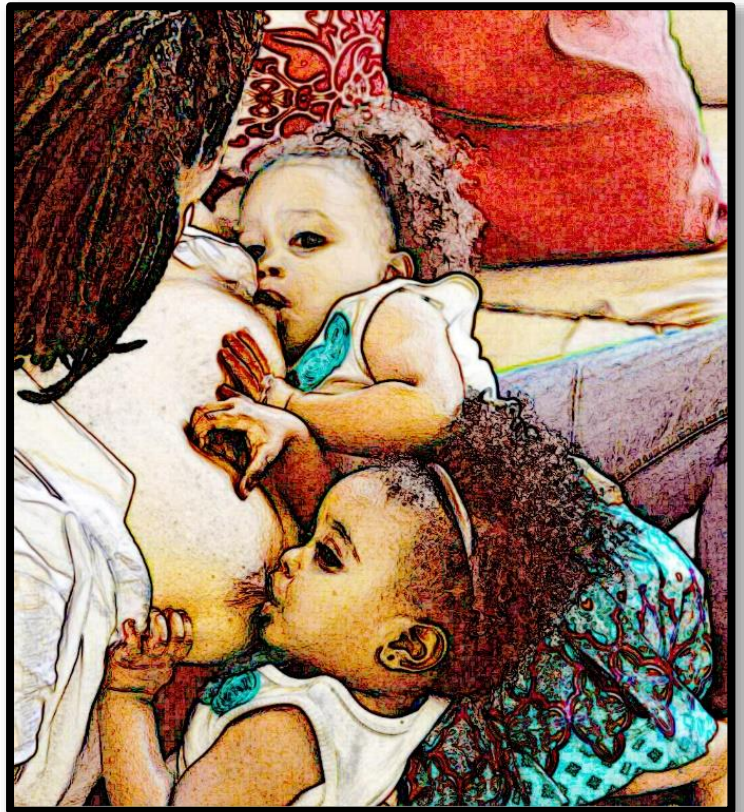


*The* **Outpatient**  
**Breastfeeding**  
*Champion*



*A Triage and Support Guide for  
Breastfeeding Champions*

*Anne Eglash MD, NABBLM-C  
IBCLC, FABM*

**INSTRUCT-THE-INSTRUCTOR  
MANUAL**

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# Welcome to IABLE

The Institute for the Advancement of Breastfeeding and Lactation Education is a nonprofit membership organization dedicated to the expansion of breastfeeding and lactation education for a broad range of supporters who work with lactating dyads..

Breastfeeding education in hospitals is progressing nicely, as more and more hospitals adopt Baby Friendly Hospital Initiative changes.

However, after dyads leave the hospital or birthing center, lactating parents and families usually need to seek their own support for their questions, concerns and encouragement to continue breastfeeding.

New parents often don't consider their physician's office a place to seek breastfeeding advice, and rightly so. The majority of health professionals leave their training with insufficient knowledge of 'primary care' breastfeeding skills.

IABLE's first initiative is the creation and dissemination of The Outpatient Breastfeeding Champion Program. The goal of this educational project is to train medical office staff and other community stakeholders to provide optimal breastfeeding and lactation triage and support for families at their medical homes and other community sites.

This training program is suitable for medical providers, health professional students, medical office staff (nurses, medical assistants), speech therapists, medical social workers, medical interpreters, midwives, public health nurses, doulas, and any other community breastfeeding supporters who need basic breastfeeding and lactation education. Our course is designed to provide quick, evidence-based answers and suggestions for the most common lactation concerns that a supporter will encounter.

IABLE is a membership organization. Educator members can share educational materials with each other within the organization's document library, and on the IABLE listserv.

Members will also have access to updated breastfeeding telephone triage tools that are easily adaptable for use in electronic medical records systems.

## **Becoming an OBC Instructor**

Why would a seasoned lactation consultant want to teach this course? Our current instructors tell us that they enjoy teaching breastfeeding and lactation basics to health professionals and community supporters. They have the opportunity to share their experiences, which are often transformational, and excite others to become involved in this rewarding field, while also receiving payment for doing so. In addition, OBC instructors who work as lactation consultants in their communities will create more lactation support among stakeholders who are on the 'front lines' of caring for lactating dyads. This means that breastfeeding families will sense an interest, commitment, and support from office staff at their medical homes, their WIC office, maybe even their pharmacy and dental office. This makes every community lactation consultant's job easier!

### **Requirements to be an OBC instructor include:**

- Current IBCLC certification
- Experience and self-confidence teaching large groups, including lecturing and facilitating discussions.
- Experience with managing breastfeeding problems outside of the hospital beyond the first week postpartum.
- Experience and comfort with the use of electronic educational tools such as power point.
- Availability to teach this 16- hour curriculum at least twice a year.

### **Interested individuals need to:**

- Submit an application to become an instructor (available at [lacted.org](http://lacted.org))
- Attend the 16 hour OBC course
- Attend a 1-day Instruct-the-Instructor course
- Be mentored once by another IABLE instructor

# Preparing to Teach

## Instructor Resources

The PowerPoints and speakers notes (Microsoft Word documents) for your training will be available for download from our "Instructor Resources" page, which is available in your dashboard on our website. Note that you will only see the resources required for the trainings where you will be an instructor.

As noted elsewhere, all instructors must sign an IABLE Instructor Agreement and if you are being paid by IABLE we also need a w-9.

