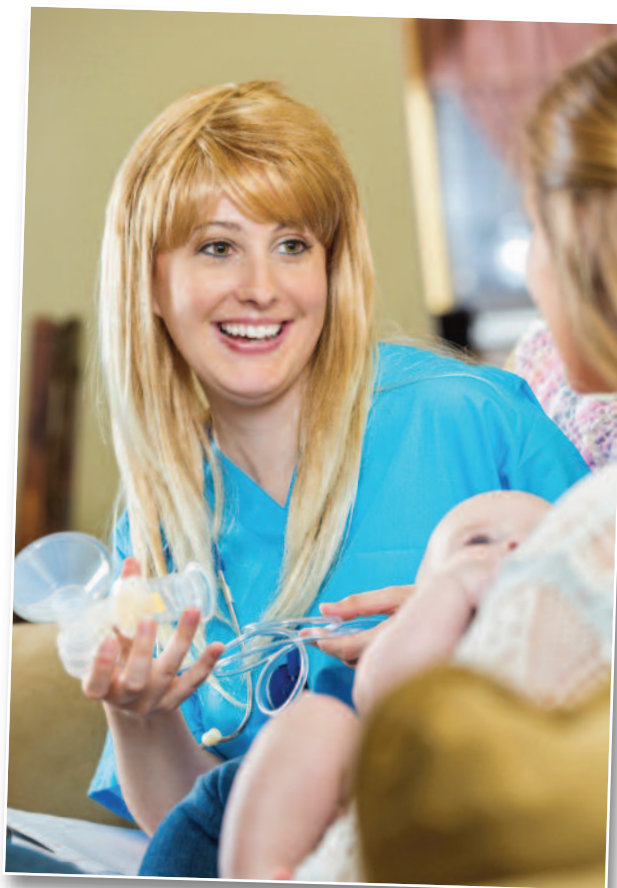
1. Newman, J. (2014). *Dr. Jack Newman's Guide to Breastfeeding Revised Edition*. HarperCollins. June 3/14.
2. Pound, C.M. & Unger, S.L. (2012). The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding. Canadian Paediatric Society Nutrition and Gastroenterology Committee. *Paediatric Child Health* 2012; 17(6): 317-21.
3. Pound, C.M. et al. (2014). Breastfeeding Knowledge, Confidence, Beliefs, and Attitudes of Canadian Physicians. *Journal of Human Lactation* Vol.30; Number3; August; pp 298-309.

CASE STORY THREE:

Baby-Friendly Designation through Education – Stories from the BFI Journey

The Baby-Friendly Initiative (BFI) was launched by the World Health Organization and the United Nations International Children’s Emergency Fund (UNICEF) in 1991. The BFI goals are the protection, promotion, and support of breastfeeding¹ through the WHO Ten Steps to Successful Breastfeeding (1989) and the WHO International Code of Marketing of Breastmilk Substitutes (1981). Hospitals and health organizations are designated Baby-Friendly when they can show they are following the Ten Steps. If you say the words ‘Baby-Friendly Initiative,’ you will get a range of answers. The Ten Steps make sense to anyone who is knowledgeable about breastfeeding. However, for health organizations seeking designation, the journey is usually challenging. What can we learn from those who have successfully taken the BFI journey?

Diana Warfield is a Registered Nurse and International Board Certified Lactation Consultant (IBCLC). She knows a thing or two about the BFI process. She had to. As the lead nurse for the BFI designation project at Somerset West Community Health Centre (SWCHC) in Ottawa, her vision drove the process. Baby-Friendly designation was achieved 2007. SWCHC was the first community health centre in Canada to be designated Baby-Friendly.



As Diana described the journey, she mentioned education many times. Education was the first challenge. Diana says, “Setting up a program for staff involved hiring from outside the organization.” SWCHC contracted two experienced educators from the Perinatal Partnership Program of Eastern and Southeastern Ontario (now the Champlain Maternal Newborn Regional Program). Nurses received just under one week of instruction. Physicians received one to two days of instruction. “It worked best,” Diana said, “when participants could interact with educators.” She adds that it was necessary to know what the audience needed. Administrators wanted to know how close they were to achieving designation. Physicians wanted to make sure they would get knowledge and skills they needed. In particular, they wanted to be able to handle basic breastfeeding problems. The plan was for new mothers and babies to see both a physician and Diana on their first visit. This team approach proved to be a good plan.

