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Megan: Hello, everyone and welcome to the Hear From Your Peer webinar on breastfeeding. I'm Megan Hiltner. I'm with the Healthy Start EPIC Center. And the purpose of this webinar is to provide you with an overview of breastfeeding training certifications and professional development opportunities for staff to support breastfeeding among your program participants. This webinar is approximately 90 minutes, and it will be recorded. The recording, along with the transcript and slides will be posted to the Healthy Start EPIC Center's website following the webinar. We'll only be taking questions through the chat box and you can chat your question or comment at any point in time into the chat box on the lower left hand corner of your screen. And we really encourage your participation, so please, just chat those comments and questions in at any point in time. We'll be taking two questions between each of our speakers' presentations, but then we've allotted even more time at the end of the webinar to take more questions.

If by chance we don't get to all of the questions, we'll include them in our Frequently Asked Questions document that will be posted with the webinar materials on EPIC Center's website following this webinar. And we do want your feedback, so an evaluation survey will pop up on your screen right after the webinar. So please, take a moment and fill that out following this webinar. So let me review our agenda for today's webinar, and then I will introduce the wonderful speakers for today.

So the first part of our webinar will be covering breastfeeding priorities and overview of training certifications and opportunities. That will be presented by Miss Sharon Adamo. Following that, will be an IB Seal Certification and Building Trust With Clients presentation and overview. And Miss Ngozi Tibbs will be presenting that. Then an overview of CLT certification example from the Healthy Start site will be shared from a team at the Maternity Care Coalition. And then, the fourth part of the presentation is around partnership support and CAN, Community Action Network Engagement to support breastfeeding. And Miss Joanne Craig will be presenting in that part of the webinar.

Now let me take a moment and give a brief introduction to each of the presenters today. You can't see them in person, but here are some pictures that when they're speaking, you can have a face to match the voice that you're hearing. First is Miss Sharon Adamo. She's a Perinatal Health Specialist in the Division of Healthy Start and Perinatal Services. And focuses on breastfeeding promotion and support and nutrition projects within the division, as well, as coordinating breastfeeding activities across the bureau. And previously, Sharon directed the National WIC Breastfeeding campaign at the U.S. Department of Agriculture. She's a registered dietician, with advanced degrees in both nutrition science and business administration.

Next, is Ngozi Tibbs, and she is a nationally recognized speaker and educator on cultural humility, diversity and health disparities. She serves as co-founder of the Pittsburgh Black Breastfeeding Circle. In addition to being a board certified lactation consultant and childbirth educator within Healthy Start, McGee Women's Hospital and Sankofa Lactation Services. She holds a master's degree in public health, with a certificate in health education and promotion. Ngozi is a respected member of the birth workers community in Pittsburgh. She passionately serves with other doulas and educators of color to reduce infant mortality rates in the African-American community within Pittsburgh. Ngozi is a published poet, artist and dancer, and enjoys playing African music with her husband and five children. Next at the bottom of the photos, at the bottom of the screen, Miss Jakasha Johnson. She's worked with Healthy Start Program at Maternity Care Coalition since 2001. She brings over 13 years of social work experience and home visiting programs, counseling and program development in various social settings. Jakasha has a strong passion for empowering families by helping them defy barriers they are face with.

Next is Miss Ileana Berrios. She's worked for the community for the past 10 years. And Ileana is a Lactation Counselor and a Doula for Maternity Care Coalitions Program called the North Philadelphia Breastfeeding and Doula Program. Ileana devotes her time to finding systematic ways to increase breastfeeding rates. Next, Miss Tasha Mercer. She's worked with Maternity Care Coalition for a year and nine months. Tasha is currently an advocate and dedicates her time to helping pregnant and new mothers. Tasha has been in the

social work field for over six years and is devoted to helping out in her community. In addition to being a CLC, Tasha is also a breastfeeding mother and takes pleasure in helping other nursing moms.

And last, at the time right corner of your screen, but certainly not least, there's Miss Joanne Craig. She has a master's in non-profit management. She's a Project Director with Crozer-Keystone Healthy Start since 1997. She develops, implements, and administrates programs. She writes grants and enjoys working in and with the community. And she's passionate about helping those that struggle to help themselves and their families.

So that's just a tidbit about each of our knowledgeable speakers today, but I hope that gives you a little bit of a flavor for their expertise. And now I'm gonna turn it over to Miss Sharon Adamo to begin the presentation. Sharon?

Sharon: Thanks, Megan. So breastfeeding promotion support is definitely a priority for Healthy Start. And we want to understand the think through between promoting and supporting breastfeeding. Over the last 10 to 15 years, successful public health campaigns have increased initiation rates to 90% in some states. We probably aren't going to do much better than that. So we shifted the focus to supporting breastfeeding moms to continue to increase duration rates, like the six week, the six month rate. As most of you know, we have two Healthy Start benchmarks for breastfeeding. The first one is ever breastfed, with a goal of 82% . And the second one is breastfeeding at six months, with a goal of 61% .

And we realize these are lofty goals, and so in an effort to assist all the Healthy Start grantees in meeting these goals, I've been working with several members of the JSIF [SP] to develop a variety of training opportunities. So, I'll ask if we can have the next slide? And before Megan provides you with the details of our new trainings, I'll just very briefly describe the difference between an IBCLC and a CLC, which are the two most widely recognized certifications in the breastfeeding field. And you'll hear lots more about that from our speakers who

hold these certifications. But basically, an IBCLC is an international board certified lactation consultant. And this certification requires a number of college level science classes, as well as many hours of clinical practice prior to sitting for the exam. And often the candidate is already is a physician nurse or dietician, but certainly that's not always the case. They would normally have the science background to meet those educational requirements. So it's going to be easier for them if they already have one of those degrees.

A CLC is a certified lactation counselor. Candidates complete a 45-hour course and pass an exam. There are no specific educational requirements to taking the course. And so we're gonna hear, as I said, more details on both of these certifications, but I'm gonna turn it back over to Megan, and she's gonna go through some of the trainings that we had come up with that we're hoping everyone will take advantage of. Megan?

