

ROTATION SUMMARY LACTATION ELECTIVE

Rotation Contacts and Scheduling Details

Rotation Director: Melanie Reitzel
baddogcafe@aol.com
F2 Maternity – Lactation Office

To set up elective: Contact Melanie Reitzel at least 2 months in advance to arrange the elective.

Positions Available: 1 student – resident or other can be accommodated per 2 week block. At times, there are nursing and lactation students participating in the rotation.

Length of Rotation: Please note this is a 2-week elective but may be spread over 4 weeks when combined with another 2-week elective.

Preferred Level of Training: No preference.

Months Rotation Offered: every block.

Introduction

The Pediatrician plays a critical role in supporting new mothers and encouraging breast feeding. In order to adequately fulfill this role, the Pediatrician must understand the physiology of breastfeeding, potential challenges and how to best support families in this endeavor. By the completion of the rotation, the resident should be able to assist a new mother with latch, assess the adequacy of breast feeding, trouble shoot common breast feeding problems, and be aware of lactation resources and make appropriate referrals.

Weekly Schedule

The resident will be expected to attend morning report, noon conference, continuity clinic and Pediatric Grand Rounds as usual.

The resident will assist in the breast feeding class at least 4 times during the rotation. This will result in late arrival to conference on these days. If the resident elects, they may assist in the breast feeding class on weekend sessions to avoid late conference arrival.

Rotation Specifics

Orientation

Orientation to the elective will be preformed by the lactation team on the first day of the rotation. Contact Melanie Reitzel to determine the time and place to meet on the first day of the rotation.

Call Schedule

There are no call responsibilities associated with this elective. Residents should communicate any cross cover or jeopardy responsibilities to the lactation team at the beginning of the rotation.

Resident Roles and Responsibilities

The resident will initially shadow the lactation consultant and observe methods for assisting infants latch to breast. By the 2nd week of the rotation, the resident should take a lead in assisting mothers with latch and educating families.

Evaluation and Feedback

At the completion of the rotation, lactation consultants will provide verbal feedback as well as written feedback in the form of a Group Medhub evaluation of a resident. Residents will NOT be asked to evaluate each individual lactation consultant; instead, specific suggestions can be made on the rotation evaluation form.

References/Recommended Readings

- Jack Newman's Breast Feeding On-line Breastfeedingonline.com – review all Jack Newman's articles
 - Domperidome article
- Wellstart International Module 1
- Review sections of LPCH newborn website related to breastfeeding

- Academy of Breast Feeding Medicine (www.bfmed.org) – Study all protocols.
- Review Jane Morten's video.

Competency-based Goals and Objectives

Goal 1. Understand the anatomy and physiology of lactation.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the physiologic changes in the breast during pregnancy and post-partum that enable breast feeding.	Well start international Discussion with Lactation consultants	Wellstart Module 1 post-test	MK
Explain the milk production, storage, and delivery anatomy.	Wellstart International Module 1 Clinical rounds	Wellstart Module 1 post-test	MK
State the normal range of colostrums and milk production in terms of quantity and quality.	Wellstart International Module 1	Wellstart Module 1 post-test Direct Observation – lactation consultants	MK
Document the relevant history that impacts breast feeding physiology (breast changes during pregnancy, thyroid disease, IVF, Raynauds, psychosocial, prenatal complications, breast surgeries)	Discussion with Lactation consultants. Wellstart International p.53 Review Raynauds articles on breastfeedingonline.com website.	Direct Observation – lactation consultants	PC
Recognize milk line/accessory tissue and counsel mothers on assessment on screening.	Discussion with Lactation consultants.	Direct Observation – lactation consultants	MK

Goal 2. Know the benefits and contraindications to breast feeding.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Compare colostrums, breast milk and formula composition.	Wellstart International Module 1	Wellstart Module 1 post-test Direct Observation – lactation consultants	MK
List the evidenced based benefits of breast-feeding for the infant and mother.	Wellstart International Module 1	Direct Observation – lactation consultants	MK PBLI
State the breast feeding recommendations in HIV, Hepatitis B and C, tuberculosis and HSV.	Review relevant sections in Red Book	Direct Observation – lactation consultants	MK
List 5 medications in which breastfeeding is absolutely contraindicated.	Hale's Manual Discussion with Lactation consultants	Direct Observation – lactation consultants	MK
Explain to mothers basic nipple care (soothies, shells, topical creams).	Sore nipple handout <i>Summary statement: Topical use of Olive Oil in Prevention and Early Treatment of Sore Nipples</i> Patient care	Direct Observation – lactation consultants	MK PBLI

