

PERINATAL REGION III+ LACTATION CONSULTANT AND BREASTFEEDING EDUCATOR NETWORK MEETING

November 17, 2009

**Mercy St. Charles Hospital, Bay Room
2600 Navarre Avenue, Oregon, OH 43616**

Mercy St. Charles Hospital is on Navarre and Wheeling, just off I-280. Take I-280 to Route 2/Navarre exit, turn east on Navarre. Hospital will be on the right. Enter that main entrance and ask for directions to the classroom.

*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*

AGENDA

Purpose: To provide an opportunity for nurses to learn more about Step #3 of the baby friendly hospital initiative, the business case for breastfeeding from HRSA, and common challenges to sustaining breastfeeding after returning to work.

Noon Optional Networking Lunch, Resource Sharing, and Updates Carol Miller, Moderator
(Bring your own lunch from home or purchased.)

1 p.m. Introduction Carol Miller

1:05 p.m. Presentation and Discussion: Baby Friendly Hospital Initiative- Step #3: Inform all pregnant women about the benefits and management of breastfeeding. Please bring handouts you use in prenatal settings and at hospital admission for sharing and discussion.

Objective: Describe what a hospital must do in order to fulfill the obligation of step 3 in the process of becoming baby friendly. Natalie Shenk RN, BSN, IBCLC

1:50 p.m. Discuss researched interventions that support Step 3 of the Baby Friendly Initiative
Natalie Shenk RN, BSN, IBCLC

2:20 p.m. Break

2:35 p.m. Evaluation of education program "Increasing Breastfeeding Success: Why it Matters and What the Research Shows," a presentation for physicians offices through Physician Lactation Education Collaborative of Washington. *Objectives:* Evaluate one program that may help physicians evaluate if their offices are breastfeeding-friendly. Gloria Shortridge RN, IBCLC

3:10 p.m. How can we implement Step # 3 in our region?

Objective: Discuss and formulate a plan to facilitate implementation of Step # 3 in our region.

Panel Discussion facilitators: Natalie Shenk RN, IBCLC, Gloria Shortridge RN, IBCLC, Carol Miller RN, IBCLC

4:00 p.m. Evaluation and Adjourn

This program is an educational event co-provided by the Region III+ Prenatal 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.

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.)

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 kim.rosin@promedica.org or you can check our website: www.perinatalconsortium.org.

R.S.V.P by November 10, 2009. 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: Kim Rosin, Consortium Office Coord, Phone: 419-291-4645, FAX: 419-479-6137
E-mail: kim.rosin@promedica.org Mail: The Toledo Hospital CHS, Regional Perinatal Education, 2150 W. Central Avenue 1st Floor, Toledo, Ohio 43606

Make checks payable to The Toledo Hospital and be sure to attach a registration form. Reservations may be made via the phone or at www.perinatalconsortium.org with the registration form and check to follow.

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November 17, 2009**

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

Survey:

Check here if you will NOT be attending the meeting but are just supplying a response to this survey.

1. Have you viewed the [Region II Perinatal Center Program Breastfeeding Services Directory](#) available at [Ohio Region III Perinatal Consortium for Educational Opportunities www.pceoregion2.org](http://www.pceoregion2.org)?

2. Would you want a resource like that available at www.pernatalconsortium.org?

3. If yes, who could provide the contact information for your county? _____