If your assignment includes reimbursable expenses, an expense form is also available on the Instructor Dashboard. Note that the expense form is self-calculating - you only need to input your expenses and # of miles.

HOME TEACH EVENTS IMPACT JOIN MEMBERS DASHBOARD

### Dashboard

- Edit Your Profile
- Instructor Resources**
- Triage Tools
- Powerpoints
- Images
- Videos
- Breastfeeding Handouts
- Sharing Library
- Other Membership Options
- Listserv & FaceBook Support
- Forums

Search this website

## IABLE Instructor Resources

#### W-9 and IABLE Instructor Agreement

If this is your first time teaching for IABLE, you will need to submit a W-9 and an IABLE Instructor Agreement. A zip file containing these 2 documents can be [downloaded here](#).

#### Expense Reimbursement and Invoicing

A zip file containing our reimbursement form and a sample invoice can be [downloaded here](#).

Depending on your upcoming training assignments, you will see links to downloadable resources below. Each file is in a zip archive. The Speaker's Notes are in PDF format. Click the title to download the file.

[IABLE Instructor Manual Oct 2018 - < 2 MB](#)

### OBC PowerPoints and Speakers Notes

- [PowerPoint: IABLE Conflict of Interest Slide - Jan2019. <1 MB](#)
- [PowerPoint: OBC Session 1 - Jan2019. 15 MB](#)
- [PowerPoint: OBC Session 2 - Jan2019. 250 MB](#)
- [PowerPoint: OBC Session 3 - Jan2019. 142 MB](#)
- [PowerPoint: OBC Session 4 - Jan2019. 17 MB](#)

# Effective Teaching Strategies for OBC

Instructor teaching skills and attitudes play major roles in the trainees' overall learning experience. The following characteristics can help provide pleasant and effective instruction:

- 1) Establish a friendly and open teaching atmosphere. A smiling instructor who provides eye contact will invite questions from trainees. Instructors who remain non-judgmental while receiving and answering questions/comments allow learners to feel safe in participating and receiving feedback.
- 2) Be an effective speaker. Speak loudly, clearly, and at a cadence that is not too slow or fast. Add animation in your manner of speaking to avoid monotony.
- 3) Know your audience. Find out early on who is in your class. For example, if the majority are RNs in OB/Gyn offices, using more medical terms when discussing maternal issues would be engaging, and elaborate on ideas for breastfeeding support at postpartum visits. If most participants work elsewhere such as WIC or as doulas, frame your education in the context of their experiences, which you may need to explore!
- 4) Be prepared. Disorganization on the part of the instructor can be distracting for learners, placing respect for the instructor at risk. The OBC program is fast paced and jam-packed with information. A disorganized instructor may run out of time and feel rushed at certain points. **Avoid** discussing material that is NOT on the slide. If you know it is important information and it is not on the current slide, it will be discussed elsewhere. This course has been vetted by hundreds of lactation professionals over 10 years. Please practice so that you can efficiently transition between slides and videos and to conduct the various activities.
- 5) Encourage learner involvement. Students may become bored and lose attention during ongoing didactic PowerPoint presentations. Feel free to invite comments from students.

## **Strategies could include:**

- a) **Elicit Interest**  
Ask participants if they have experience with the topic in the slide ( e.g. ask if anyone ever worked with a baby who was not gaining well despite mom having a high milk production)
  - b) **Brainstorming**  
Ask participants to help you when discussing the risks of not breastfeeding, e.g. 'Tell me what you know about the risks of formula feeding'
  - c) **Strategize**  
When discussing ways to supplement a nursing baby, ask participants what they would do next.
- 6) Mix up the audience. Students like to make new friends and meet other students. Many of our activities involve role-playing exercises. Devise strategies to have students interact with different students each time, so they are not learning with the same person/people for each activity.
  - 7) Engage the audience using your strengths.  
Try to be you, and demonstrate your passion for what you are teaching. Instructors who show little animation might be considered dispassionate and/or boring. Adding humor can stimulate interest, and hold participants' attention. Add personal experiences that exemplify your concepts, as long as you maintain confidentiality, and stay on time.



- 8) Avoid self-deprecation. Comments such as 'I am sorry that I am tired today' or 'please excuse my tendency to ramble' may lead to loss of respect from your audience.
- 9) Decide how you'd like to handle questions.
  - Instructors can decide to hold all questions until the end of the session, or invite questions during the session. This decision might be different for each session, depending on time constraints.
  - Participants will ask questions about material that is not covered in the course. It would be reasonable for the instructor to offer a discussion of that topic during break time. Instructors should be honest in situations where he/she does not know a correct or evidence-based answer. The instructor can defer the answer to someone else in the room who may have valuable information. Instructors can always reach out to [anne@lacted.org](mailto:anne@lacted.org) for questions.
  - Questions will come up that are tangential to the material presented. Instructors are encouraged to not wander too far from the course material due to time issues.
  - A participant will occasionally disagree with the material presented. Instructors are encouraged to listen to the participant. Because there can be more than 1 way to manage many breastfeeding issues, it is reasonable to discuss the participant's experience or knowledge. It would be reasonable to end the conversation by agreeing to disagree, if needed.
  - Allow for written questions. Some participants may be embarrassed to ask simple questions. Have scrap paper or index cards available for people to submit their questions anonymously. Plan a strategy to make sure that these questions are addressed.
- 10) Discourage use of phones and tablets. Participants may need to text or communicate with others during the course. However, frequent use of phones and tablets/computers by participants can be distracting to others. This is a fast-paced course with a great deal of information that builds upon itself. Missing some key information may make it difficult to understand concepts going forward.
- 11) Instructors may encounter participants who are difficult in some way. General principles in dealing with such participants include:
  - Try to not insult the participant
  - Avoid competing
  - Try to not express anger
  - Avoid becoming defensive
  - Use humor to diffuse angry/hurt feelings
  - Don't let the person control a discussion
  - Don't allow yourself to be bullied
  - If you are annoyed or irritated, you can assume several trainees feel the same way. For this reason, it is important to actively manage the problematic behavior.

