

## Birth and Beyond Los Angeles Breastfeeding Workshop

### Program Description

This **workshop** provides the evidence, knowledge and skills participants need to confidently **support, establish and protect both early mother-infant attachment and breastfeeding in the hospital setting.**

It will highlight the personal tools necessary to enhance early parent-infant attachment, and help families **to listen to and understand the language of the newborn.** Emphasis will be on honoring the mother's beliefs and choices of infant feeding.

This workshop was adapted from California Department of Public Health's Birth and Beyond California Learner Workshop and updated to **meet the staff training objectives required by Baby Friendly USA™** for hospitals that are on the new 4-D Pathway to Baby-Friendly™ designation.

**Day 3 is the Train the Trainer component** so participants can take the knowledge back to their facilities and train their colleagues.

**This workshop is lively and participatory with interactive activities.** It is limited to 25 participants.

### Faculty

Réka Morvay, IBCLC

### Continuing Education Credits

offered at no additional charge

**RN:** BreastfeedLA is an approved provider by the California Board of Registered Nursing. BreastfeedLA's provider number is CEP 16435. Licensee must maintain certificate for a period of four years.

**IBCLC:** BreastfeedLA is an approved Long-Term Provider by the International Board of Lactation Consultant Examiners #CLT113-36. CERP's will be awarded to re-certifying IBCLCs.

**RD & OT:** Maintain a copy of the agenda and certificate for CPEs for your Professional Development Portfolio.

Sponsored by



2851 W. 120<sup>th</sup> St., Ste. E #335  
Hawthorne, CA 90250  
Phone and Fax: (213) 596-5776  
[www.breastfeedla.org](http://www.breastfeedla.org)

Photo Credit: [www.breastmilkcounts.com](http://www.breastmilkcounts.com)



## Birth and Beyond Los Angeles Breastfeeding Workshop

August 24, 25, 26\*  
8:00 am to 5:00 pm

South LA Health Project  
2930 West Imperial HWY  
Inglewood, CA 90250

\*Optional Train the Trainer workshop

## Course Objectives

*Following the didactic presentations, participants will be able to:*

- Define the relationship between the Baby-Friendly practices and exclusive breastfeeding
- Create an environment that supports and enhances the newborn's natural capabilities;
- Demonstrate the skills necessary to organize care to maximize mother and infant skin-to-skin contact and bonding;
- Identify the biologic, nutritional and immunologic properties of breastfeeding and the risks of artificial milk; and to
- Recognize and discuss solutions to alleviate common barriers to supporting mothers' choice to exclusive breastfeeding.

## Registration Fees

Registration includes digital version of syllabus and continuing education credit.

\$250 2 days

\$500 3 days (including train the trainer)

### Location & Parking

South LA Health Project  
2930 West Imperial HWY  
Inglewood, CA 90250

**\*\*Free parking is available.\*\***

**Participants should bring their own lunch or plan to purchase your lunch at nearby restaurants.**

The class will be canceled if less than 10 participants register.

No refunds will be granted after August 10, 2018

## Target Audience

Hospital based nursing staff caring for mothers and babies; nurse educators and lactation specialists responsible for breastfeeding staff education.

## Registration Form

BBLA 2018

Register Online: <https://tinyurl.com/bbla918>

Mail: BreastfeedLA, 2851 W. 120<sup>th</sup> St.  
Ste. E #335  
Hawthorne, CA 90250

Email: [info@breastfeedla.org](mailto:info@breastfeedla.org)

	Price
<input type="checkbox"/> 2 Days	\$250
<input type="checkbox"/> 3 Days (Includes Train the Trainer)	\$500
Total:	\$ _____

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company/Hospital \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City, ZIP \_\_\_\_\_

Email Address—required to receive confirmation \_\_\_\_\_

Phone \_\_\_\_\_

RN License No. \_\_\_\_\_

IBCLC? If yes, check this box ☐

### Method of Payment

☐ Check (All checks must be at the general admission price)

☐ Visa

☐ Mastercard

CCV \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing ZIP \_\_\_\_\_