Another challenge was not to give babies anything but breastmilk for the first six months. Diana found that each group in the room had a different set of questions. Physicians, for example, asked why this was so important. The most common question was “What difference can just one bottle of formula make?” They had heard and accepted that ‘breast is best.’ For many physicians, the active role that breastmilk plays during the development of an infant’s gut was new information. Having learned this, they understood why babies should receive only breastmilk. Diana puts it this way, “When you’re talking to doctors, especially, you have to know the evidence. You also have to know the science behind the evidence. You can’t just say ‘breastmilk prevents infections...breastmilk prevents allergies...’ You have to be able to explain how that happens.” Soon afterward, physicians were heard to say, “It’s time to hand express your milk or get a pump,” instead of “It’s time to top up your baby with formula.” Aligning the evidence with the various practice options proved successful.

Sonya Boersma, a Registered Nurse and IBCLC, is working with the Baby-Friendly Initiative Strategy for Ontario. Like Diana, she has discovered the importance of finding out who is in the room during workshops. Physicians, nurses, and administrators have differing needs and goals. That is why, at the start of her sessions, Sonya asks:

- “Who is in the audience?”
- “Where is your organization right now in terms of achieving designation?”
- “What do you want to get out of these session(s)?”

Sonya agrees with Diana that health care providers usually do not know how colostrum and breastmilk work. She reports, “A ‘little bit of formula’ seems okay to most of them.” Sonya has also found that presenting education by lecture or slides is not enough. “The participants have to be actively engaged,” she says. “Every twenty minutes or so I like to break up a group into a few smaller groups or pairs. This gives participants a chance to discuss the topics I’ve covered. I also like to use skits and role play to reinforce what I have taught.” Sonya reminds herself that “attitude change comes before practice change.” This is why she follows a pattern of teaching, repeating, encouraging, and reviewing. Sonya also tries to be creative. “It helps me to reach my audience,” she says.

Administrators play an important role when an organization is moving towards BFI designation. In the early 1990s, the director of a small hospital in the Eastern Townships of Quebec wanted to introduce BFI. He decided to send some of the hospital nurses to Sweden to learn about the concept of Baby-Friendly. Very few people had heard of it then. This decision made the difference. On July 1, 1999, Hôpital Brome-Missisquoi-Perkins (BMP) achieved Baby-Friendly designation to become Canada’s first Baby-Friendly hospital.



Sonya Boersma leading a group



Dr. Bowers

Dr. Dona Bowers was the enthusiastic Director of Primary Health Care at SWCHC while the centre was working towards designation. She stresses that it is important to have a champion. She adds that administrative and clerical workers play essential roles too. Data gathering, for example, was a challenge. To get the information they needed, the staff at SWCHC had to do a lot of work with electronic and paper records. She says that education also took a lot of time. It still does. Current staff must be kept up to date. New staff must be oriented. She stresses how important it is to match education programs with the needs of participants. This, she says, is how to achieve attitude change. Despite the challenges, Dr. Bowers says that Baby-Friendly designation of SWCHC was an important milestone. Reference to the World Health Organization drove home its significance.

What can we learn from SWCHC's journey?

1. You need a champion who will hold onto the vision.
2. Expect that the process will take a lot of time.
3. It is important to give staff the education they need.
4. Employees from different sectors need to work together.

Today many people and organizations regard SWCHC as a leader in the BFI process. It is hoped that the afterglow of its designation will continue to light the way for others.

Key Informants

- Sonya Boersma
International Board Certified Lactation Consultant
Health Promotion Consultant, Health Nexus
- Dr. Dona Bowers
- Diana Warfield
International Board Certified Lactation Consultant

Resources

Breastfeeding Committee for Canada

International Code of Marketing of Breast-Milk Substitutes

WHO Baby-Friendly Hospital Initiative

References

1. Pound, C.M. & Unger, S.L. (2012). The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding. Canadian Paediatric Society Nutrition and Gastroenterology Committee. *Paediatric Child Health* 2012; 17(6): 317-21.

CASE STORY FOUR:

From Knowledge to Action – Breastfeeding Education That Works!