**Personality issues to be aware of include:**

a) **The Overly Enthusiastic Participant**

This person may overly participate, dominating conversations.

**Strategies for the instructor may include:**

- Ask others to comment on this person's remarks.
- Indicate that it is time to hear from others.
- Thank the person for his participation.
- Avoid looking at the person when choosing someone to speak.

b) **The Angry Participant**

This type of participant may be angry and pick apart statements made by the instructor.

**Effective strategies include:**

- Try to find a few reasons to agree with the person, or see his/her point.
- Agree to disagree.
- Invite others to comment.
- If the participant's comments are excessive, ask the group to give constructive criticism only.
- Talk to this person in private.
  - Provide constructive feedback on the impact of the behavior on the session and the other participants.
  - Explore why the individual might be angry.
  - Invite the person to leave the session.

c) **The Distractor**

This person might frequently raise questions or issues that are not related to the topic. The person might also be interruptive.

**Effective strategies include:**

- Thank the participant for their enthusiasm and thought about related topics but point out that the group needs to stay on topic.
- Offer to address their question during a break.
- If this is happening often, create ground rules for questions, i.e. they should be based on the current topic, and the participant needs to raise their hand for permission to speak to the group.

d) **The Excessive Explainer**

This person may take a long time to answer questions, and include too much information when speaking.

**Effective strategies include:**

- Set time limits for comments and questions if this is happening often.
- Try to interrupt when the individual pauses, and recap in a concise fashion what they are asking or saying.
- Explain that time is limited and others need a chance to participate.

# **Set up and Tear Down for the Days of the OBC Course**

## **Before You Go, Make Sure You Have the Following:**

- PowerPoint lectures on a flashdrive, or loaded on the computer that you will be using.
- Props for your sessions- see master list of all props p. 13
- Computer, projector, screen, and speakers (if not provided at the teaching site)
- Curriculum booklets are mailed to each participant when they register for the course, but some people may not have received it yet. These booklets are NOT needed for the course.
- QR code to take attendance. This will be emailed to one/all of the instructors.
- A few copies of the flyer and tape
- Extra pens
- Scrap paper or index cards for written questions
- Nametags for all participants and a few markers for the nametags
- Instructor event summary sheet from our event coordinator with catering and room details (for instructors who are not familiar with the location)

## **Arriving**

- Who will meet you at the location and let you in?
- Have at least 3 people present to set up.
- Plan to arrive at least 1.5 hours before starting, on day 1.
- Hang up copies of the flyer in strategic places so that participants can find the room.

## **Set up a registration table with the attendance sheet and pens**

One of the instructors will have the QR code for documenting attendance. All participants need to sign in using the QR code each day to receive their certificate documenting their credits.

## **Walk-Ins**

Anyone who walks in and did not pre-register must register for the course.

Using a phone, tablet, or computer, they can register online at [www.lacted.org](http://www.lacted.org). If there is difficulty registering online, please contact us at [admin@lacted.org](mailto:admin@lacted.org)

Each walk-in also needs to document their attendance using the QR code.

## Food

Food is not always provided at trainings. If provided, the meals are typically catered.

If IABLE is managing the catering, they typically pay the caterer ahead of time.

Make sure the caterer can access the room from outside.

Designate a space/table for the food that is convenient access for the registrants.

Make sure a garbage can is nearby.

If there is a recycling container, please point this out to registrants.

Make sure someone looks out for the caterer for lunch time.

Put out a snack mid-afternoon.

## Set up the tables for the participants

- It is ideal to set up the tables such that people can work together. Tables with 4-6 participants are optimal.
- For groups of 10-15, try a horse shoe configuration.
- Determine your strategy to assign ½ of participants in group 1, the other ½ in group 2.
  - Consider writing group # on their name tags
- Try to cluster group 1 in the same region of the room and group 2 in the other region. This forces the trainees to walk across the room to find someone from the other group when doing the role-playing exercises.
- Ask participants wear their name tags.

## Set up AV Equipment and load lectures

- Turn on computer, and bring down screen.
- Load PowerPoint presentations onto the computer. **Do not run the lectures off of the flash drive. Videos and other animations may not work**
- **Check to make sure that sound works for the videos.**
- Decide if you need a microphone, and make sure it works.
- Decide if you will need someone to help you advance the slides.

## Getting Started Day 1

**Introduce yourselves** as the instructors, and talk a little about yourselves.

### Take care of any housekeeping details:

- Bathrooms
- Locations for pumping
- Parking issues
- Make sure everyone signed in on the attendance list
- Is room temperature OK
- Is the sound in the room OK (can they hear you?)
- The curriculum books are mailed to each person separately. Let them know that it is OK if they have not received it yet. They should have PDF copies of the lecture slides and the activity sheets.

