

USLCA Webinar 12-12-12

"Babies who can't, won't or don't take the breast, paradigms and solutions"

by: Christina Smillie, MD, FAAP, IBCLC, FABM

Insert Program Bibliography

LEARNER'S OBJECTIVES	TIME FRAME	CONTENT OUTLINE	SPEAKER	FORMAT
(List in behavioral terms)	(For each objective/learning session)	(For each objective/learning session. The outline must be more than a restatement of the objective)	(List the speaker for each objective/learning session)	(Describe the teaching strategies/method)
<ol style="list-style-type: none"> 1. The participant will list at least 3 different phrases commonly used by lactation consultants to describe the challenging baby who is not yet taking the breast, and use these 3 examples to illustrate how the paradigms we use to frame a problem can limit our ability to find solutions 2. The participant will list at least 3 different reasons why a baby might have difficulty learning to breastfeed, and describe how the approach to a solution will differ with each of these situations. 3. The participant will describe the right-brained nature of mother-baby learning, and explain how this can help us with a variety of challenging breastfeeding situations. 4. The participant will demonstrate how to individualize an approach to mothers and infants, to take advantage of newborn competence to help the challenged baby who isn't yet breastfeeding. 	<p>15 minutes</p> <p>20 minutes</p> <p>15 minutes</p> <p>40 minutes</p>	<ol style="list-style-type: none"> I. History, language, and paradigms for looking at this issue <ol style="list-style-type: none"> A. The old midwifery texts B. Paradigms and assumptions C. The rediscovery of infant competence II. Various clinical scenarios <ol style="list-style-type: none"> A. 3 cases B. How presuming infant competence, helps us postulate causes C. Looking for causes to help determine solutions III. Right brained problem solving <ol style="list-style-type: none"> A. Mother-baby communication B. Skin on skin-“subliminal learning” C. Relearning positive associations IV. Back to breast <ol style="list-style-type: none"> A. The 3 cases B. Individualizing approach C. Communicating with mother D. Useful approach to classic breast distress or “breast refusal” 	<p>CMS</p>	<p>Webinar, powerpoint, handouts, and bibliography</p>
<p>Total Contact Hours 1.5</p>		<p>Type of Cerp: L</p>		