Everyone wants education programs that work. How do you do this? Ben Franklin, the 17th-century American inventor put it this way, “Tell me and I forget, teach me and I may remember, involve me and I learn.” How can learners become involved with the subject of breastfeeding? This story highlights the successful teaching techniques of six breastfeeding educators.

Breastfeeding education is often delivered in class and seminar rooms. There are probably no mothers or babies in the room. In such settings, instructors need to make the information come alive if learners are going to become involved with the subject. Joan Bueckert is Registered Nurse and International Board Certified Lactation Consultant (IBCLC) at Centretown Community Health Centre. She teaches family practice residents. She says that presenting a lot of information via lectures or slides is out! Joan likes to use the University of British Columbia module, *Latching On: How Family Physicians Can Support Breastfeeding Patients*.¹ Nowadays many of the residents are parents themselves. This means that there is more knowledge in the room. Joan makes use of the residents’ personal knowledge whenever she can. The case study approach also works well. She might use a doll or a knitted breast to demonstrate a point.

Sue Lepine, a Registered Nurse and IBCLC with the Champlain Maternal Newborn Regional Program, teaches in many different locations. Sue puts the needs of the learners first. This means she might have to debunk some myths. Learners also might need to discuss current issues like breastfeeding in public. Sue says she is prepared to throw away the book in order to make way for the needs of the learners. She also tries to adjust her material to the work issues they face. Nurses on a maternity ward want detailed information about the first two days after birth. They also need to know what parents’ needs are upon discharge. Like Joan, Sue prefers the case study approach.

Eileen Shea, an IBCLC, has taught breastfeeding to health care providers in Canada and abroad. She believes that lactation science should be part of basic medical education. Eileen has provided education to medical students and residents in family medicine, obstetrics, and paediatrics at McMaster University in Hamilton, Ontario. Her students were able to follow Eileen as she did rounds in a busy family medicine clinic. Eileen’s favourite resources are *Supporting Sucking Skills in Breastfeeding Infants*² and *The Little Green Book on Breastfeeding*.³

Photo of knitted breasts supplied by Lana Matthews, IBCLC, with permission



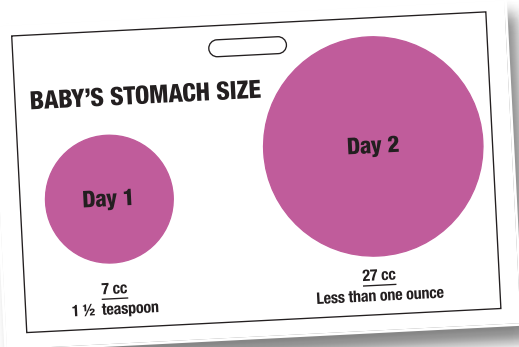
Many breastfeeding services are delivered in the community. Dr. Susan Hayward works at Queen Square Family Health Team, a busy family practice in Brampton, Ontario. There and at McMaster University, she educates family medicine residents. Dr. Hayward says they know the biochemistry of lactation. She focuses on how to assess breastfeeding and how to help mothers and babies. For example, she often focuses on newborn weight loss. She teaches residents how to assess it and when and how to intervene.

Other topics residents are taught include how to:

- Take a good breastfeeding history.
- Show how to position babies during feeding.
- Evaluate engorgement.
- Assess an infant's tongue.



Dr. Susan Hayward



Barbara LaFrance, a Registered Nurse, works in the neonatal intensive care unit (NICU) at the Children's Hospital of Eastern Ontario. The nurses in this unit take an eight-hour breastfeeding course twice a year. Barbara says these courses teach the basics: what is normal and what is not. She, however, teaches at the bedside. This is where decisions are made about treatment. Barbara says she advocates that babies be at the breast as soon as possible. With the focus on volume (measured feeding) the importance of spending time at the breast is sometimes overlooked. Babies do

not need a large volume of breastmilk in the first few days of life. That is why Barbara wears a card that shows how big a baby's tummy is at 1 and 3 days old. She reports, "Babies who go to the breast earlier go home earlier."

Work schedules can sometimes clash with teaching schedules. Barbara's response has been to develop a series of staff guidelines for supporting breastfeeding mothers in the NICU. These guidelines have the purpose of reminding staff what they need to do and what they need to know.