Megan: Thanks, Sharon. And yeah, as Sharon said, we've been working very closely with she at the division to bring a variety of new training opportunities to support you in your efforts. So the first two opportunities are in line with the community trainings that we offer. So we're offering two community trainings that are in partnership with the Center for Breastfeeding and this new initiative features two courses that we are offering. One is working together, communication and teamwork strategies for reclaiming breastfeeding. This would be a two-day training, which really explores the theories of team and group processes including the use of teamwork tools, participatory action research, data driven planning, quality improvement processes, and evidence based practice using a framework of breastfeeding promotion, protection and support, breastfeeding coalitions which programs, hospital staff and others can benefit from this type of a training.

And as you can see, there are continuing education contact hours or credits that are offered in line with this training. And these are both, again, supported, the training is provided by the Center for Breastfeeding. What we would do is through the JSI [SP] Healthy Start EPIC Center, we would cover the cost of the trainer and the trainer's travel. And then, the Healthy Start grantees would be

responsible for the participant recruitment and all the other logistics as part of that community training. You can talk more about these if you have questions, feel free to email the Healthy Start EPIC Center, or you can talk them through more with your Project Officer.

Let me give you a little overview of the second out of these two community trainings that we're offering. This is the community breastfeeding educator training, and this would be a three-day course. And this foundational course for community workers and maternal health child focuses on providing services to pregnant women to encourage the initiation and continuation of breastfeeding, strategies for providing anticipatory guidance and support in order to prevent breastfeeding problems and to address barriers to breastfeeding and enable women to overcome any perceived or actually breastfeeding problems will be covered. There is, again, continuing education credits offered. And so this would be a three-day training.

And each Healthy Start grantee, each grant period, is able to request one community training. So if you haven't already visited the Healthy Start EPIC Center site and requested one of those community trainings and you would like to, not only bring this training to your community, not just for your Healthy Start site, but also inviting your community partners. It's a really nice opportunity for you to elevate your Healthy Start site and invite your other partners to join you and be part of this.

So that is one of the training opportunities that we're offering in support of breastfeeding. The other, that I'm excited to share with you is we will be accepting applications from Healthy Start grantees as part of a competitive scholarship process to attend the day five-day intensive lactation counselor training course. And these with the courses are offered at many nationwide training sites through the Center for Breastfeeding. What we would cover would be a scholarship to actually for the registration, and the books for that staff person. And the Healthy Start grantee would be responsible for the travel costs as well as the fee for the CLC exam certification, which follows the training course.

You can read more about this scholarship opportunity on this link, and that link that's listed, that we just put into the chat box, is also the actual application. So some key dates to keep in mind, the scholarship application would be due on June the 30th, then by July 29th the decision for the scholarships would be made. And then Healthy Start Program site, we would work with you to cover the registration fee for that individual to attend one of the already scheduled course CLC certification training courses. I apologize if I haven't mentioned already, there will be 100 scholarships that are offered that doesn't break down to one per Healthy Start grantee, but it would be based on the demand and criteria included in the application.

So I'll pause there and see if there are any questions. Otherwise, we'll just continue to move forward with the presentation. If you have questions, you can chat them into the chat box. And Sharon, is there anything that you would like to add in the overview of those training opportunities?

Sharon: I don't think so. No.

Megan: Okay. Okay, well, I don't see any chatted questions at this point in time. If others come up, we'll get to those at the end of the presentation. So now I'm gonna turn it over to Miss Ngozi Tibbs to continue with the presentation. Miss Tibbs?

Ngoze: Yes, good afternoon, everyone. I'm so glad to be a part of this webinar. And to share a little bit about my journey becoming an IBCLC and also why I chose to become an IBCLC. So as earlier mentioned, as Sharon mentioned, there are different pathways to become an IBCLC. And the reason why I chose to become an IBCLC was because it was a requirement to work in my local hospital, which is where I wanted to be to serve breastfeeding mothers at the beginning of their journey. So the different pathways, as mentioned, the pathways do require college level courses. Pathway one requires 14 health science course and also 90 clock hours of education. And then a minimum of 1000 hours of lactation specific clinical practice. So that's for pathway one.

Pathway two, also the 14 health science courses, and at least 90 hours of didactic education in human lactation and breastfeeding, and a minimum of 300 hours of directly supervised clinical practice in lactation and breastfeeding care. And then, pathway three, the same, 14 health science courses, and then at least 90 hours of lactation specific education that was completed within the five years prior to fitting for the exam, 90 clock hours and then a minimum of 500 hours of directly supervised lactation clinical practice.

And so I was very fortunate because I was able to go through pathway two. That was the best choice for me because I was enrolled in lactation specific bachelor's program. And I had started off with my bachelor's many years ago and switched around quite a bit. Took some time off to get married and start a family, but I knew that I wanted to eventually get back to work. And so I was able to find out about this program by looking up what a CLC was. I was very pleased to first become a CLC, and I got fantastic training. And then looking at what the needs were in my community, to work in my hospital, I had to become an IBCLC. And so pathway two worked for me. I was able to get my 300 hours, and this is a picture of the program that I went through through Union Institute and University. It was mostly online, although some travel was required. And there are only five lactation specific programs in the country. Union is one, Drexler University also has one which I'm pleased with.

And so I did travel some. But I took some really good courses. I became a CLC and then I also did my 300 hours at my local hospital where I shadowed lactation consultants at my hospital and through the WIC program. And I also got to see mothers at home as I shadowed the lactation consultant. I also learned quite a bit by listening on the phone to lactation advice given over the phone. Some mothers may only need a phone call. They may only need some tips online, but other times, that face to face contact is so important.

And so here is a picture of me, if I can...I'm not doing a good job with advancing the slide here. Here's a picture of me at my local hospital preparing

for work. And the hospital where I currently serve, there are over 10,000 deliveries per year and there are also about, I would say, our breastfeeding initiation rates are about what the national average is looking at now, which is also what Healthy Start is looking at, 82% of our mothers are initiating breastfeeding. And so I really wanted to help mothers in the beginning of their journey when I first started. And then I also felt comfortable branching out more in my community and helping mothers as they continued on their journey. So here's a picture of me holding a little guy who was a twin. His sister was breastfeeding and his mother asked me to hold him. I don't know if you can tell in the picture, he grabbed one of my locks, wrapped it around his hand and actually fell asleep.