### Introductions of each participant.

- Allow each participant 15-30 seconds to briefly describe his/her background, how he/she works with breastfeeding families, how they hope to use this training.

## **Start Session 1**

### **End of Each Day**

- Remind participants that the evaluation will be sent out via email at the end of the course. They must fill out their evaluation to receive their credits.
- Ask people to bring back their printed activity sheets for the next day.
- Put any lectures loaded on the computer into the recycle bin on the desktop, and empty the recycle bin.
- Make sure that the room is cleaned up with garbage and recycling in the appropriate places.
- Put chairs and tables back to where they were originally if this is the last day.

### **Online Courses via Zoom**

- Zoom huddles will occur before each course
- Having natural or other light in front of you rather than behind is ideal
- When screen sharing, make sure to click 'optimize for video'
- It is optimal to have 2 screens
- Power down to maximize bandwidth
- Have all presentations for that day 'ready to go' in case your teaching partner goes loses their internet connection
- Have the PDF of the 'activity sheet' on your desktop to share during triage tool and other activities. Understand how to zoom in and scroll up and down on the PDF
- Practice with your webcam, to show devices such as nipple shields, supplementers, pumps, etc
- Ice breaker when starting a course, get to know your audience- for example, ask people where they are from
- Consider hanging around during break time to talk to participants, allow videos to be up at that time
- Polls- plan to do these for each other
- Triage tools- how will they be performed?
- Stay on schedule with the agenda
- One person will monitor the chat box while the other is speaking
- Plan how you are going to do pump demonstrations

## **Huddle Checklist In-Person Events for Instructors**

1. Do you have a volunteer to help with registration on the first day?
2. Who will work with AV to make sure the PowerPoints are loaded and work properly?
3. Plan to keep track of the time for each other during speaking- how will you signal to the other that time is getting tight?
4. Who will announce the housekeeping details?
5. Who will decide on exact time of breaks, and duration of the breaks, if they need to be different from the agenda?
6. How do you want to take questions? When do you want to address written questions?
7. How will you divide the groups into #1 and #2?
8. How will you divide the group up for the small groups to work on the diversity exercise?
9. How will you match 1's and 2's for practicing counseling?
10. How will you distribute the curriculum books, evals and name tags? This can be done at each seat, or at the registration table.
11. How will you conduct the triage tools for day 1? As a large group, or will the 2 instructors role-play at least one or 2?
12. How will you divide up the sessions for teaching?
13. Do you have all the props you need between the 2 of you?
14. Determine your strategy to teach the pump demos- which pumps will you use, who will teach which pump, how can you not repeat the info between the 2 groups, but cover different information.
15. Put together or access a list of local breastfeeding resources such as names of IBCLCs, knowledgeable providers, coalitions, mother-baby groups, LLL meetings, lactation clinics, mother baby stores, etc.

# Technology Pointers for Instructors

## Teaching the OBC Course

### 1) Tips on practicing with PowerPoint:

- a) Even though the speaker notes are seen in PowerPoint, make sure to put the PowerPoint in full 'Show' mode when practicing with speakers notes. There are several functionalities of the slides that will only occur when in Show mode. The videos will start automatically only when in full 'Show' mode.
- b) Each session has a slide that says COI. COI means Conflict of Interest. Please disclose if you have a conflict of interest, or declare that you do not have a conflict of interest.

### 2) Problems with the PowerPoint slides when in person:

#### a) The slides appear too light

- Determine if the room is too bright. If so, either dim the lights or close curtains/shades.
- If the room is not too bright, then the projector might be the problem. Decrease the brightness of the projector

#### b) The slides appear too dark

- Check the brightness of the projector, it might need to be turned up.
- This can also occur if you are using an old version of PowerPoint. See if you can find a newer computer.

### 3) Loading your sessions onto another computer

There are times that you will not use your own computer to present your sessions. You may be asked to bring them on a flash drive. It is best to load the power point presentations onto the computer. If you run the presentations from the flash drive, the videos and other animations might not work as well.

If you load the materials onto the computer, please make sure to move them into the recycle bin on the computer desktop, and empty the recycle bin (by right-clicking on it) when you are done.

**Note: Please bring a flash drive with the lectures to each training – it can be very handy in unforeseen circumstances. Let us know if you need one.**

### 4) If the speakers' notes and notes in the PowerPoint presentation are different:

Please teach the information that is in the PowerPoint presentation. Most recent changes will be in the PowerPoint and might not be in the speakers notes yet. We try hard to keep the speakers' notes updated whenever changes are made in the PowerPoint.

