

Perinatal Region III+ Lactation Consultant Network Meeting

Tuesday, January 11, 2011

Mercy St. Charles Hospital Board Room

Planners: Carol Miller, RN, BSN, IBCLC, Melinda Lueck, RN, BSN, IBCLC, Kathy Sharpe, RN, IBCLC, Jody Sennish, RN, IBCLC, Natalie Shenk, BS, IBCLC, Judy McCurdy, RN, IBCLC, Jennifer Tansel, RNC, BSN, IBCLC, Robin Dundore, RN, IBCLC

AGENDA

Purpose: To provide an opportunity for lactation consultants and others to share information and learn together how to better promote, protect, and support breastfeeding.

Noon Optional Networking Lunch, Resource Sharing, and Updates.

Carol Miller, Moderator

(Bring your own lunch from home or purchased.)

12:55 p.m. **Introduction** Carol Miller RNC, BSN, IBCLC

1:00 p.m. **Presentation and Discussion for Implementation of Baby Friendly Hospital Initiative Steps # 7 & 8:** Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day; and, encourage breastfeeding on demand.

Objective: Discuss strategies for implementing BFHI Steps #7 & #8.
Robin Dundore RN, IBCLC

1:45 p.m. **Presentation and Discussion for Implementation of Baby Friendly Hospital Initiative Step # 10:** -Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Objective: Discuss strategies for implementing BFHI Step #10.
Jennifer Tansel RNC, BSN, IBCLC & Dawn Miller, RNC

2:30 p.m. Break

2:40 p.m. **Presentation of Controversies in Parenting Advice: Breastfeeding, Pacifiers, and Sleep from the Physicians Lactation Education Collaborative**

Objective: Discuss the content and effectiveness of the Physicians Lactation Education Collaborative of Washington presentation of Controversies in Parenting Advice: Breastfeeding, Pacifiers, and Sleep
Carol Miller RNC, BSN, IBCLC

4:10 p.m. **Evaluation & Adjourn**

This program is an educational event co-provided by the Region III+ Perinatal Education Consortium and the ProMedica Health System Continuing Nursing Education Providership. All involved with helping mothers to breastfeed are welcome to attend this meeting.

ProMedica Health System (OH-069/4-1-12) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

FOR INFORMATION

This seminar will be submitted for CERPs from the International Board of Lactation Consultant Examiners.
Contact the office for continuing education award details.

Content Questions: Carol Miller, RNC, BSN, IBCLC, Mercy St. Charles Hospital,
419-696-7417, carol_miller@mhsnr.org

Registration: \$5.00 **Please mail or call with payment; do not bring payment to the meeting.**
(Consortium Service Points may be used in lieu of payment for staff of member hospitals. Contact your
OB Unit Manager for how to do this.)

NEW!!! Do you want CERPs? Yes No **The cost for CERPS (\$60)** will be shared by participants –
\$15 being the most that you will be charged. This cost in addition to registration fee of \$5. **CERPs certificates**
will be mailed after all participants turn in their payments.

Note: In the future, if you would like to get this meeting notice via e-mail please e-mail a request to the
office at debbie.fritz@promedica.org or you can check our website: www.perinatalconsortium.org.

R.S.V.P. by January 4, 2011. It is important that you tell us you are coming ahead of the meeting in case
there is a last minute change of meeting plans and so we know we have enough people to have a meeting.

Registrations to: Regional Perinatal Education, Phone: 419-291-4645, FAX: 419-479-6981,
E-mail: debbie.fritz@promedica.org, or Mail: The Toledo Hospital , Regional Perinatal Education,
Perinatal Office MH 3rd Fl, 2142 N. Cove Blvd, Toledo, Ohio 43606

PERINATAL REGION III+ LACTATION CONSULTANT NETWORK MEETING
Tuesday, January 11, 2011

Name: _____ Title: _____ Position: _____

Employer(if applicable): _____ Dept Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Is this address: home or business?

Home Phone: _____ Business Phone: _____

#Consortium Service Points to be Used _____ Approved by _____

Mastercard Visa Card # _____ Exp.date: _____

Amount \$ _____ Authorizing Signature: _____

Make checks out to The Toledo Hospital.

Planning to bring lunch and attend the sharing time? No Yes