Explain galactogues.	Hale's piece - breastfeedingonline.com	Direct Observation – lactation consultants	MK
Utilize the Hale Medications and Mothers Milk manual to recommend whether breast feeding is safe with certain maternal medications.	Review Hale manual introduction section. Patient care	Direct Observation – lactation consultants	PBLI
Goal 3. Understand normal newborn behavior in the first week of life.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the behavioral signs of hunger in the newborn.	Patient care. Newborn chapter in any general pediatric textbook.	Direct Observation – lactation consultants	PC
Describe the signs of satiety in the newborn.	Patient care. Wellstart International Module 1.	Direct Observation – lactation consultants	PC
Define cluster feeding and recognize this as a normal newborn pattern.	Patient care.	Direct Observation – lactation consultants	PC MK
Goal 4. Be able to support couplets with latch assistance.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Recognize the correct attachment and identify the infant suckling and swallowing at breast.	Observe lactation consultants assisting with latch. Position infant and mothers in appropriate holds. Assist in breastfeeding class.	Direct Observation – lactation consultants	PC
Use proper technique to remove infant from breast.	Observe lactation consultants assisting with latch and removal of infant.	Direct Observation – lactation consultants	PC
Examine nipples after feeding or with poor latch for signs of trauma.	Patient care.	Direct Observation – lactation consultants	PC
Goal 5. Recognize factors affecting breast feeding and effectively and recommend solutions and resources for those encountering difficulty.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
List important questions in the breast feeding history.	Wellstart International Module 1. Patient care.	Direct Observation – lactation consultants	PC
Evaluate nursery policies that impact breast-feeding.	ABM protocol #7 Observation of practices at LPCH – consider the direct and indirect impact of these	Direct Observation – lactation consultants	SBPI

practices on breast feeding.			
List 3 indications for pumping	Patient care. ABM protocols – hypotonic infant, near term infant	Direct Observation – lactation consultants	PBLI
Provide mothers with community resources for breast-feeding support.	Generate a list of Breastfeeding resources. Review available resource list on ABM website and in wellstart international module. Know a few sites well such that you would refer patients to.	Direct Observation – lactation consultants	PBLI PC
Educate mothers about the mechanics and benefits of pumping.	Set-up and explain breast pump operations. Review resources on breast pump rental.	Direct Observation – lactation consultants	PC PBLI
Goal 6. Understand the basics of breast milk management including assessing appropriate signs of under and over supply.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe optimal production rates appropriate to baby age and situation.	Patient care	Direct Observation – lactation consultants	MK
List the main consequences of over and undersupply.	Patient care	Direct Observation – lactation consultants	MK
Define engorgement, it's etiologies and management.	Patient care ABM protocol #20 – engorgement Breastfeedingonline articles on cabbage leaves.	Direct Observation – lactation consultants	MK PC

PBLI = practice based learning and improvement

ICS = interpersonal and communication skills

P= professionalism

MK= medical knowledge

PC= patient care

SBP = systems based practice

Competency-based Goals and Objectives

Goal 1. Understand the anatomy and physiology of lactation.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the physiologic changes in the breast during pregnancy and post-partum that enable breast feeding.	Well start international Discussion with Lactation consultants	Wellstart Module 1 post-test	MK
Explain the milk production, storage, and delivery anatomy.	Wellstart International Module 1 Clinical rounds	Wellstart Module 1 post-test	MK
State the normal range of colostrums and milk production in terms of quantity and quality.	Wellstart International Module 1	Wellstart Module 1 post-test Direct Observation – lactation consultants	MK
Document the relevant history that impacts breast feeding physiology (breast changes during pregnancy, thyroid disease, IVF, Raynauds, psychosocial, prenatal complications, breast surgeries)	Discussion with Lactation consultants. Wellstart International p.53 Review Raynauds articles on breastfeedingonline.com website.	Direct Observation – lactation consultants	PC
Recognize milk line/accessory tissue and counsel mothers on assessment on screening.	Discussion with Lactation consultants.	Direct Observation – lactation consultants	MK

Goal 2. Know the benefits and contraindications to breast feeding.

Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Compare colostrums, breast milk and formula composition.	Wellstart International Module 1	Wellstart Module 1 post-test Direct Observation – lactation consultants	MK
List the evidenced based benefits of breast-feeding for the infant and mother.	Wellstart International Module 1	Direct Observation – lactation consultants	MK PBLI
State the breast feeding recommendations in HIV, Hepatitis B and C, tuberculosis and HSV.	Review relevant sections in Red Book	Direct Observation – lactation consultants	MK
List 5 medications in which breastfeeding is absolutely contraindicated.	Hale's Manual Discussion with Lactation consultants	Direct Observation – lactation consultants	MK
Explain to mothers basic nipple care (soothies, shells, topical creams).	Sore nipple handout <i>Summary statement: Topical use of Olive Oil in Prevention and Early Treatment of Sore Nipples</i> Patient care	Direct Observation – lactation consultants	MK PBLI

Explain galactogues.	Hale's piece - breastfeedingonline.com	Direct Observation – lactation consultants	MK
Utilize the Hale Medications and Mothers Milk manual to recommend whether breast feeding is safe with certain maternal medications.	Review Hale manual introduction section. Patient care	Direct Observation – lactation consultants	PBLI
Goal 3. Understand normal newborn behavior in the first week of life.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe the behavioral signs of hunger in the newborn.	Patient care. Newborn chapter in any general pediatric textbook.	Direct Observation – lactation consultants	PC
Describe the signs of satiety in the newborn.	Patient care. Wellstart International Module 1.	Direct Observation – lactation consultants	PC
Define cluster feeding and recognize this as a normal newborn pattern.	Patient care.	Direct Observation – lactation consultants	PC MK
Goal 4. Be able to support couplets with latch assistance.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Recognize the correct attachment and identify the infant suckling and swallowing at breast.	Observe lactation consultants assisting with latch. Position infant and mothers in appropriate holds. Assist in breastfeeding class.	Direct Observation – lactation consultants	PC
Use proper technique to remove infant from breast.	Observe lactation consultants assisting with latch and removal of infant.	Direct Observation – lactation consultants	PC
Examine nipples after feeding or with poor latch for signs of trauma.	Patient care.	Direct Observation – lactation consultants	PC
Goal 5. Recognize factors affecting breast feeding and effectively and recommend solutions and resources for those encountering difficulty.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
List important questions in the breast feeding history.	Wellstart International Module 1. Patient care.	Direct Observation – lactation consultants	PC
Evaluate nursery policies that impact breast-feeding.	ABM protocol #7 Observation of practices at LPCH – consider the direct and indirect impact of these	Direct Observation – lactation consultants	SBPI

practices on breast feeding.			
List 3 indications for pumping	Patient care. ABM protocols – hypotonic infant, near term infant	Direct Observation – lactation consultants	PBLI
Provide mothers with community resources for breast-feeding support.	Generate a list of Breastfeeding resources. Review available resource list on ABM website and in wellstart international module. Know a few sites well such that you would refer patients to.	Direct Observation – lactation consultants	PBLI PC
Educate mothers about the mechanics and benefits of pumping.	Set-up and explain breast pump operations. Review resources on breast pump rental.	Direct Observation – lactation consultants	PC PBLI
Goal 6. Understand the basics of breast milk management including assessing appropriate signs of under and over supply.			
Resident Objectives:	Instructional Strategies	Evaluation	ACGME Competency Goals
Describe optimal production rates appropriate to baby age and situation.	Patient care	Direct Observation – lactation consultants	MK
List the main consequences of over and undersupply.	Patient care	Direct Observation – lactation consultants	MK
Define engorgement, it's etiologies and management.	Patient care ABM protocol #20 – engorgement Breastfeedingonline articles on cabbage leaves.	Direct Observation – lactation consultants	MK PC

PBLI = practice based learning and improvement

ICS = interpersonal and communication skills

P= professionalism

MK= medical knowledge

PC= patient care

SBP = systems based practice