



Information Booklet

Baby Friendly Staff Education



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About Step2 Education

We have been delivering online Lactation Education for over 13 years and proudly draw upon this wealth of experience to dedicate and focus resources on educating Hospitals and Health Organizations striving for, or maintaining, Baby Friendly status.

Originally a division of Health e-Learning, Step2 Education has stepped out on its own to specifically meet the needs of the staff and staff managers who have reached the education or maintenance phase of Baby Friendly. We have extensively researched the needs of hospitals and educators and, together with our experience in the field, have put together high-quality, evidence based courses, combined with time-saving and valuable services, to meet the exact needs of our clients.

We are proudly an international company with employees residing all over the world and covering many time-zones. Our Clients are based in many countries including the United States, Canada, Australia, New Zealand and many more, which diversifies and strengthens our knowledge of Baby Friendly.

With the increasing desire of countries world-wide to meet their health goals and the recognition of the importance of the Baby Friendly Initiative to their success, we at Step2 Education have stepped up to meet the requirements of our Clients and their Staff.

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Summary of Courses

<i>Essential Education</i>	Study Hours	Enrollment Period	Accreditation Details
ES01 Breastfeeding Essentials	20hrs	12 Months	20 L CERP, 20 CH/CPD
ES03 Breastfeeding Essentials for Doctors	4hrs	12 Months	4 AMA PRA Category 1 Credits™
ES04 Breastfeeding Essentials for Ancillary Staff	0.5hr	12 Months	Certificate of Completion

Maintaining Education

MA01 Breastfeeding Policy Orientation	2hrs	6 Months	1 L CERP, 1 E CERP, 2 CH/CPD
CE15 Bilirubin Management and Implications for Breastfeeding	1hr	1 Month	1 L CERP, 1 CH/CPD
CE16 Neonatal Hypoglycemia – Evidence and Recommendations	1hr	1 Month	1 L CERP, 1 CH/CPD
CE19 Stemming the Tide of Supplementation	1hr	1 Month	1 L CERP, 1 CH/CPD
CE23 Translating Evidence into Practice	1hr	1 Month	1 L CERP, 1 CH/CPD
CE28 Infant Feeding Frequency: Proposal based on available evidence and Neuroscience	1hr	1 Month	1 L CERP, 1 CH/CPD
CE32 Watch your Language	1hr	1 Month	1 L CERP, 1 CH/CPD
CE35 Breastfeeding Premature Infants	1hr	1 Month	1 L CERP, 1 CH/CPD
CE36 Breastfeeding the Late Preterm Infant	1hr	1 Month	1 L CERP, 1 CH/CPD
CE37 Game-changing Research about Breastmilk Expression	1hr	1 Month	1 L CERP, 1 CH/CPD
CE38 Baby Friendly Bedside Care for Low and High Risk Infants	1hr	1 Month	1 L CERP, 1 CH/CPD

Essential Education

ES01 Breastfeeding Essentials (20 hour Curriculum)

Description

In this course the student will learn how to apply each of the 10 Steps to Successful Breastfeeding, or the 7-Point Plan for the Protection, Promotion and Support of Breastfeeding in community settings. The curriculum is based on the WHO/UNICEF 20-hour course that is required for Baby Friendly Hospitals Initiative (BFHI) accreditation. Therefore Breastfeeding Essentials will meet your need for primary-care staff education for your hospital or community Baby Friendly accreditation.

The course is facilitated by an experienced online tutor. The forum provides a place where topical issues may be raised, case studies discussed, questions posed and answered, links to additional information provided, and students and the facilitator can interact. It is a highly interactive, engaging program which students find very motivating.

Accreditation

Course Creator: Denise Fisher, AM, MMP, BN, IBCLC. On successful completion participants will receive a Certificate with the following educational points noted:

- 20 L CERPs awarded by the International Board of Lactation Consultant Examiners. Approval # C21173
- 20 hours pre-exam education (IBLCE)
- 20 Contact Hours (CHs) awarded by the California Board of Registered Nursing (USA Nurses). Provider # 16185
- This course can be used for 20 CPD points (Australian Nurses and Midwives)

