Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

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- **16-18 weeks**: Basic topic- Use the *MBC* flipchart to briefly introduce breastfeeding. Let her know that there will be more in-depth education at a later visit. If she wants more information now, refer her to a lactation consultant or community resource. Key topic- The Golden Hour and Rooming-in are the key topics for education in this visit. Discuss what they are and what the benefits are. Make sure that each woman knows that these are both common practice in our hospital now. Take-home materials: Each woman should receive a handout about the *Golden Hour* and *Rooming-in*.

- **24-28 weeks**: Basic topics- Review the Golden Hour and Rooming-in and answer any questions she may still have. Key topic- This week needs to focus on the importance of breastfeeding within the first hour after birth and skin-to-skin contact. Discuss what they are and what the benefits are. Take-home materials: Each woman should receive a handout on the *First Breastfeeding* and *Skin-to-Skin*. 
Curriculum continued

- **32-34 weeks:** Basic topic- Review the previous visit’s education topics and answer any questions she may still have. Key topic- This week includes In-depth breastfeeding education. Discuss the benefits of breastfeeding, exclusive breastfeeding for at least 6 months, establishing a good milk supply, effective positioning and latching techniques, feeding cues, how to know if baby is full or not, avoidance of artificial nipple and pacifier use, and introduction of complementary foods and continuing breastfeeding. Discuss what her intentions, fears, questions, and/or hopes are with regards to breastfeeding.

- Take-home materials: Each woman should receive the handout titled, *Your Baby’s Best Start*, which outlines the golden hour, rooming-in, the first breastfeeding, and skin-to-skin.
Provider Responsibilities/Roles:

• Each provider will have access to a copy of the Healthy People 2020 breastfeeding objectives available for reference.
• Each provider will have access to a copy of the 10 Steps to Successful Breastfeeding for reference.
• Breastfeeding education will be introduced at the 16-18 week visit, revisited more in depth at the 24 and 32-24 week visit.
• Intentions of breastfeeding will be indicated in each patient’s chart from the beginning of her pregnancy.
• Providers will check in on patient’s breastfeeding intentions again at each appointment.
• Providers will commend their patient for this decision, asking open ended questions about any concerns she may have, and provide evidenced-based information.
• If not planning to breastfeed, providers will remind their patient of the benefits of breastfeeding and encourage them to reconsider.
• Recommend attending the prenatal breastfeeding class and breastfeeding education from Public Health Nurses and WIC.
• Each provider will complete the Baby Friendly online education through Step 2 Education.
Tips to Bring Back

• Be sure to include staff from your OB and Pediatric departments on your Baby Friendly steering committee. Work with them to determine what they think will work for them, by still making sure that breastfeeding is introduced early in their prenatal course and regularly along the way.

• Involve the providers by giving them regular updates on the project and let them know the reasons for what you are doing. They will want to know what is going to be expected of them and how it will affect their workflow.

• Give them plenty of notice as to when their education is due and make sure they have assistance with signing in and maybe even offer to set up times in the computer labs to give them time to come and have help with getting started.

• Use the surveys to find out what patients recall being told prenatally, not only at the Clinic, prenatal classes, public health and WIC. It has been helpful to have consistent people doing those surveys to look for trends or listen to concerns (NM and CNS currently).
Contact Information

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