# Master List of All Props Needed to Teach

## Baby Doll

Small breast model (knitted, fabric, or a balloon)

## Bottle with a nipple

<b>Equipment for Technology Presentation</b>
A bottle with a 15 inch or 30 inch feeding tube
Supplemental nursing system (optional but ideal)
One 20ml or 30 ml syringe
Manual hand Pump with bottle
Double-electric Pump with pump kit
Nipple Shield
A pair of breast shells
Hands free Bra (optional)
Cup feeder
A few blown-up balloons to show how the pump works
1 Microwave Steam Clean Bag
Pump Gauge (ideal if you have one)



# Session 1

<ul style="list-style-type: none"><li>• Special Properties of Human Milk</li><li>• The Entero-Mammary Pathway</li><li>• Risks of Not Breastfeeding</li><li>• Contraindications to Breastfeeding</li></ul>	<ul style="list-style-type: none"><li>• Healthy People 2030 Breastfeeding Objectives</li><li>• Breastfeeding Demographics</li><li>• Barriers to Breastfeeding</li><li>• Prenatal Counseling</li><li>• Counseling the lactating individual/family</li></ul>
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## Videos for Session 1: None

## Triage tools for Session 1: None

Things to bring for Session 1- the handout for the counseling project will be in the attendees' PDF entitled 'OBC Activities'.

## Activities: Counseling the Lactating Parent

### **1. Group discussion on a Parent-Centered Approach to Counseling**

#### **Learning Objectives:**

- Share with others in a group how to determine a parent's concerns and goals.
- Discuss with others different ways that empathy can be expressed when counseling.
- Identify ways to include the mother in shared decision making.

#### **Teaching Instructions:**

- Split the audience into groups of 4-6 participants
- Using the chart and case in their curriculum book (p. 97), have each group discuss ways that they can identify the parent's goals; concerns; signs of listening; demonstrating empathy; and shared decision making.
- Allow 10-15 minutes for discussion on this case as a large group.
- If you are teaching online and cannot divide people into groups, please go thru the exercise as a large group.
- 

### **Parent-Centered Approach to Counseling**

A parent-centered approach to counseling involves sensitivity to the individual's needs, compassion, and shared decision-making. Shared decision-making allows the parent to determine their breastfeeding strategies and goals based on their values.

You are seeing a parent who is 2 weeks postpartum with their 4th child. The 3 older children are ages 4, 7 and 10. The baby was born at 37 weeks via vaginal delivery, no complications. The baby has been sleepy since birth, and has not been gaining enough weight at the breast, according to the baby's physician. The parent notices that the baby falls asleep at the breast. They figured out that if they pump and bottle feed,, the baby gains sufficient weight. They are seeing you because they would rather breastfeed than pump. They are busy with 3 older children, and cannot find time to pump and bottle-feed the baby.

<p>What are the parent's concerns?</p>	<p>-The baby falls asleep at the breast -Need to pump and bottle feed</p>
<p>What are their goals?</p>	<p>Want breastfeeding to be successful  Want to ensure that the infant is gaining well at the breast</p>
<p>How can you demonstrate to this parent that you are listening? (verbal and nonverbal cues)</p>	<p><b>Verbal cues-</b> 'I see', 'I hear you', 'aha', 'tell me more about', 'Let me summarize what you have said so far' <b>Nonverbal cues-</b> good eye contact, facial expressions that show listening, avoid crossing arms/legs, head nodding, leaning forward, avoid interrupting mom while they are finishing sentences</p>
<p>How can you demonstrate empathy? (such as respect, support, and understanding?)</p>	<p><b>Respecting-</b> 'It must be a lot of stress for you', 'you are a brave person' 'I am impressed with how you are handling this', 'you are working so hard', etc <b>Supporting-</b> 'I want to help you in any way', 'I will be with you all the way', etc <b>Understanding-</b> 'I can understand how that could have been stressful', 'That makes sense to me', 'I cannot imagine what that felt like', etc</p>
<p>You believe that the baby is not ready to just nurse yet, she is too sleepy, so she will need to continue some pumping and bottle feeding for now. Discuss how to include the parent in deciding what to do. (Does your advice align with her goals?)</p>	<p>-Use appropriate tools to ensure the parent understands- interpreter, pictures, videos -Explore the parent's values to make sure options align with values -Discuss benefits and risks of options for the parent to make decisions -Provide details on costs if a purchase is needed -Ask the parent to summarize to confirm understanding</p>

## Session 2

<ul style="list-style-type: none"> <li>• Anatomy and Physiology</li> <li>• Positioning for Breastfeeding</li> <li>• Infant Latch</li> </ul>	<ul style="list-style-type: none"> <li>• Defining a Feeding</li> <li>• Feeding Frequency and Duration</li> <li>• Infant and Maternal Signs of Adequate Milk Intake</li> </ul>
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### Videos for Session 2:

Video	Slide	Comments
Animation of milk expression	10	Slide 9 says 'Play Animation Video', and clicking will start the video
Positioning	32	Slide 31 says 'Positioning Video', and clicking will start the video
Latch	37	Slide 36 says 'Latch Video' and clicking will start the video
Asymmetric/Sandwich Hold	39	Slide 38 says 'Asymmetric Latch and Sandwiching the Breast Video'
Suck/swallowing video clips	42-44	If the videos don't play when the slide appears, click on the arrow to play the videos. They don't have sound. This allows you to talk while the videos are playing to point out signs of swallowing
Feeding cue clip	45	If the video does not play when the slide appears, click on the arrow to play. There is no sound, discuss signs of restlessness and hand to mouth indicating that the baby is still hungry
Rolling out the Nipple	63	Slide 62 says 'Click for Video'

### Triage tools for Session 2:

**Infrequent stools- This is in the PDF Handout of Activities.** The instructor will walk thru this with the trainees, or role-play its use with another instructor. Alternatively, the instructor can ask a trainee to be the mother.