Curriculum

Module	Content
Module One: Why breastfeeding is important	Biochemistry; Immunology; Effect of breastmilk substitutes on infants
Module Two: Communication Skills	Non-verbal communication; Listening skills; Building confidence
Module Three: Pregnancy Care (includes Steps 1, 2 & 3; Points 1, 2 & 3)	Making the infant feeding decision; Contraindications to breastfeeding; Barriers to breastfeeding; Physical preparation
Module Four: The Birth Experience (includes Step 4)	The first hours; Effect of labor interventions on breastfeeding; Effect of early postnatal interventions on breastfeeding
Module Five: Breastfeeding the Baby	When to breastfeed; Hands-off guidance; Positioning to facilitate latching; Assessing breastfeeding; Breastmilk transfer; Assessing a breastfeed
Module Six: A Time to Learn (includes Step 5, 7, 8 & 10; Points 4, 5 & 7)	Principles of adult learning; Practical skills: hand expressing, pumping, storing & using breastmilk; when mothers/infants are separated; Infant cues to breastfeed; Complementary foods & Weaning; Normal growth / weight gain; Rooming-in; Sleeping & waking patterns; Maternal self-confidence; Discharge planning: danger signs, follow-up, contraception, referral to community support
Module Seven: Infant Challenges (includes Steps 6 & 9; Point 5)	The late preterm infant; The non-latching infant; Hypoglycaemia; Jaundice; Effect of supplements; The crying baby; Inadequate weight gain; Alternative feeding methods; Safe preparation of breastmilk substitutes; Safe bottle-feeding
Module Eight: Maternal Challenges	Prevention, pathophysiology and management of: engorgement; nipple issues: inverted, infections, damage; blocked ducts; mastitis; abscess; breastmilk supply issues. Medical issues: diabetes, obesity, thyroid disease, hepatitis, HIV. Surgical issues: breast surgery. Medication use
Module Nine: Promoting, Protecting and Supporting Breastfeeding	The WHO Code on the Marketing of Breastmilk Substitutes: what is covered, health unit and staff responsibilities. The Baby Friendly Initiative and its effects; Infant and Young Child Feeding; Local initiatives; Infant feeding in emergencies

ES03 Breastfeeding Essentials for Doctors

(4 hour Curriculum)

Description

The Doctor’s course has been specifically designed for the professional development and education of Doctors supporting women during pregnancy, birthing and for the duration of Breastfeeding. Particularly relevant to Doctors, the content is developed in a case-study format and covers a 4 hour Curriculum to ensure that all of the important topics are addressed to prepare the participant for Accreditation.

Accreditation

This course was written by Dr Wendy Brodribb, AM, MBBS, IBCLC, PhD, and reviewed by Denise Fisher, AM, MMP, BN, IBCLC. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME).

- 4 AMA PRA Category 1 Credits™ (USA Physicians)

Curriculum

Topic	Content
Topic 1: Provide information and assess breastfeeding women	<p>Discuss the impact doctors can have on breastfeeding initiation and duration.</p> <p>Explain the evidence-based differences in maternal and infant outcomes that occur with breastfeeding vs formula feeding and why these differences occur.</p> <p>Apply knowledge of breast anatomy and physiology to identify women who may have difficulty lactating.</p> <p>Discuss the nutritional properties of human milk.</p> <p>Identify and assess conditions that may contraindicate breastfeeding.</p> <p>Discuss six concerns mothers may have with breastfeeding and strategies they may use to overcome these concerns.</p> <p>Assess the risk of a maternal medication for an infant who</p>

is being breastfed.

Locate reputable information regarding a specific drug and its use during lactation.

Provide advice related to the Lactational Amenorrhoea Method of contraception.

Topic 2: Manage the normal breastfeeding dyad

By following the Ten Steps to Successful Breastfeeding, plan appropriate breastfeeding related management of a well mother and infant in the first three days postpartum. Assess whether an infant less than two weeks of age is receiving sufficient breastmilk.

Describe changes in normal breastfeeding behaviours (including feeding and elimination patterns) from birth to one month.

Assess correct positioning and attachment.

Use and interpret appropriate infant growth charts.

Discuss the rationale for the timely introduction of complementary foods.

Explain the recommendations related to weaning.

Topic 3: Manage abnormal situations for the breastfeeding dyad

Assess the effect on breastfeeding of: near-term birth; pain relief used in labour; poor latch; and hypoglycaemia.

Differentiate between normal breast fullness and engorgement and plan appropriate treatment.

Discuss the causes of jaundice in the neonatal period and their relationship with breastfeeding.

Distinguish between causes of delayed lactogenesis and low milk supply.

Plan appropriate management/treatment of a woman with a low milk supply.

Discriminate between the common causes of sore and cracked nipples within the first week, and at one month.

Plan appropriate management/treatment for a woman with: infected nipples; vasospasm; or dermatological conditions affecting the nipple.

Identify causes of and diagnose mastitis and breast abscess.

Plan appropriate treatment of a woman with mastitis or breast abscess.