So it was a wonderful time to hold this little guy while his sister was nursing and talking with them through the process. And again, I chose the path to become an IBCLC because that was a requirement in my hospital. I do not believe that that is a requirement in every city or state or community. I believe it's important that once we begin this journey as professionals, that we look at what's available, what's needed, and then we take that particular pathway. There is some discussion in the community that one lactation provider is better than the other, and I would venture to disagree with that. The most important thing is that mothers have trained providers regardless of what their title is. But a mother has trained providers that can provide that initial support, and then if complications or difficulties arise, that she has someone that can help her navigate through those issues and help her reach her breastfeeding goals.

And with that, I also believe that it's important that as lactation providers in the community, that we recognize what are some of the needs in the particular community and where we wish to serve. And by doing that, we need to look at what the community defined evidence is. So the definition from the California Reducing Disparities Project said it is, community defined evidence is a set of practices that communities have used and found to yield to positive results as determined by community consensus over time. These practices may or may not have been measured empirically by a scientific process, but have reached a level of acceptance by the community.

So I'll share the wonderful example. In some communities, mothers are encouraged to breastfeed after the second or third day, and some of that comes from the idea that the colostrums, the first milk, is not truly milk and a mother needs to wait until she is engorged by the second or third day before she begins to breastfeed. So what we need to do when we are faced with mothers who have that particular cultural belief system, is help mothers understand the importance of skin to skin and early breastfeeding to help the mom and the baby bring in a nice robust milk supply. So that's one example of community defined evidence.

And so, what it is particularly about that belief system, for example, is that many of these mamas actually breastfeed for two or three years. And so they may be uncomfortable with the baby at the breast in those early days, but they breastfeed for longer durations than most American women do. And so when we are serving women from that particular community, we need to understand that that's a belief system and we need to find a sensitive way to discuss the importance of that early breastfeeding. And so for example, if I'm working with a mom who believes that her colostrums is dirty or not good enough, I may not use the word colostrum to talk about her first milk, but I may call it newborn milk. And I may share with her that it's important for the baby to practice at the breast so that they can get better when they have larger volumes of milk days down the line.

And I have found that that explanation works for most women. I'm sensitive to her belief system. I'm not telling her that it's wrong. I'm affirming what she believes. But also adding the importance of the baby practicing at the breast. And so this also gives another definition from the National Association for Mental Illness, that CDC, community defined evidence, includes worldview, contextual aspects and transactional processes that do not limit it to one manualized treatment. But is usually made up of a set of practices that are culturally rooted or a supplemental approach. So it's important that when we are serving women from other parts of the world, women that may have been born in the United States, but are from a diverse community, that we are understanding that there is not one right way to do things. But we may need to

talk with her about what the current belief systems are in her community so that we can best serve her family.

And so you've heard the buzz phrase cultural competence, and have moved away from that because cultural competence assumes that we have become so knowledgeable about a particular culture that we're arrived. So here, when you look at this definition from two physicians from the west coast, here's what they say. "None of us can truly become competent in another culture. We can approach cross cultural situations with cultural humility. Cultural humility is a lifelong commitment to self evaluation and self critique to readdress power imbalances and develop and maintain mutually respectful and dynamic partnerships with communities."

So what does that mean? That cultural competence comes to us with the assumption that we've arrived, that we've become competent, that we have the final answer as to what a particular community needs. Cultural humility says, "No, it's a lifelong commitment and lifelong journey that we are also learning from the communities in which we serve." As we approach our communities of mothers with respect and honor, that it's not just our way or the highway, but we're listening to this mother as she shares about what is important to her.

And so here we see an example on the next slide, of the Pittsburgh Black Breastfeeding Circle. This non-profit organization is now two years old, I'm happy to report. And this community was born out of a desire for women of color in Pittsburgh to have culturally competent and humble breastfeeding education in a community of women who look like them, who had similar experiences, so that we could learn from one another. Our group is growing my leaps and bounds, and I'm so happy to say that mothers are breastfeeding longer, mothers are also getting the information from their providers, their providers are referring to the Black Breastfeeding Circle. We meet two times a month for about three hours where we address common breastfeeding concerns and myths, how to increase your milk supply naturally without using maybe harmful medications that could out there on the market.

But we also talk about nipple pain, for many women, many women believe that nipple pain is normal and that their nipples just need to toughen up so the breastfeeding goes well. So we address that myth, that if a mother is experiencing nipple pain, that's a sign that something is not quite right. The baby not be latched onto the breast well. And we answer questions that maybe a woman maybe embarrassed to ask her provider about. And then we also have a relationship with providers in the community so they also know what we are teaching the women that they are caring for as OBs and mid-wives, but also as pediatric providers.

And so what is the relationship of the Pittsburgh Black Breastfeeding Circle helped start. In this picture you see that we were quite full that day and there were a few mothers in this picture that were Healthy Start participants. So Healthy Start and the Pittsburgh Black Breastfeeding Circle are working together to encourage women of color to come and to share that information with them and so that we can learn together in a group. So we have a strong Facebook presence, as well. We currently have, I believe, it's 215 members on our Facebook group. Some women are unable to get to a meeting and so they appreciate the online support and we've even considered adding another meeting because two meetings may not be enough. We're bursting at the seams. And so we add another meeting on another weekday for our mothers that may work on weekends. And so we know that Healthy Start and the Pittsburgh Black Breastfeeding Circle is making a difference in seeing increased breastfeeding rates in at risk women and their babies, and the mothers and babies are doing much, much better. Very happy to see that. And thank you.