- You are a first time mother
- Your baby is 3 weeks old, and has not stoolled for 3 days
- The baby seems hungry and wants to nurse all the time

You are worried about the constipation. You have read that constipation can be a sign of not having enough milk.

### Items to bring for Session 2:

Doll to show positioning

## **Activity- Practice Positioning**

### **Background**

Participants benefit from hands-on practice teaching another how to hold an infant for positioning. Each participant has been asked to bring a doll for this activity, on the first day.

Objectives:

1. Gain comfort in advising different ways that an infant may be held for latching onto the breast

### **Teaching Strategy**

Instructor will review the various positions, and tips on holding the doll for maximum support and control, including a review of the use of pillows and a foot stool.

Instructor will ask the participants to pair up into groups of 2, and each will practice counseling the other on proper positioning.

## Session 3

<ul style="list-style-type: none"><li>• Breastfeeding in the Immediate Postpartum Period<ul style="list-style-type: none"><li>○ Skin-to-Skin</li><li>○ Self-Led Latch</li><li>○ Delivery of the Placenta</li><li>○ Colostrum</li></ul></li><li>• Lactogenesis II/Secretory Activation</li></ul>	<ul style="list-style-type: none"><li>• Engorgement</li><li>• Supporting Dyads during the First Week Postpartum</li><li>• Maternal Infant Separation</li><li>• Hospital Discharge &amp; Follow Up</li></ul>
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### **Videos for Session 3:**

<b>Video</b>	<b>Slide</b>	<b>Comments</b>
Reverse Pressure Softening	50	This video reviews reverse pressure softening for engorgement

### **Triage tools reviewed: None**

### **Items to bring for Session 3:**

A small model of a breast to show manual expression and reverse pressure softening

### **Activities: None**

## Session 4

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Sore Nipples- The Most Common Causes</li><li>• Managing Nipple Wounds</li><li>• Breast swelling and engorgement</li><li>• Infant biting</li></ul> | <ul style="list-style-type: none"><li>• Infectious Causes of Breast/Nipple Pain</li><li>• Non-Infectious Causes of Breast/Nipple Pain</li></ul> |
|---|---|

### Videos for Session 4: None

### Triage Tools to Review for Session 4- These are in the PDF Activities Handout.

**Sore Nipples-** The instructor will walk thru this with the trainees, or role-play its use with another instructor. Alternatively, the instructor can ask a trainee to be the mother

This is your second baby

Your baby is 3 weeks old

You had cracks of your nipples in the hospital, then the pain seemed to improve, and now the nipples hurt again. The cracks are not healed yet. It hurts to latch the baby on. You don't know if you can keep nursing the baby with this degree of pain.

You don't have a fever, redness or swelling

**Plugged Duct-** The instructor will walk thru this with the trainees, or role-play its use with another instructor. Alternatively, the instructor can ask a trainee to be the mother

This is your first baby

Your baby is 3 months, and you returned to work 3 weeks ago

You notice a hard spot in your L breast, and that area feels full and won't drain, for about a day

No fever, swelling, redness

### Items to bring for Session 4: None

### Activities: None

## Session 5

<ul style="list-style-type: none"> <li>• Reasons for Insufficient Infant Weight Gain</li> <li>• The Sleepy Baby</li> <li>• Infant Weight Checks</li> <li>• Evaluating Growth Charts</li> </ul>	<ul style="list-style-type: none"> <li>• Low milk production</li> <li>• Pre/Post Feed Weights</li> <li>• Methods of Supplementing the Breastfed Baby</li> </ul>
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**Please pass the cup feeders, supplemental nursing system, nipple shield, and finger feeder around the room during this session as you talk about them.**

### **Videos:**

Video	Slide	Notes
Paced Bottle Feeding	29	Slide 28 will say 'Click for Video'
Cup Feeding	59	Slide 58 will say 'Click for Video'
Finger Feeding	61	Slide 60 will say 'Click for Video'
Supplementer at the Breast	63	Slide 62 will say 'Click for Video'

### **Triage Tools reviewed- The Attendees will find this in their PDF Activities Handout**

- **Is My Baby Getting Enough? -The trainees will divide into groups 1 and 2. Group 1 is the mother**

Your baby is 10 days old

The baby wants to nurse every hour when awake

The baby falls asleep after nursing on one side, and you cannot get her to wake up after that

The baby has lots of wet diapers, and 3 poops a day

Your breasts feel somewhat full at times, mainly at night

You think that your baby's color is fine

- **Sleepy Baby- Group 2 is the mother. This is in the activity portion of the curriculum book.**

This is your second baby

The baby is 3 weeks old, and has always been sleepy since birth

The baby takes 40 minutes to finish each side

It is hard to wake the baby up after nursing on one side

The baby nurses every 3 hours

He has 5 stools a day

Nothing has really changed in terms of # of stools or voids

Mom does not have breast pain

### **Optional Activity : Pre and Post Feed Weighing- Slides 37-40**

#### **Learning Objectives:**

- 1) Identify 2 situations when pre and post feeding weighing provides helpful information
- 2) Describe a situation where a pre/post feed weight would not be helpful, and may be misleading for a family
- 3) Describe 3 main steps in measuring a pre-post feed weight
- 4) **Teaching Instructions:**
  - Use a digital scale that can measure weight down to at least 1 gram.
  - Weigh the baby naked, so that you have the baby's weight for the day, which can be plotted on the growth curve.
  - Dress the baby in a clean diaper and clothes that baby will wear while nursing. With these clothes on, weigh the baby in grams.
  - Feed the baby. Allow mom to take her time, to make sure that the feeding is ideal. (Abandon the post-feed weight if the baby will not nurse well).
  - Once the baby is done nursing, reweigh the baby in the same clothes and diaper.
  - Difference in grams= amount of milk transferred. (ie 5400g pre-feed, 5464g post feed =64g difference, which is a 64ml transfer)