ES04 Breastfeeding Essentials for Ancillary Staff (0.5 hour Curriculum)

Description

Breastfeeding Essentials for Ancillary Staff provides an introduction to the Baby Friendly Initiative for those staff who have contact with mothers and babies, but do not provide them with direct breastfeeding education and support. The presentation outlines simply the 10 Steps to Successful Breastfeeding and the World Health Organization Code on the Marketing of Breastmilk Substitutes so that these staff will understand the Initiative the hospital is undertaking and be able to provide appropriate support to breastfeeding families within the scope of their role.

Accreditation

Course Creator: Denise Fisher, AM, MMP, BN, IBCLC. On successful completion participants will receive:

- Certificate of Completion

Curriculum

Topic	Content
Topic 1:	Major points of the World Health Organization Code on the Marketing of Breastmilk Substitutes explained.
Topic 2:	Outline of each of the 10 Steps to Successful Breastfeeding.
Topic 3:	Outline of the advantages of breastfeeding.
Topic 4:	How they can support mothers within the scope of their role.

Maintaining Education

Following the excitement, and relief, of receiving your Baby Friendly accreditation, you will soon be turning your thoughts to keeping that hard-won plaque. Having a work force that is up-to-date in their knowledge and skills will make it so much easier.

We've developed some short courses and offer 1-hour lectures from experts in the field that will keep your staff motivated and well-educated on the latest research on breastfeeding, and keep Baby Friendly top of mind. The shorter courses help you to spread the costs over the intervening years, and make learning even more enjoyable for your staff.

MA01 Breastfeeding Policy Orientation (2 hour Curriculum)

Description

Breastfeeding Policy Orientation is a short course which is perfect for all staff new to your Unit. The course focuses the participant's attention on your Unit's Breastfeeding Policy and how the Baby Friendly 10 Steps to Successful Breastfeeding, or 7-Points in Community Settings, are incorporated into the policy and procedures that they will follow. Regular familiarization with the Policy is essential to maintain high standards and prevent conflicting advice.

Accreditation

Course Creator: Denise Fisher, AM, MMP, BN, IBCLC. On successful completion participants will receive a Certificate with the following educational points noted:

- 1 L-CERP & 1 E-CERP awarded by the International Board of Lactation Consultant Examiners. Approval # C21173
- 2 hours pre-exam education (IBLCE)
- 2 Contact Hours (CHs) awarded by the California Board of Registered Nursing (USA Nurses). Provider # 16185
- This course can be used for 2 CPD points (Australian Nurses and Midwives)

Curriculum

Topic	Content
Topic 1.0	Introduction to the course. What is a policy?
Topic 2.0	Brief history of the Baby Friendly Hospitals Initiative Introduction to the 10 Steps and the 7 Points
Topic 2.1	Steps/Points 1&2 Have a written policy: what should it cover; where should it be Displayed Staff education – who for?; what should be covered?; when?
Topic 2.2	Step/Point 3: Breastfeeding education during pregnancy Information to be discussed
Topic 2.3	Initiating, managing & maintaining breastfeeding (Steps 4, 5, 6, 7, 8, 9; Points 4, 5)
Topic 2.3.1	Step 4: Initiating breastfeeding Implementing skin-to-skin contact The first breastfeed
Topic 2.3.2	Managing breastfeeding Positioning and latching the baby Separation of mothers and babies Hand expressing breastmilk
Topic 2.3.3	Maintenance of breastfeeding Exclusive breastfeeding: medical reasons for supplementation Use of dummies/pacifiers Commencing complementary foods
Topic 2.4	Step 10 / Point 7 Mother-to-mother or peer support; Collaboration between health facilities
Topic 2.5	Point 6 – Providing a welcoming atmosphere for Breastfeeding families Breastfeeding in public
Topic 2.6	Breastmilk substitutes Who to teach safe preparation techniques to; when it is to be taught
Topic 3.0	International Policies
Topic 3.1	The WHO Code Aim and Scope of the Code Responsibilities of the health unit and health professionals
Topic 3.2	Global Strategy for Infant and Young Child Feeding An introduction and key points

Continuing Education Lectures (1 hour Lectures)

Continuing Education Lectures are recorded presentations on a range of lactation topics by Lactation Professionals from around the world. The easy format lets you watch and listen as though you were in a lecture, then repeat the lecture as many times as you wish during your enrollment period.