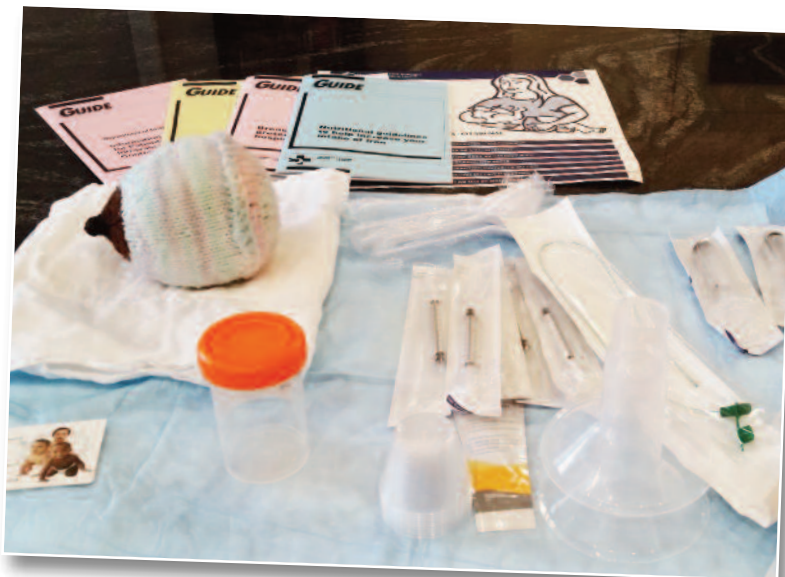
This list of what staff need to know includes:

- How to assess mothers' breastfeeding knowledge and goals.
- How to meet mothers' breastfeeding education needs.
- How to teach mothers the importance of skin-to-skin.
- How to assist mothers in establishing breastfeeding.
- How to teach breast massage and hand expression.
- How to use and clean hospital breast pumps.
- How to handle and store breast milk.
- How to assess if the baby is ready to breastfeed.
- How to help mothers get started with positioning and latch.
- How to know if a baby is getting milk.
- How to increase mothers' milk supply.

Carol Moher, a Registered Nurse, works on the maternity floor of The Ottawa Hospital. She teaches both parents and medical residents (paediatrics and family medicine) about breastfeeding. Carol has developed a kit that she takes to both the classroom and the bedside.

The contents of Carol's teaching kit include:

- The health department calendar for breastfeeding drop-in clinics.
- An information sheet about what to expect once mothers go home.
- Information about sore nipples, tongue-tie, and late preterm babies.
- Spoons, medicine cups, sterile containers, tubes, gloves, towels, and pads for breast massage and compression.
- A knitted breast for teaching purposes.



Photograph of kit used by Carol Moher RN IBCLC supplied with permission

These educators make breastfeeding science come alive at the bedside or in the clinic. They also bring the needs of breastfeeding families into the classroom. It is what Ben Franklin recommended: involve the learners, and they will learn.

Key Informants

- Eileen Shea, International Board Certified Lactation Consultant
McMaster Academic Family Health Team
- Joan Bueckert, International Board Certified Lactation Consultant
Centretown Community Health Centre
- Dr. Susan Hayward
- Barbara LaFrance, Neonatal Intensive Care Unit, Children's Hospital of Eastern Ontario
- Sue Lepine, International Board Certified Lactation Consultant
Champlain Maternal Newborn Regional Program
- Carol Moher, International Board Certified Lactation Consultant
The Ottawa Hospital

References

1. University of British Columbia. (ND). *Latching On: How Family Physicians Can Support Breastfeeding Patients*. Accessed online October 6, 2015 <http://ubccpd.ca/course/breastfeeding-fp>
2. Genna, Catherine Watson. (2013). *Supporting Sucking Skills in Breastfeeding Infants*. Jones and Bartlett. Woodhaven, New York.
3. Hertz, Gail S. (2011). *The Little Green Book of Breastfeeding Management*. 5th edition. Hale Publishing.

CASE STORY FIVE:

Breastfeeding Professionals – Learning Through Working Together



The World Health Organization (WHO) has made an important suggestion that interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.¹ This sounds simple enough. However, it may be easier said than done. This story tells how one International Board Certified Lactation Consultant (IBCLC) learned how to implement the WHO suggestion through working with other health care providers.