Megan: Thank you so much, Miss Tibbs. And thank you so much for these beautiful pictures. They really are wonderful to see. If you have a question, we'll take two questions for Miss Tibbs at this point. And if not, we'll move along to the next presentation. Okay. We have some questions for the earlier presentation but I'm gonna address those at the end of the presentation. Thank you again. And we're gonna move onto our next presenters. And Miss Jakasha Johnson, I'll turn it over to you and the team to share about your CLC process

and certification, and how that's helped improve breastfeeding rates at your program.

Jakasha: Great. Good afternoon, everyone. Again, my name is Jakasha Johnson, and I'm the Director of the MOMobile Healthy Start program at Maternity Care Coalition in Philadelphia, Pennsylvania. Our program has two sites that services the north Philadelphia community and the northeast. And since we have two sites, we decided to choose two advocates from each site who expressed an interest in becoming an CLC, and will also be willing to be committed to the process which will be explained later in the presentation.

I'm having a Healthy Start advocate who is also a certified lactation counselor on our team, enhances our program to another level. We are able to encourage and support moms, as well as train members of the community to become peer counselors, which is a bonus because research shows that breastfeeding rates had increased among women of color when they are supported by their peers. Having CLCs on our team, it helps to boost staff confidence, because they have someone on site who is able to provide them with support when it comes to breastfeeding issues on their case loads. And our CLCs not only provide support in the form of consultation to other advocates, they can also accompany them to home visits as needed for additional assistance.

As a result of having CLCs a part of our team, it has helped to increase our breastfeeding initiation rates as well as increase the rates of moms who continue to breastfeed their babies at six months and beyond. And we'll be here for ongoing training and support, our Healthy Start CLCs, they are a part of our agency's breastfeeding champions group where they meet monthly, as well as organize city events, such as the upcoming World Breastfeeding Week, which is also known as the Big Latch On. So now I'm gonna turn it over to Ileana, who is a lactation counselor for our MCC's Community Doula and Breastfeeding Program. And Ileana provides support and guidance to our Healthy Start CLCs, and will now explain the certification process.

Ileana: Hi, good afternoon, everyone. As Jakasha said, my name is Ileana. And as you heard already, CLC stands for Certified Lactation Counselor. First let me discuss a little bit about the questions that I have up there in the slides. So I'll give you a little description about CLC descriptions, benefits of becoming a CLC, CLC training requirements.

So the CLC training consists of 45 hour training that has a strong base in information and counseling skills. It's enabled the person to provide essential support to breastfeeding mothers and children. And as previously mentioned, these credentials are different than the IBCLC credentials, which stands for International Board Certified Lactation Consultants. Both promote and help women achieve their goals. However, IBCLC is someone who has studied the comprehensive of science lactation. Now to discuss a little bit about the benefits.

CLC certification means that a person has received training and skills in breastfeeding and human lactation support including assessing a latch and feeding practice, providing useful intervention, counseling mothers, understanding and applying knowledge of milk production including in particular circumstances such as premie [SP], down syndrome and newborns affected by medications. CLC training gives the person a strong foundation with which to help mothers and babies. CLCs are important to the strategies of increasing breastfeeding rates in our communities, being an advocate for changing our society, and increasing positive opinions about breastfeeding.

[inaudible 00:33:24] points about the CLC training, I want to go more in depth as to what the training consists of. The CLC training is a complete breastfeeding management training and it offers practical skills that will make the person more effective in their job, hospital strategies that make breastfeeding a success, strategies and tips for unique circumstances. It also offers ways to talk to mothers in a manner that encourages them to choose breastfeeding. And lastly, it offers public health strategies that work to increase breastfeeding success. Reiterating what was said about the CLC training, CLC does not have a pathway. To obtain your certification, it is necessary to attend

all five sessions which will be done in a five day course, and you must pass the exam with 75% or more.

Exams consist of 100 questions, most of which are multiple choice and one latch assessment video. You cannot miss more than 15 minutes total of the training, otherwise they will not allow you to sit for the test. The CLC certification is effective for three year. On the third year, you will receive a reminder letter about the recertification. Acknowledging that this field of breastfeeding is always changing, new scientific discoveries are made in human lactation and still some knowledge tends to progress. The certificates are required to obtain a minimum of 18 hours continuing education in the areas of breastfeeding and human lactation and submit proof of those hours to during the recertification period.

Those who do not provide adequate proof of 18 hours, will not be able to receive a renewed certification. The great thing about obtaining a CLC, is that CLCs can partner with IBCLCs to strengthen women's confidence in breastfeeding and increase breastfeeding rates among Hispanics and people of color. This is diade [SP] that helps increase the amount of women willing to breastfeed their baby. Breastfeeding rates start to decrease when the baby is about three months of age, when is usually the time women return to work. But if women are able to receive a wide variety of support, it is more likely that their breastfeeding goals will be met.

Reiterating what Jakasha said, women do better when they can receive help from women that look like them. Increasing professional workforce development by training advocates of CLC, can enhance job performance as this CLC training gives advocates the tools to strengthen the relationship between mom and baby. So I'm going to pass it over to Tasha, and she will give you an overview of her experience as a Healthy Start CLC.

Tasha: Hello, everyone. My name is Tasha Mercer and I am an advocate for the MOMobile Healthy Start Program, and I am also a CLC. So today I'm going to

touch base on my experience at the CLC training, as well as my role as a Healthy Start Advocate and CLC and also my personal experience. During my time in training, there was a lot of information that we had to obtain in one week. Every day was set, we sat in the workshop from 8:00 to 4:30, and afterwards, we were given homework and a study guide to help us through the week. We were able to partner and form small groups, where we helped the other by asking questions, role playing, and going over the homework together.

The workshop was very intense, and you weren't allowed to miss a class. It was a commitment that you had to be dedicated to. And for myself, being pregnant, it was a challenge, but I was dedicated to obtaining my certification. During the training, I was very, very nervous about all of the information that we were given, and I wasn't really sure how to study, or if I would pass the exam. Although I had doubts, I was well prepared and I did pass the exam. After passing the exam, and obtaining my certificate, it was very easy to apply the knowledge I gained hands-on. As a CLC, I can educate and support my postpartum clients who are breastfeeding, and use my education for prenatal mothers who are unsure of what they want to do.