CE15 Bilirubin Management and Implications for Breastfeeding

By Prof. Lawrence Gartner

Although neonatal jaundice is a common occurrence in both breastfed and artificially-fed infants, there are some special relationships between breastfeeding and jaundice in newborns. These will be explored by first examining the question of why and how jaundice or hyperbilirubinemia is a risk for newborns. The brain disorder known as "kernicterus" will be defined. The scenario of a badly managed case which resulted in development of kernicterus will be presented. Bilirubin metabolism will be examined with diagrams to understand how the newborn differs from the older child and adult in the six specific steps of this process: 1) synthesis; 2) transport; 3) hepatic uptake; 4) hepatic conjugation; 5) hepatic excretion; 6) intestinal reabsorption.

The additional differences in bilirubin metabolism between the breastfed and the artificially-fed infant will then be explored to understand why breastfed infants normally have a prolonged period of jaundice and hyperbilirubinemia and why some breastfed infants have abnormal exaggerations of jaundice and hyperbilirubinemia. The entities of "Breastmilk Jaundice" and "Starvation Jaundice of the Newborn" will be defined. Using guidelines from the American Academy of Pediatrics, the talk will explore how to identify the infant at increased risk for exaggerated neonatal jaundice and how to assure good follow-up of the high risk infant. Methods for optimizing breastfeeding while controlling hyperbilirubinemia will be explored in detail.

The ultimate goal of the talk is to enable the health practitioner to assist in maintaining breastfeeding while protecting the infant from the rare, but very real, risk of developing bilirubin-related brain damage.

Prof Lawrence Gartner specialized in neonatology and pediatric liver disease during his pediatric training. He was Professor of Pediatrics and Director of the Children's Clinical Research Unit at Albert Einstein College of medicine and later, appointed as Professor and Chairman of the Department of Pediatrics at The University of Chicago and Director of Wyler Children's Hospital. The great majority of his basic laboratory and clinical research has been in the area of neonatal jaundice, with particular reference to its relationship to breastfeeding. He is a past-president of the Academy of Breastfeeding Medicine and currently Professor Emeritus, Departments of Pediatrics and Obstetrics/Gynecology at The University of Chicago.

CE16 Neonatal Hypoglycaemia - Evidence and Recommendations

By Dr. Martin Ward Platt

From over two decades of research, we have a much better understanding of the physiology of blood glucose, and other fuels such as lactate and ketones, in the newborn baby; but we still have few randomised trials to guide us towards the best strategies either for the prevention or the management of hypoglycaemia. Therefore if we are to manage babies properly, we need to base our clinical guidelines on an understanding of the physiology until we have empirical studies to guide us. We need to understand that babies potentially face two successive nutritional crises: the loss of the placenta at birth, and the delayed arrival of breast milk, especially when the mother is primiparous.

Most babies are robust enough to deal with these two difficulties, but we need to identify, and help where necessary, those babies who are not coping

successfully, and are becoming fuel deficient. This presentation therefore focuses on normal physiology in the context of term and preterm delivery; the concept of 'safe' blood glucose values in relation to alternative fuels; the hormonal control of blood glucose in the newborn; situations of abnormalities of supply and demand for glucose; and some of the influences of intrapartum care on newborn metabolism.

Dr Martin Ward Platt has been a consultant in neonatal medicine in Newcastle upon Tyne since 1990; he is also honorary Reader in Neonatal and Paediatric Medicine at Newcastle University. He has a long standing interest in the developmental physiology and metabolism of the neonate and infant, and has published extensively on clinical aspects of blood glucose control and its disorders.

CE19 Stemming the Tide of Supplementation

By Marsha Walker

Supplementation of the breastfed infant has been steadily increasing over the years, reducing the rate of exclusive breastfeeding and increasing the likelihood of premature weaning. This presentation explores the reasons for necessary and unnecessary supplementation, as well as when, why and how to supplement if necessary.

Marsha is a registered nurse and International Board Certified Lactation Consultant. She maintained a large clinical practice at a major HMO in Massachusetts, is a published author and an international speaker. Consulting with hospitals, providing in-service presentations, speaking at conferences and workshops and advocating for breastfeeding at the state and federal levels occupy her professional time. She is currently a member of the board of directors of the Massachusetts Breastfeeding Coalition, Baby Friendly USA, Best for Babes Foundation, and the US Lactation Consultant

Association (USLCA). She is a past president of the International Lactation Consultant Association and the Executive Director of the National Alliance for Breastfeeding Advocacy.

CE23 Translating Evidence into Practice

By Dr. Barbara Morrison

WHO/UNICEF recently revised the interpretation of Step 4 of the 10 Steps to Successful Breastfeeding to read "Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed." (BFHI, Section 1, 2009, p. 34). Since as early as 2000, international, national and professional organizations have recommended placing all newborns in skin-to-skin contact (Birth Kangaroo Care, BKC) starting immediately after birth and leaving them there until after the first breastfeeding is completed.