## Session 6

<ul style="list-style-type: none"> <li>• The Non-Latching Baby</li> <li>• Infant-Led Latch</li> <li>• The Baby who Prefers One Side</li> <li>• Risks of Nipple Shields</li> </ul>	<ul style="list-style-type: none"> <li>• Infant Fussiness at the Breast</li> <li>• Weaning</li> <li>• Induced Lactation and Re-lactation</li> <li>• Parental diet during lactation</li> <li>• Complementary feeding for infants</li> </ul>
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### Videos

Video	Slide	Comments
Spoon Feeding	15	Slide 14 will say 'spoon feeding video'
Infant Led Latch	25	Slide 25 will say 'Click to start'
Nipple Shield Use	28	Slide 27 will say 'Click to Play Video'

### Triage Tools Reviewed:

**Refusal of one breast- Group 1 is the Mother. This is in the activity portion of the curriculum book.**

This is mom's 3<sup>rd</sup> baby

The baby is 9 days old, and won't take the R breast. This started on day 4.

Mom is not sure if the baby has a preference of keeping the head to one side or not

Mom is not aware of any sort of birth injury

**Infant Fussiness at the Breast- Group 2 is the Mother. This is in the activity portion of the curriculum book.**

This is mom's 4<sup>th</sup> baby

The baby is now 7 weeks old

The baby is very fussy at the breast. He squirms, pops on and off, and cries after feeding, but not for every feeding

She feels that her milk production is normal, not too high, not too low

The baby is somewhat spitty between feedings

The baby does not have mucous or blood in the stool

The baby is fussy all the time, but more at night

**Items to Bring: None**

**Activities: None**

## Session 7

<ul style="list-style-type: none"> <li>• Milk Expression             <ul style="list-style-type: none"> <li>○ Manual vs Pump</li> </ul> </li> <li>• Breast Pumps             <ul style="list-style-type: none"> <li>○ Manual, Battery, Electric</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fitting Breast Shields</li> <li>• Operating and Cleaning a Breast Pump</li> <li>• Storage of Expressed Breastmilk</li> <li>• Use of Expressed Breastmilk</li> <li>• Returning to Work and Breastfeeding</li> </ul>
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### Videos

Video	Slide	Comments
Manual Expression Video	19	Slide 18 will say 'Manual Expression Video'
Pump Expression Video	33	Slide 32 will say 'Pump Expression Video'
Flange Fit Video	39	When clicking on this slide the video blows in automatically

### Triage Tools: None

**Items to Bring-** See the table in the Activity Below

### Activity:

1) Breastfeeding Technology Demonstrations- Plan to do this after the PowerPoint presentation

#### **Learning Objectives:**

- 1) Describe to a mother how to assemble and use a supplementer at the breast using a feeding tube and bottle.
- 2) Demonstrate to a mother how to assemble the parts to a double electric pump, and how to operate the pump
- 3) Explain the purposes of breast shells

**Place pump equipment on a table, near a source of electricity in order to plug in pumps.**

**Articles should include:**

<b>Equipment</b>
A bottle with a 15 inch or 30 inch feeding tube
Supplemental Nursing System (optional but ideal)
One 20ml or 30 ml syringe
Small role of medical tape
Manual hand Pump with bottle
Double-electric Pump with pump kit
Nipple Shield
A pair of breast shells
Hands free Bra (optional)
Cup feeder
A few balloons to show how pumps work
1 Microwave Steam Clean Bag
Pump Gauge

**Teaching instructions for the Pump Demonstration Session:**

- Have trainees gather around you as you discuss the different pieces of equipment.
- If the group is larger than 12, consider dividing the group into 2.
- Have 1 group take a break while teaching the other group.
- Plan 20-30 minutes per group for pump demonstration.

**Teaching points:**

- 1) Feeding tube with bottle
  - a) Point out how to assemble a feeding tube with a bottle. Point out how this strategy can prevent spillage.
  - b) How to clean the feeding tube using a syringe
  - c) How the feeding tube attaches to the breast
  - d) How to apply tape
  - e) Option of a 15 inch or 36 inch feeding tube, 5 french or 8 french
  - f) Change the feeding tube out every 1-3 days
- 2) Manual breast pump
  - a) Demonstrate using the pump gauge how well a manual pump can work.
  - b) Demonstrate how to use the pump. Use a balloon if needed.
  - c) Take apart the pump to show how to take apart/put together.
- 3) Electric one-sided pump (if you have one)