I have worked closely with a variety of my clients, two of them which I recently had contact with. My first client struggles with her milk supply, and worrying if her baby was getting enough when he latched on. I was able to provide education to her about skin to skin, and what caused her [inaudible 00:38:24] levels to rise which helped with her milk flow and let down. I also showed her pictures, videos and helped her to pay attention to the motion of her son's jaw and whether he was sucking and swallowing. I was also able to help ease her worry by letting her know she can also tell if the baby is getting enough by diapers he had throughout the day, and also told her to just listen to her body and to not stress.

In addition to her, I also worked with another client who reached out to me once she came home from the hospital. And she explained to me that she was in pain every time the baby latched on. I went out to see her the very same day, because I understand how stressful breastfeeding can be in addition to having a baby

which can discourages mothers from continuing on their breastfeeding journey. I worked with this mom and paid attention to the way her baby latched to let her know if the latch was proper, or not. I also informed her on the fact that since she was just starting out, her nipples could be a little sore in the beginning. I gave mom remedies on how to ease the pain by rubbing her own milk on her nipples, which she can do by hand expressing, also letting her know how to place her hands when she expressed to be sure that she didn't damage the nerves in her nipples.

I also let her know about many creams available to her that will also help ease the soreness. In addition to helping my client, I have also applied my certification to my personal life helping close friends and family and also joining online support groups to help give educated advice to mothers who are facing difficulties and are on the verge of giving up.

I am able to help moms feel better about breastfeeding and support them in anyway possible. My knowledge has also helped me with my own daughter, who I breastfeed, although it was easy to apply knowledge in the time of need, I have support from other CLC staff which has helped me as well. I will say, becoming a CLC and having the hands-on training, has made things less difficult when you or the people you're working with face challenges such as clogged ducts, inverted and flat nipples, engorgement and maintaining an adequate milk supply. I strongly encourage others who are seeking to become a CLC to do so, it is worth it and you don't realize how many mothers and babies you help and encourage. Thank you.

Megan: Thank you so much, MCC team. Great examples of your personal experience and how the CLC certification has impacted your program. So thank you for those great remarks. Any questions if you have them for the MCC team, please chat them into the chat box. I'm just glancing at some of them. I see that we've gotten some that are about the CLC scholarships. But I'm going to save those until the end. I'm just gonna glance at one here. All right, I'm gonna hold those questions that we have now until the end. So Miss Joanne Craig, I'm

gonna turn it over to you to share your remarks on partnership support and can engagement to support breastfeeding.

Joanne: Thank you, Megan. Thank you to everyone who is listening today. I'm Joanne Craig and I'm from Krozer-Keystone Healthy Start in Chester, Pennsylvania. So here at Krozer-Keystone collaboration and partnership, like in all the Healthy Start projects, is incredibly important. We have spent years now building a very solid relationship with our local WIC provider. There actually happens to be a WIC clinic located in the same building as our Healthy Start offices. So common agenda, common goals, equals great collaboration. And that's exactly what we have with WIC. We talk together in the hallways informally but we also have meetings where we explore how and why we should work together. We interact with each other related with staff training, so we have had WIC provide professional trainings for our Healthy Start staff and our Healthy Start staff has provided training for WIC staff.

We share training information back and forth that's going to help promote programs. Related to outreach recruitment. Whenever we have any kind of educational event or outreach activity, I can almost guarantee that WIC is going to have a table. Our Healthy Start program weekly staffs a table in WIC waiting room to help with outreach engagement and recruitment. We are formal partners. We have signed mutually memorandums of agreement to further our collective collaboration.

Related to program participant education, the same thing applies. I noted that weekly we staff a table in the WIC office. So we're providing information on the resources in the community including Healthy Start for pregnant and for parenting women. WIC, again, does the same thing with our program participants. WIC has participated and provided presentations for our program or our projects, health education component for our program participant education on topics related to nutrition as well as breastfeeding promotion and support. When we work with WIC participants, once again, we are providing information to their participants about the importance of early and regular prenatal care every and anything that you need to know and consider when

you're pregnant, what to expect when you're having a baby, and anything that you need to know related to early childhood growth and development.

The fact that we're located as one of the WIC clinics makes this collaboration and the interaction really easy. As noted, we see each other in the hallway, but we also meet routinely. And in fact, we are actually and have been for the last three months at least, working together to build a series of programmings for World Breastfeeding Week now in 2016. We are also working together to hopefully bring CLC to our community to benefit not just our two programs, but the community at large. In addition to the work that we're doing related to staff training and outreach, recruitment, related to education, we also work together related to advocacy.

So we, again, for our interactions, both formal and informal, are talking about what we can do collectively and with others in our community to inform and educate about the importance of breastfeeding, to inform and educate about initiating breastfeeding, but also, to promote longer duration of breastfeeding. And this is actually let us to not just the engagement within our two programs, but also extending to other service providers in our community, other breastfeeding resources in the community. So now we're working together with the hospitals in My Health system that happens to be the grantee, for our Healthy Start project, but also other hospitals serving our Healthy Start service area and across our county.

The formal relationship with WIC has actually motivated a bigger and better collaboration within our community action network and as a level two Healthy Start project, we also have a collective impact initiative. The collective impact initiative has actually formally decided that it wants to now take on breastfeeding promotion and increasing duration as one of its formal priorities. So our advocacy has really led to, I guess, a bigger and a better partnership. So this leads me to how anyone can be a breastfeeding champion. And that's essentially what we will be taking on related to making breastfeeding one of the priority areas for our collective impact initiative.

We brought breastfeeding up through our community action network, we have provided education to the many members of our community action network and our collective impact steering committee. Of course it's important to make sure that everybody understands breastfeeding, and why it's so important and why it's important in our community. So we've been able to use just that, to use our CAN to begin to engage the community to promote breastfeeding initiative and support longer breastfeeding duration.