Thus, it is necessary for birth practices to change so BKC with breastfeeding is routine care. However, such a change in care is not easy as it means changing culture within birthing units and changing well-established behaviors and habits of health care providers. The evidence is compelling as to the benefits of both BKC and breastfeeding, now BKC with breastfeeding needs to be translated into practice. Steps to translate BKC with breastfeeding into practice will be presented through examples of implementation projects in the United States, followed by discussion of BKC implementation in other countries.

Dr. Barbara Morrison is a nurse midwife, family nurse practitioner, and assistant professor of nursing. She has been working with and for parents and their newborns for 28 years, assisting with their births and early parenting. Her research interests focus on breastfeeding, kangaroo (skin-to-skin) care

for full-term infants, and developing a hospital environment that promotes, protects and supports breastfeeding. Dr. Morrison has a special interest in the neuro-endocrine and neuro-biological effects of kangaroo care that lead to strong social attachments and exclusive breastfeeding.

CE28 Infant Feeding Frequency: Proposal Based on Available Evidence and Neuroscience

By Dr. Nils Bergman

Our medical culture behaves as if the brain and the gut are disconnected. The autonomic and enteric nervous systems regulate the gut, and the main sensory inputs are olfactory and tactile, provided in skin-to-skin contact. It is usually assumed that the anatomy and physiology of newborns is immature, but given the right context even the preterm gut behaves competently. In terms of available evidence on feeding frequency, there is none. Feeding frequency is however an inverse function of stomach capacity.

There is evidence on fetal stomach capacity from ultrasound, on newborn gastric aspirates, and some evidence on post-mortem studies. Corroborating these, a study on volumes and pressures is interpreted as supporting a newborn stomach maximum capacity of 20 milliliters. The proposal therefore is that the feeding frequency should be approximately hourly, but adjusted to the actual sleep cycle with associated enteric cephalic phase which averages one hourly. This has implications for reflux and hypoglycemia, two very common feeding related problems; it may even address early epigenetic programming of obesity. While such frequent feedings may seem too much work, closer scrutiny shows it results in a major time saving.

Dr Nils Bergman is a paediatrician whose primary professional interest revolves around Kangaroo Mother Care (KMC), and the underlying perinatal and developmental neuroscience. His diverse background explains his

broader public health approach to supporting and promoting the global dissemination of maternal-infant skin-to-skin contact. He also researches with the University of Cape Town, developing a brain monitor that will read the autonomic nervous system.

CE32 Watch Your Language

By Diane Weissinger

“Our study found significantly lower illness rates among breastfed infants.” “Breastmilk is the ideal infant food.” “It’s wonderful that you’re still nursing your baby.” “There was a 20 per cent lower risk with breastfeeding.” How can any of these statements be counterproductive? Because breastfeeding is our biological norm, and should be the control group in any study of infant feeding. Surprising things happen when we use formula as the study norm instead. We’ll look at the effect of inaccurately framed research on the media, health care professionals, mothers, and the general public, and discuss who should be promoting breastfeeding and who should protect and support it, and how.

Diane Weissinger has been a La Leche League Leader since 1985 and an IBCLC since 1990. She is in private practice in New York. She has published articles and commentaries on various breastfeeding topics, and is a contributor to Smith’s The Lactation Consultant in Private Practice and Genna’s Supporting Sucking Skills in Breastfeeding Infants. Most recently she has co-written the completely revised eighth edition of La Leche League International’s The Womanly Art of Breastfeeding with Diana West and Teresa Pitman.

CE35 Breastfeeding Premature Infants

By Yvette Sheehy

Exclusive breastfeeding is achievable for most premature babies. An understanding of the physiology of breastmilk production and maintenance

of supply, premature infant breastfeeding behaviour, and the unique feeding challenges posed by prematurity are essential to feeding success. This talk covers unique benefits of breastmilk for premature infants, establishing and maintaining the breastmilk supply, development of effective feeding behaviours and transition to breastfeeding, including problems commonly encountered by premature babies.

Yvette Sheehy has worked in Neonatal Intensive Care for over 28 years as a registered nurse and as the Lactation Specialist at the Royal North Shore Hospital Sydney for the last eight years. Her special interests include breastmilk as medicine and transition to breastfeeding for premature infants.

