

**BREASTFEEDING MEDICINE:
YOUR STORY**

**Optimum Infant Feeding:
A Breastfeeding Medicine Elective for
Physicians & Advance Practice Nurses**

Module 3

OBJECTIVES

- Common gaps in breastfeeding education for physicians and nurses
- One breastfeeding medicine physician's story
- Reflection: identify your own starting point, including any personal experiences and possible biases
- What are your goals for this rotation?

COMMON GAPS IN BREASTFEEDING EDUCATION

WHY GAPS MATTER

- Education on breastfeeding varies widely both between various training pathways and from one program to the next within the same training pathway.
- This variation leads to situations where knowledge and clinical practice vary from one provider to the next.
- Such inconsistencies in practice lead to suboptimal care for many mother-baby dyads.
- In this segment and throughout this program, we will identify common gaps in breastfeeding education, and provide information to help fill them.

SPECIFIC GAPS: MEDICATION USE IN LACTATING WOMEN

- Relevant to all providers who prescribe or counsel women of childbearing age or breastfeeding children
- Traditional prescribing references (Epocrates, Lexicomp, etc) are not accurate or adequate for safety in lactation
- Providers often mistakenly tell women not to breastfeed “just to be safe” due to their own lack of knowledge
- Common examples include women being told to “pump and dump” after anesthesia or radiology procedures, despite clear professional society statements that this is unnecessary.
- Multiple free or low-cost tools:
 - Infant Risk Center (<http://www.infantrisk.com>)
 - LactMed (<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>)

SPECIFIC GAPS: GROWTH OF BREASTFED INFANTS

- Lacking accurate knowledge of the growth patterns of breastfed infants leads to unnecessary formula supplementation.
- We expect breastfed babies to lose 8-10% of birthweight, and regain that birthweight by 10-14 days of life. After regaining birthweight, breastfed infants should gain 20-30g per day in the first few months of life.
- As babies get older, following their percentiles on their growth chart becomes more useful, as long as the chart is based on the WHO growth standards, as appropriate for a breastfed child. Historically, the CDC growth charts were based primarily on formula-fed infants, with different growth patterns than breastfed infants'.

ONE BREASTFEEDING MEDICINE PROVIDER'S STORY



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BREASTFEEDING MEDICINE

Becoming knowledgeable in breastfeeding medicine means you will be able provide effective health care to breastfeeding women and children, and you will also have the ability to advocate for breastfeeding dyads within the healthcare system.

YOUR STORY

On the next few slides, we are going to ask you to go through a series of prompts.

Answer each prompt talking for yourself.

YOUR STORY: YOUR
BACKGROUND

Let's start at the beginning

What is the breastfeeding culture in your family of origin?

- Were you breastfed?
- Was breastfeeding normalized?
- Did you see mothers breastfeeding in your family? In your community?

YOUR STORY: YOUR BACKGROUND

Breastfeeding and your peers

What do your peers think about breastfeeding?

- Have you had a child that you breastfed? If yes, were you supported by your family and friends? What about your colleagues and your work?
- If you have not had a child, do you know someone who has? Were they supported in their decision by family? Did they get support in their workplace?

YOUR STORY: YOUR
BACKGROUND

Breastfeeding and your
experience

**What was the motivation
behind your interest in
breastfeeding medicine?**

- Did your interest come from your personal story? Or from something that happened in your medical practice?
- What have you done to explore your interests? Did you find support from your program?

YOUR STORY: YOUR
BACKGROUND

Breastfeeding and the
medical field

How would you describe the state of breastfeeding medicine within the health care system?

- Do you find that your colleagues are knowledgeable about breastfeeding in general?
- Is there a collaborative relationship between those in your area of specialty and the health care workers who have specific training in support of breastfeeding? IBCLCs? CLCs? Peer support providers?

YOUR STORY: WHERE ARE
YOU NOW

Your level of expertise in
breastfeeding

**Coming into this internship,
do you feel like you have a
good foundation of
knowledge?**

- What breastfeeding knowledge and skills are you already confident in?

YOUR STORY: WHERE ARE
YOU NOW

Identify your gaps

Are there areas where you feel like you have not received enough education or training?

- How has breastfeeding been taught (or not taught) in your professional training?

GOALS FOR YOUR INTERNSHIP

Putting it all together

What are you hoping to get out of this?

- Clinical skills for supporting breastfeeding?
- An understanding of the breastfeeding support network?
- Public health impact of breastfeeding?
- How to be a breastfeeding advocate?
- Anything else?

SUMMARY

- Gaps in breastfeeding education lead to different levels of clinical knowledge and skill across providers
- By filling these gaps, breastfeeding mothers and infants will receive higher-quality care.
- Each breastfeeding medicine provider comes to this specialty in a unique way
- Your story informs your experience and your interest
- Having concrete goals for your experience will help you create the elective that is best for you.