So through our community action network or CAN, we created a foundation and we learned from our community action network that lots of collaborators were interested in what they can do in their individual organizations, whether it's a housing program, or it's a family violence program or it's a program like WIC to increase messaging about breastfeeding, and to the many audiences that need that messaging. Collectively, we want to focus on training opportunities for the diverse community that we serve. We want provide information on the WICWorks Program. We especially are interested in furthering breastfeeding moms groups. We have some limited resources in our community, and we want to grow more resources to support breastfeeding. We want to engage businesses in our community.

In our particular Healthy Start project, we also have a medical legal partnership, so the civil attorneys through our medical legal partnership have also provided education to our community action network and our collective impact steering committee to educate us about the challenges in our locale as well as within our state, related to when returning to school or work, and the challenges with breastfeeding. We're also planning to do some systems advocacy to make sure that there are more businesses and just more places in our community where moms will have a safe and comfortable place to breastfeed to support breastfeeding duration.

As noted, we are definitely going to be doing a lot of collective work related to World Breastfeeding Week, and Black Breastfeeding Week, and also within in

the hospitals in our community, we also want to promote here in Pennsylvania, we have an initiative called Keystone 10. So on our CAN level as well as on our collective impact level, we have begun to formally organize. We specifically have a breastfeeding work group that is energized and excited, is comprised of a very diverse group of committed professionals and we are underway in terms of organizing for collective impact relating to initiating and support and making sure that we have the best policies to support breastfeeding. Thank you so much.

Megan: Thank you so much, Joanne, for that. And if you have questions for Joanne, please chat them into the chat box. One question that I have for you, Joanne, is when is World Breastfeeding Week? And also Black Breastfeeding Week? I thought those might be dates that others might want to note that they may want to have events in their communities in line with these, too. Do you know off the top of your head?

Joanne: Actually, pop it into my calendar to make sure. It's the first full week of August. So August comes in on a Monday this year, so the 1st through the 6th of August.

Megan: Great. Great. And is Black Breastfeeding Week around that same timeline?

Joanne: I believe it is, but I would need to check myself to be sure.

Megan: Okay. Okay. Great.

Ngozzi: Could I just add really quick? This is Ngozzi.

Megan: Great. Yes.

Ngozzi: Black Breastfeeding Week is the last week in August.

Megan: Okay. So August is a big month. Well these are great that folks can possibly align some of their community efforts and training efforts around these timelines, too.

Ngozzi: We're planning a big celebration in Pittsburgh.

Megan: Wonderful. All right. So thank you all so much for these really informative presentations. We're not going to open it up to the Q&A. And we do have some questions here in the hopper that I'm just going to run down the list of questions, and just keep chatting them in folks as you have been.

The first question was about the community training that the division is working with the EPIC Center on. And this person asked, how many attendees are required for a community breastfeeding educator training? And the minimum requirement for that type of community training is 15 confirmed participants. So that's one. And another question with regards to the community trainings, is each Health Start grantee allowed one community training total on one each year? And that is correct. So each Healthy Start grantee is allowed one community training per year.

So another question was about the lactation counselor training course scholarships. And this person asked, if we already had signed up for training with this center for...well, it says center for children, and I didn't know if you meant the Center for Breastfeeding. But if a person already signed up for a CLC training with the Center for Breastfeeding, could they potentially be selected for a scholarship, if they could be reimbursed? And I think that as long as the person still goes through the scholarship application process and it fits within the timeframe, the window that we've put up here, the training is happening

between August 1st and March 31st, and the scholarship application is reviewed in the same way the others are reviewed, I see no reason why a person would not be equally as eligible for the scholarship. And we could work with you on a reimbursement instead of the actual paying for the registration. But everybody would need to go through that same application process.

Okay. So another question. And if I'm understanding this person's question, it is...I think they are asking this question in line with the same CLC training scholarship opportunity. And if I don't get your question exactly right, feel free to chat any clarification in. But the person asked, is this scholarship available to case managers within Healthy Start? And yes, the answer the is you have to be affiliated with a Healthy Start grant program in order to be eligible for the CLC certification. And to take advantage of this scholarship opportunity. Okay, another question. I'm going to open this up to the group. I'll respond from what I know, but the group may have another response to this.

Do you know if there is a CLC program located in the Birmingham, Alabama area that this person could connect with for the CLC training? And my recommendation would be to go to the Center for Breastfeeding's website, and on that website lists many, many different training opportunities available in lots of different parts of the country. And you can review that schedule of trainings on the Center for Breastfeeding website. Does anybody else have any other Birmingham, Alabama area trainings that folks know of?

If not, I thought that was where we are going with regard to these scholarships, we're using that schedule of trainings as our list. Okay. So this next question is about, and this person was asking this question during the MCC presentation. But if there's other folks that want to chime in, feel free. This person asked, what information did you give this participant on breastfeeding? So I believe this question was asked during your presentation, Tasha, about what information did you give the participant that you were counseling about breastfeeding?

Tasha: Here, we basically used information that we have here at MCC, such as pictures on how to latch, how the baby should be latching. Usually we also go and refer back to KellyMom. I don't know if you guys know about that, as well as La Leche. I also have my own personal pocket guide that I got from the CLC training that I like to use. I use all three of those, just so mom can have handouts with her, as well.

Megan: Great. And I'd love to ask that question to you too, Ngozzi. Are there others that quick resources that you give to participants to support them that you find handy and helpful?

Ngozzi: Yes, the Department of Health and Human Services have a breastfeeding booklet that they are no longer publishing, but you can download PDF files. It's a really good book, we're able to get through Health Start and the Black Breastfeeding Circle. It gives moms a lot of good information on the basics, how to get the baby latched, what to do if mom is having nipple pain, different breastfeeding positions. And also, one of my favorite websites to go to that talks about lots of public health issues, but also breastfeeding is Global Health Media. They are an international organization that has fantastic videos for community health workers and lactation providers. They have ones on hand expression, how to get the baby onto the breast for the first time, what to do if you're having nipple pain, how to maintain a good milk supply. That's often my go-to and so I'll post that on our page so that moms can take a look at it. And then when we have our in-person meetings, we go over that information, as well.