CE36 Breastfeeding the Late Preterm Infant

By Dr. Kathleen Marinelli

The late preterm infant is defined as being born between 34 weeks and 36 weeks 6 days gestation. The advantages of breastmilk feeding for premature infants are even greater than those for term infants: however, a large body of literature in the past 5 years documents the increased risk of morbidity and even mortality of the late preterm infant often related to feeding problems, especially when there is inadequate support of breastfeeding. This lecture defines the characteristics of the late preterm infant, noting their effect on early postnatal adaptation and outlining ideal clinical management and morbidity prevention.

Dr Kathleen Marinelli is an Associate Professor of Pediatrics at the University of Connecticut School of Medicine, and a neonatologist and director of lactation Support Services at Connecticut Children's Medical Center, CT, USA. Her research interests focus on breastfeeding and the use of human milk in the neonatal intensive care unit, cup-feeding, donor milk and donor milk-banking, and the education of medical professionals.

CE37 Game-changing Research about Breastmilk Expression, Early Hand Expressing and Hands-on Pumping

By Dr. Jane Morton

Pump-dependent mothers of preterm infants commonly experience insufficient production. In this lecture Dr Morton presents compelling research demonstrating the combination of two milk removal techniques: hand expression of colostrum, and hands-on pumping of mature milk, that increased mean daily milk volume to nearly 1L and maintained production at that level for at least 8 weeks despite pumping less frequently. This lecture is complete within itself, however CE38: Baby-Friendly Bedside Care for Low and High Risk Infants is supported by the application of these techniques.

Dr Jane Morton was the Director of the Breastfeeding Medicine Program at Stanford University, executive board member of the American Academy of Pediatrics' Section on Breastfeeding and Fellow of the Academy of Breastfeeding Medicine. Her particular interest is preventing breastfeeding problems by training new mothers, their partners and their providers simple, doable but critical steps from the first day, no matter what the challenges may be.

CE38 Baby Friendly Bedside Care Of Low And High Risk Infants

By Dr. Jane Morton

In this lecture Dr Morton discusses the most important actions to be implemented in the first few days following birthing that will guarantee successful, continued breastfeeding. She looks at how to apply these principles to the healthy, term baby, then how to adapt them to the special needs of the infant at risk of morbidity and re-admission to hospital. Finally, to achieve this goal, Dr Morton outlines a 5-point "Share the Care" plan that provides a proactive plan of care that will reduce the perennial staff

problems of insufficient time, insufficient knowledge and skills, and lack of individual accountability that pervades many hospitals. This lecture is complete within itself, however CE37: Game-changing Research about Breast-milk Expression provides the background knowledge you will need for success.

CEs Categorized by the 10 Steps

Step 3: CE15, CE16, CE19, CE23, CE28, CE32, CE36, CE37, CE38

Step 4: CE16, CE19, CE23, CE28, CE36, CE37

Step 5: CE15, CE16, CE19, CE35, CE36, CE37, CE38

Step 6: CE15, CE16, CE19

Step 7: CE23, CE36

Step 8: CE15, CE16, CE23, CE28, CE36, CE38

Step 9: CE19

Accreditation

On successful completion of each lecture, the participant will receive a Certificate with the following educational points noted:

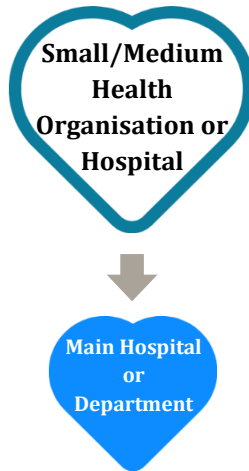
- 1 L-CERP awarded by the International Board of Lactation Consultant Examiners. Approval # C21173
- 1 hour pre-exam education (IBLCE)
- 1 Contact Hour (CH) awarded by the California Board of Registered Nursing (USA Nurses). Provider # 16185
- This course can be used for 1 CPD point (Australian Nurses and Midwives)

How does the Program work?

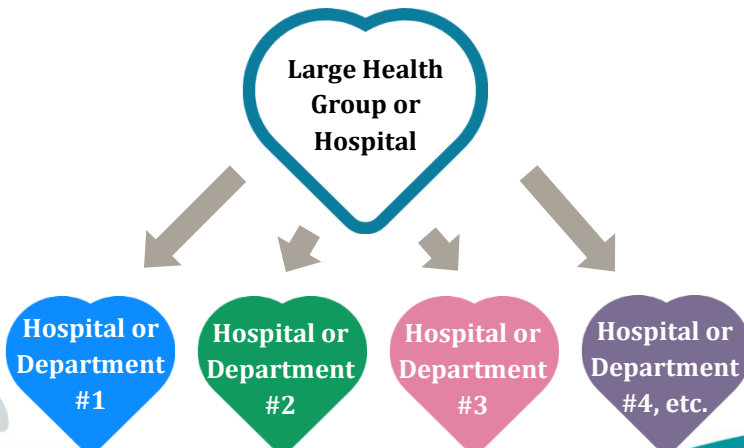
Once you have decided upon the right course or combination of courses for your organisation, you can contact us to get started and we will provide you with personalized guidance to ensure the best set-up for your hospital.