Thirty years ago, Anne-Marie (not her real name) began to attend La Leche League (LLL) meetings with her first baby. In time, Anne-Marie became an LLL Leader. As a leader, Anne-Marie could run groups in her western Ontario town and empower breastfeeding mothers. “In the early 1990s things were different,” she says. “We wanted to change the world – one breastfeeding mother at

a time. We were doing our best to ‘save breastfeeding’ for every mother we met. There wasn’t a lot of support anywhere else.”

As an LLL Leader, Anne-Marie had to talk with doctors. Perhaps a mother was confused about the medical advice she had received. The advice may have been different from the information she got at an LLL meeting. There were often questions about using some formula in addition to breastfeeding.

In such situations, LLL leaders are advised to do the following:²

- As long as the baby is healthy, ask the mother if she could try the LLL suggestion for a short time and then tell her physician about it.
- In the case of a health problem, ask the mother to check with the physician before trying the LLL suggestion.
- Advise the mother always to give the physician all the information.
- In the case of a conflict with the physician, use tact, honesty, respect, knowledge, and patience.

Anne-Marie says she always tried to follow LLL advice when she contacted physicians. Now, as a lactation consultant, she still does. “This way,” she says, “everyone is on the same page. We are part of the same team.” Soon Anne-Marie found out that she was being referred to as the breastfeeding expert. Once, a mother showed her a prescription from her physician. He had written Anne-Marie’s name on it! It was a wake-up call. She decided to study for the IBCLC exam from the International Board of Lactation Consultant Examiners (IBLCE).



Anne-Marie passed the exam. Although not a nurse, she soon got a job in the health care system. Other health care providers soon found that she gave them the evidence-based information they needed. She also responded to midwives who called her for information. Everyone gave her the same message, “Don’t assume we know anything about breastfeeding!” It was important and useful advice.

It can be difficult for nurses and physicians to find hands-on breastfeeding experience outside a hospital. Anne-Marie found, however, that she could teach both parents and health care providers when parents and babies came in for a checkup. Everyone got lots of useful breastfeeding experience that way. Mothers and health care providers gained confidence.

As one of the only lactation consultants for a large area, there were many challenges. The biggest challenge was that she could not be everywhere at once. Anne-Marie had to help the health care providers over the phone, so she had to ask the right questions. They had to make decisions based on what they saw, but their decision-making was guided by what she told them. Anne-Marie says she always advised nurses to keep the doctor or midwife informed. Sometimes she gave nurses and midwives information sheets. She also gave the information sheets to parents to give to their doctor or midwife. These days, she directs them to information on the Internet.

Anne-Marie now has a busy, independent practice. Most of the mothers she sees come with their first baby. Some mothers even come back when they have more children. Anne-Marie has even been called to the local hospital to help with difficult situations. “I think they know that I am approachable and not radical,” she says. “I have learned how to work well with them.”

Anne-Marie often talks about education. Every time she speaks with a doctor or midwife she says it is a chance to exchange knowledge, some of which can be shared with parents. At such times, she likes to use what she has learned through working alongside other health care providers. It seems to work better than confrontation.

Approaches that never work well include:

- Bashing other health care providers – this just confuses parents.
- Jumping to conclusions about what parents tell you the doctor or midwife said – they may not have the story straight.
- Giving medical advice and making a diagnosis – that is the doctor's job.



Anne-Marie's tips for educating health care providers:

- You have to start with what people know. It is safer to assume they do not know much at all about breastfeeding.
- Every time you talk to someone, it is an opportunity for informal education.
- Everyone needs to be on the same team.
- You can work on a plan together.
- If you have to convince someone, use proven information. It works better than telling your own stories.
- Use the LLL advice: be tactful, honest, respectful, knowledgeable, and patient.

Key Informants

- Anne-Marie (name withheld by request)
International Board Certified Lactation Consultant
La Leche League Leader

Resources

A Brief History of La Leche League International

References

1. WHO. (2015). *WHO Framework for Action on Interprofessional Education & Collaborative Practice*
http://www.who.int/hrh/resources/framework_action/en/ Accessed online October 20, 2016.
2. La Leche League International. (2012). *The Breastfeeding Answer Book*. Third Edition.