Megan: And so we just posted the Global Health Media site and I found the Pittsburgh link that you just cited, Ngozzi, so I just listed that here as well.

Ngozzi: Yes, and like our sister just mentioned, the pocket guide from the CLC training is fantastic. It's easy to read. It's a book to go to right away. If a baby is losing too much weight, for example, you can look at the percentage of weight

loss in the pocket guide. So it's a wonderful, handy book for lactation providers that you can get when you have your CLC training.

Megan: Great. Great. So another question for you, Ngozzi. Can parents who become discouraged with breastfeeding and stop feeding, restart?

Ngozzi: Yes, for many women they can re-lactate. Their success would depend on how long it's been since she discontinued breastfeeding. If it was a few weeks for example, her chance of bringing that milk supply back in are much more than if it had been several months. But what you would encourage mothers to do if they wish to re-lactate, is maybe purchase a breast supplementer like there's something called an S&S that's a supplemental nursing system that is a bottle that hangs down on mom's breast and there's a tube attached to the breast and that bottle is filled with milk. When the baby is latched onto the breast, they're getting milk from mom's breast, but also that supplement that they may need to continue to grow.

The at-breast supplementers are sometimes used by adoptive moms who want to bring in a milk supply. So that could be used also. A mother should purchase a hospital grade or rent a hospital grade pump, if she can. Hand expression can also be beneficial if she wants to bring back a milk supply. And the Global Health Media, short video on hand expression is fantastic. And lots of skin to skin interaction with her baby. Many women are successful. They may not be able to bring in 100% milk supply. Again, it just depends on how long it's been since she breastfed. But she may be able to bring in some milk. So I would encourage her to have support with CLC or IBCLC, so that they together can work out a plan to help her increase her milk supply short and long term.

Megan: Great. And so while we're on that topic, I'll ask another question that came in. What information do you have for new moms whose baby is tongue-tied?

Ngozzi: Oh, how about one of my CLC sisters can answer that as well. I don't want to take up all the time.

Megan: Any response Miss Ileana or Miss Tasha?

Ileana: Hi, this is Ileana.

Megan: Hi. Do you have any information that you often give out to moms whose baby is tongue tied?

Ileana: As a CLC, that's not really in our scope of practice. In that case, we usually refer them to their pediatrician or to their dentist for evaluation. Sometimes we first refer them to an IBCLC, and usually they're the ones that make the referral to a pediatrician or to a dentist. For example, here in the Breastfeeding Resource Center, they have a dentist that does this, and there he's the one that finishes off the evaluation and does the procedure.

Megan: Great.

Ngozzi: I'd say, as an IBCLC and a CLC, of course for both of us, we're not qualified to make a diagnosis, but we can make an observation. If the baby has impaired tongue mobility and we see that extra piece of skin underneath the tongue, how I protect myself legally is I may say to the mom, "It appears that your baby, based on my observation, is having some difficulty with extending their tongue. Some pediatricians or pediatric dentists, would recommend..." And I would tell them the name of the procedure, a frenulectomy or a frenectomy. However, I'm making an observation, not a diagnosis. I would send her to a reputable website that can give her information on how she with her partner, can decide if they would like to have that piece of skin removed. So we can make that observation, but hopefully, we're working closely with pediatric providers in our community that we can still be on that team.

Because often, if a baby is tongue-tied, mom may have a lot of nipple pain. And so, something short-term that maybe beneficial for this mom and baby might be a gadget called a nipple shield. Not for everyone but for some mothers, that maybe beneficial. And then, we can help her with her pediatric provider make that decision whether she wants to clip the frenum or not. But whatever the case, we want to make sure she's meeting her breastfeeding goals. And to help her breastfeed pain free, because having a tongue tied baby could be very, very painful. And if any gadgets are used, like the nipple shield, we want to encourage mom to make sure the baby's weight is being followed well, that she understands this is just a temporary measure, and that we will be a part of the team to help her reach her goals.

Megan: Great. Thank you all for that framing and how you responded. Thank you. So this question, I think maybe for you Joanna and Jakash and thinking about how you work in the programmatic level. So this person is saying that they work in a coordinated care setting where they have public health professionals who have the following credentials and certifications. They have WIC Breastfeeding Peer Advisor, they have CLCs, they have IBCLCs. So can you suggest any systems that are currently in place to ensure that mothers have appropriate support and ensure that the different professionals are coordinating and providing appropriate care?

Joanne: This is Joanne, from my perspective, the operative word really is coordinated. So from the perspective of our Healthy Start project, we too have CLCs that are also case managers within our Healthy Start project. And what they would do is really work with the breastfeeding mom to make sure that they have the correct level of support. So if they're not really having any issues, then the CLC might be appropriate. If not, then it needs to go to a higher level, and that's in general what I'm hearing across our community, is occurring. There is within the hospitals across the county, some initial points of contact on the part of the nursing staff, on the maternity services floors, but of course, when moms get discharged from the hospitals, hopefully at least some of those moms are in programs like Healthy Start and other home visiting programs. And once again,

that's where they might encounter a CLC and then depending on what their needs are, then we would refer back and forth to some of the other high levels of support.

Megan: Great. Jakasha, did you have anything that you thought of that you would like to add, coordinating any of the breastfeeding expertise that's provided through your program?

Jakash: No, basically, what Joanne just said, that's why we chose to have CLCs and if there was a need for any higher level of care, we will first consult with our breastfeeding champions coordinator and then refer outside. But again, just like Joanne said, that's how we refer them to our internal CLCs here. And make sure that they do coordinate with the client as well as other service providers on what's the best possible care for the participant.

Megan: Great.

Joanne: Megan, if I could add something else?

Megan: Sure.

Joanne: Through our new work group that we're developing, we're actually getting ready to map the various breastfeeding support resources across our county. And what we're going to do is take that information and share it with the variety of community resources that provides services to expecting moms and families with young children. So that they'll be able to actually see the different levels of support, be able to determine their location in the county to help with access. And also from that what we're hoping to do is see if there are any gaps and work to support training so that across our services, across our county, there are the different levels of support and that essentially, everybody

knows where they are, how to reach them. So where families have a need, they'll be able to get the best possible support.