Account Setup

Your health organization or hospital can have one single account where all staff will be enrolled and managed:



Or you can have multiple locations which represent either multiple hospitals in your health group or multiple departments within your hospital:



Facilitator Account

The main person who is responsible for the running of the Baby Friendly Education Program in your health organization (most likely you!) will be provided with a Facilitator Account.

Facilitators are able to:

- Create a student account
- Enroll a student into a course
- Order and purchase enrollment points
- Make online payments or request invoices
- View whether students have accessed their course
- View their completion status
- View their quiz results
- Regrade quiz results
- Download full reports on all staff

For accounts with multiple locations, you can elect a different Facilitator for each location who will manage only the staff in that location. The “Head Facilitator” will be able to access and manage all locations.

Student Account

When a student’s account is created, they are automatically sent a *User Notification* email; containing their username and password.

Then, when a student is enrolled into a course, they are automatically sent an *Enrollment Notification* email; containing their account details, their course code, a visual guide on how to log in and begin their studies, step by step instructions on how to log in and contact details for technical support should they need it.

Online Support

Our Online Course Facilitators lead a topical forum, posting about Baby Friendly issues or other BFHI points of interest and providing support to students as they complete their staff training.

Customer and Technical support is also available for all Facilitators and Students via **admin@step2education.com**

Assessments and Certificates

All courses have an assessment quiz or multiple quizzes to ensure that the participants have reached a high level of understanding. When the participant has passed their online assessments they receive a Certificate of Completion via email with accreditation points noted and can also retrieve the certificate from their account for the duration of their enrollment period.

Reporting

The Facilitator can view or download comprehensive training records at any time. Reports include the following information for each student:

- Location (if there is more than one in your account)
- Full Name
- Username
- Email
- Last Visit Date
- Course
- Enrollment Date
- Expiry Date
- Date Completed
- Status (Active/Completed)

These reports are perfect for the BFHI assessors when it's accreditation time!

Pricing

Bulk Enrollments

This table outlines the pricing scale for clients who purchase enrollments in bulk, to assist the larger organizations in meeting budgetary needs.

In the table, from the first column find the range that indicates how many staff you plan to enroll and find your pricing along that row.

# of Students	ES01	ES03	MA01	CEs
2-9	\$100	\$100	\$25	\$25
10-49	\$87	\$87	\$22	\$22
50-99	\$83	\$83	\$20	\$20
100-199	\$78	\$78	\$19	\$19
200-299	\$72	\$72	\$18	\$18
300+	\$65	\$65	\$16	\$16



ES04 Breastfeeding Essentials for Ancillary Staff is provided free of charge for clients purchasing other courses.

Individual Payments

For Clients who require their staff to purchase their enrollments themselves, we offer the flat rates outlined below.

ES01	ES03	MA01	CEs
\$100	\$100	\$25	\$25

Frequently Asked Questions

How is the program delivered?

All courses are online; staff access the program, using their password, from any online device (work computer, personal laptop, smartphone, tablet)

How long does the program go for and when does it start?

Each course has a different enrollment period which starts from the day that student is enrolled (not from the first day they log in). Each participant in ES01 and ES03 has 12 months to complete their course. To see the enrollment periods of all courses, see the Program Summary page in this booklet.

How much time does it take to finish the courses?

This depends on variables such as the individual's own capabilities, and when and how they are allotted time to study. You can see the estimated course duration as well as their enrollment period on the Program Summary page.

How do staff handle online learning?

Thousands of hospital and community staff have now completed Breastfeeding Essentials programs and feedback indicates that they prefer to learn online because of convenience and flexibility. Technical problems are rare, but we provide online support, to ensure participants feel supported.

How do I know the courses are of high quality?

The courses are evidence-based and peer reviewed. They are regularly updated. Learning is spread over a longer period of time, and self-test exercises and the final assessment consolidates learning. Educators often praise the quality of our courses and remark on the changes in clinical practice as a result of this education. BFHI accreditors frequently comment on the high standard of staff knowledge.

Is this cost effective? We could do it ourselves.