Megan: That is such an interesting process and idea. I would be curious, maybe when you're done, maybe we could work with you on potentially just sharing that.

Joanne: Yes.

Megan: I know it's specific to your community, but just in terms of process that you used to how to map out those resources. I think that seems like it would be a really useful concept for others to possibly replicate.

Joanne: Great, I mean, we'd love to do that. And if I could add one more thing that I thought of related to...I'd recommend that all of our pure Healthy Start projects really look into the laws within your individual states and locales related to breastfeeding. I am not a civil attorney, but what we learned through education through our medical legal partnership attorneys is that here in Pennsylvania, as an example, there are certain laws that apply to breastfeeding. But in some cases, they may apply to what I would say is a line worker. But supervisory staffer, exempt. So we're actually looking at, from a systems advocacy perspective, doing what we can to try to support making sure that the laws are now applied to supervisory staff, not just line staff.

In a similar way, the provision for breastfeeding moms so that they have a safe and comfortable place to breastfeed and it's not a closet that doesn't have electricity and is clean. So we found that with some of our participants who have initiated breastfeeding, they stopped because they're getting ready to go back to school, and unfortunately the school that they go to hasn't designated a place where they can comfortable and safely breastfeed. So that falls again into the advocacy area. So and of course, it clearly affects a woman's ability to continue breastfeeding.

Megan: And that is just a great recommendation for folks to follow up on. Someone did also chat in that two one one, if you have a two one one in your community, that's a good place to really get a sense of the different resources breastfeeding information available as well to look to. So thank you all for that. So a couple more questions. There was a question about the community trainings, and asked if there was an upper cap in terms of attendance for the community trainings. And no, we don't have an upper cap. We've not specified that, it's just if the grant organization that's posting, you just want to make sure that the location that you're the needed space, can accommodate the folks that are registered. So we did not specify an upper cap.

And so this next question is for really everyone, all the experts on the panel. But what activities are done for World Breastfeeding Week and Black Breastfeeding Week that you're doing? I think this person would just like to get some ideas from you. Would anyone like to share what you're planning?

Ileane: Hi, this Ileane again from Maternity Care Coalition.

Megan: Hi, great.

Ileane: So here at MCC, we're hosting our second big latch on event. If you go to Latch On, I think it's dot com or maybe dot org, I can't remember right now. But you can sign up a location if you're able to host it at your site, or at a community activity. Or you can hold your own Big Latch On. That's what we've been doing these past two years.

Megan: Great. Anyone else want to share what they're doing with either of those events?

Ngozzi: This Ngozzi from Healthy Start in Pittsburgh and the Black Breastfeeding Circle. We'll be having our third annual celebration for Black Breastfeeding Week. So what we do is we invite breastfeeding mothers of colors to come and we have our own we call the Big Black Latch On. Where we have time where we're nursing our babies together. We often meet at one of our local parks if the weather is permitting. We have caterers, we have music, we have arts and crafts for the kids. We invite the community to come and own that we are raising our babies together. And so we had a fantastic celebration last year at the park, and we invited other family members as well, like we do at our meetings. So we invited the male and female partners. We invited the grandparents where we can come and just celebrate Black Breastfeeding Week with babies nursing and promoting health in our community.

So we have grant money this year, so we hope to be bigger and better this time around.

Megan: Wonderful. Anyone else want to share? Oh, go ahead, Joanne.

Joanne: Yes, Megan. Here at Krozer-Keystone, in addition to doing some community education events to promote breastfeeding, we're also going to be doing an educational program for healthcare providers. Providing education for them, again about the importance of promoting breastfeeding and supporting duration. And actually give them some brief messages that they'll be able to use to encourage breastfeeding within their patient population.

Megan: Great.

Joanne: As well as educating them about the variety of resources that are available in our local community to support their efforts to initiate and of course, promote the duration of breastfeeding.

Megan: Wonderful. These all just sound like great events. So we've gotten through the questions that were in the hopper. So we still have about 15 minutes left, I'm just going to give you a couple more reminders, and if any other questions come in, we can take those. But if not, we will wrap things up here. First I wanted to remind everybody, if you haven't taken a look at the Breastfeeding Change package, and the two articles that we sent out with registration, I just encourage you to do so. The Change package is, it's a term that is often used with quality improvement, but folks on our team took a lot of time and worked through many evidence based practices in support of breastfeeding at different levels, at the program level, at the community level, and an individual level. And sorted through those and organized them into this reference tool.

So check that out, and you can refer to that if you're looking for more evidence based resources. And the two articles that were sent, were two peer reviewed journal articles addressing breastfeeding. Our medical technical advisor, Dr. Jan Shepherd helped identify those that she thought that those in the Healthy Start community might find informational and informative to their work. And I also just want to let you know that we have some other webinars, recorded archived webinars, on the website that are on topic of breastfeeding. And one in particular from Cathy Carruthers, who recorded a three-part breastfeeding webinar series. One on prenatal focus, talking with parents about breastfeeding. One on early postpartum hospitals, high five success, about preparing parents for their hospital experience. And then part three would be on postpartum and connecting families to community support.

So if you haven't already done that, check those out. If you're looking for more resources. And lastly, we do have one webinar at this point in time scheduled in June and that is on the 23rd from 3:00 to 4:30 p.m. eastern time, on communications and outreach. It's a quarterly webinar. So folks, I don't see any other questions in the queue at this point in time. I just want to say thank you so much Sharon Adamo for convening such a wonderful, group of experts to be on this webinar. And thank you so much to all of you. You have such great expertise to share on the topic of breastfeeding.

So thank you so much for sharing. Sharon, did you have any other closing remarks that you would like to add?

Sharon: Not really. I just wanted to thank you. You'll notice that there was a large Pennsylvania contingent here and I am the Project Officer for the state of Pennsylvania and the three grantees were all three of my grantees. So I just really wanted to thank them for their interest and enthusiasm for presenting today.

Megan: Great. Well thank you all. And thank you all for your participation. This concludes our webinar.