Developing and maintaining quality content is time consuming - ask any educator. This program is ready to go, today. Rostering staff to attend classes, organizing back-fill, venue and educator costs all add up. Online learning can occur during quieter periods at work and can be spread out over the enrollment period. Providing the same program for new staff or those on leave at the time of initial education can prove to be very difficult when leading face-to-face classes – our program ensures your patients receive consistent information from every staff member. We also provide full training records and documentation to present to BFHI Accreditation Officers, making administration simple.

How do I work out what discount category I am in?

The discount scale is designed to help larger organizations to lessen the financial burden of educating many staff at the same time. Once you know how many staff you would like to enroll into a particular course, look at the table on page 27 and find the line that corresponds with your number of staff. You can then find the price, per enrollment, for your staff education.

What happens if a staff member resigns, retires or no longer needs the course?

Staff who have not logged in can be removed from the program and their enrollment be transferred to a new staff member for no additional cost.

Is there any technical set-up required from our hospital?

There is no technical set-up required for your hospital. Staff simply need access to the internet and to our website in order to log in. We recommend staff use an up-to-date browser for ideal results. Some of our courses have embedded video and sound – if your hospital has lots of restrictions, we can help you test to make sure there will be no problems for your staff before you get started.

How long does it take to get set-up? Do we need to sign a contract?

We aim to make the sign-up process as quick and easy as possible and in most cases we can have you set up and ready to enroll staff within 48 hours!

There are no contracts to sign, you simply need to agree to our Terms & Conditions. There is also no ongoing obligation, which means no minimum or maximum limits on the number of enrollments to purchase.

What is the sign-up process?

- Contact us at **info@step2education.com** and we will provide you with a form to fill out with simple details about your hospital and who will facilitate the program.
- When ready, gather a list of your staff for enrollment and/or let us know how many enrollments you wish to purchase.
- We can enroll your staff for you, or you can use the online facility to enroll your staff 24/7.
- We will arrange an invoice for you and have several flexible payment options available including payment via Credit Card, Check or Wire Transfer. If you require a Purchase Order we can also accommodate this.
- Use your facilitator access to log in and view staff progress and download live data on their completion at any time.

We take care of contacting your staff via email with all the information they need to get started *plus* we provide customer and technical support one-on-one to your staff when required.

Client Profiles

Sharp Mary Birch Hospital

Mary Ann Jones, Facilitator

"I am the Lactation Program Manager for Sharp Mary Birch Hospital for Women and Newborns in the State of California, USA. Our hospital delivers approximately 8,600 babies annually - more babies than any other hospital in California! In our quest to achieve Baby-Friendly Designation, the cost and logistics of meeting the education requirements of over 416 staff members posed a significant challenge. Step2 Education greatly assisted with overcoming this challenge."

"'Breastfeeding Essentials Course by Step2 Education' addresses all elements of the educational requirements established by the Baby-Friendly Hospital Initiative. The format of the course impressed us with its flexibility, ease of use, and accommodation of remote access, all very important for a large and ever-changing nursing staff. The course encompassed a variety of learning activities, which we believe helped engage learners. Step2 Education has a responsive and personable support team, and was price-competitive with other options we explored. Most importantly, we felt that the course incorporated a strong physiologic understanding of breastfeeding and important professional communication concepts."

"Thank you, Step2 Education, for meeting our needs and helping us to achieve our goal!"

Carolinas Medical Center in Charlotte

Leah Ledford, Facilitator

"I am the OB Clinical Nurse Leader and OB Patient Nurse Navigator for an 800+ bed, Level I Trauma Center/Level IV NICU, not-for-profit public hospital. We deliver 600+ babies/year. I am the Team Lead for our Best Fed Beginnings team, and am also responsible for ensuring that all staff get access to and complete their Step2 Education breastfeeding modules and 5-hour competency check-offs."

"Our biggest challenge in the Baby Friendly Journey has been full staff and provider buy-in and engagement. We chose Step2 Education for our staff training initially because it fulfilled all of the Baby Friendly requirements, and they were working closely with NICHQ and the Best Fed Beginnings Project which we are a part of. It was very convenient because they are online and staff could complete when they had time. Now that I have been using/working with Step2 Education for about 9 months, I would definitely recommend them".

"The modules are very informative and easy to use. The customer service at Step2 Education is remarkable. They are very quick to reply to all e-mails, and are so friendly and helpful. I haven't had a problem yet that they couldn't address quickly. Over the course of these last 9 months we've had staff leave our facility that had not done their modules yet, and Step2 Education was great about removing them and giving us credit for them. We are planning to be Baby Friendly designated for the first time next year, and have really enjoyed Step2 Education's training. I had many staff thank me for assigning them the modules, telling me how much they learned!"



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Leaders in Baby Friendly Education