- a) Demonstrate using the pump gauge how well the pump works.
  - b) Demonstrate how to use the pump. Use a balloon if needed.
  - c) Take apart the pump to show how to take it apart/put together.
  - d) Point out whether or not it has a stimulation phase, and the options for adjusting suction/speed if available.(depends on which one you have)
- 4) Double electric pump
- a) Demonstrate with pump gauge how well it works.
  - b) Demonstrate how to use the pump. Use a balloon if needed.
  - c) Take apart the pump to show how to it take apart/put together.
  - d) Point out whether or not it has a stimulation phase, and the options for adjusting suction/speed if available. (depends on which one you have)
  - e) Pull about the pieces and show what pieces need washing with soap and water or dishwasher.
- 5) Nipple Shield
- a) Show what this is, and how to put in on, by pushing it inside/out, then attaching to the breast.
- 6) Breast Shells
- a) Explain what these are used for
    - i) Smaller opening for protruding the nipple
    - ii) Larger opening for protecting the nipple
    - iii) Point out how they can cause indentations of the breast, and collect milk leakage
- 7) Cup Feeder
- a) Explain which one(s) you have, either a Foley feeder or just a medicine cup.
- 8) Pump Gauge
- a) You likely have used it already for the pump, but explain why this is a nice piece of equipment to have.
- 9) Allow the trainees to spend some time to practice with the equipment

## Session 8

<ul style="list-style-type: none"> <li>• Medications and Substances During Lactation</li> <li>• Health Equity and Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Case Discussions</li> </ul>
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**Videos: None**

**Items to Bring: None**

**Activities:**

### **1) Diversity Training Activity- In the activity PDF**

#### **Background**

There is significant disparity in breastfeeding rates between different groups of people in the United States. We know that breastfeeding rates are lower among African Americans, people with less income, people with lower education, and in certain geographic regions. There are many reasons for these disparities, and the reasons will vary depending on the community.

The goal of including the topic of health care disparity is to encourage the breastfeeding champions to raise the bar for breastfeeding support for all people in their communities, not just the easiest, most accessible and most successful groups. To learn more about disparities in healthcare, visit [www.solvingdisparities.org](http://www.solvingdisparities.org).

#### **The Project**

During this unit participants will practice the concept of incorporating diversity mindfulness while planning a breastfeeding initiative. The participants will learn from each other in small groups of 4-5. Since this is our first activity for the course, it is also an opportunity to meet a few other people in the training course.

#### **Learning Objectives:**

- 10) Practice including mindfulness of diversity in planning activities
- 11) Identify at least 2 groups of people that would be affected adversely when designing a breastfeeding promotion project in the community
- 12) Learn 2 new ways to include diverse groups of people in a breastfeeding activity

#### **Teaching strategy:**

<b>5 minutes</b>	<b>Have participants turn to the diversity worksheet in the curriculum book. Explain the project. Read the breastfeeding project out loud, and read the questions that they will work on in small groups. Ask that the participants gather in groups of 4-5.</b>
<b>15 minutes</b>	<b>Allow the group to talk and share ideas. They will work together to come up with some answers to the questions, and record them.</b>
<b>10 minutes</b>	<b>Ask a spokesperson from each group to give a 1–2-minute summary of some answers they came up with.</b>

**The Project:**

**Incorporating Diversity in a Community Breastfeeding Project**

As the breastfeeding champion for your place of work, you are the contact person for mothers and families who have breastfeeding questions and problems. You decide that it would be helpful for breastfeeding mothers to get to know each other in your community, for peer support.

You decide to send a letter to all breastfeeding parents and invite them to a Tuesday evening parent-baby breastfeeding support group. You will be the moderator for the group.

<p>PEOPLE: Which people are positively and negatively affected by this peer support program? What are the barriers for certain groups of people to attend?</p>	
<p>PLACE: How does the location account for mothers' comfort and safety?</p>	
<p>PROCESS: How does the structure of the program affect different mothers? Is a support group going to encourage certain groups of mothers and dissuade others from attending? How?</p>	

## **2) Role- Playing Using Breastfeeding Scenarios**

### **Learning Objectives:**

- 1) Practice identifying mother's goals when seeking breastfeeding advice.
- 2) Identify 2 ways of displaying empathy.
- 3) State 2 helpful pieces of advice that can be given to the breastfeeding mother.

### **Teaching Instructions:**

- There are 2 cases that will be role-played. **These are in the PDF Handout of Activities**

### **Everyone has already been assigned to either group 1 or group 2.**

For Case #1, The 1's will be the mothers for this case, and the 2's will be the breastfeeding champions  
For Case #2, the 2's will be the mothers, and the 1's will be the breastfeeding champions

### **Here is the case #1:**

*You are 3 weeks postpartum, and your baby has not latched yet. You are just pumping, and your milk production is low. Your baby never latched well in the hospital, and so you started pumping on day 2 postpartum. The baby was tongue tied and had the tongue clipped, but this didn't help the baby latch. You are pumping every 3 hours, and your production is low. The baby takes that plus another 1.5 oz. of formula at each feeding. You've tried to breastfeed the baby a few times at home, but the baby just screams at the breast. You are feeling overwhelmed by pumping and bottle feeding, esp. since your production is low. You are not sure that you want to continue to do this. You are wondering if it really matters that your baby is on formula rather than human milk?*

**Give each team about 15 minutes to practice role-playing, and then bring them back to discuss the case.**

**Here are prompts to bring about discussion of Case #1:**

### **What are the parent's concerns?**

- Her infant has not latched
- Her milk production is low
- She does not know why her infant is not latching
- The baby screams at the breast, and she is not sure why
- She is not sure it is worth continuing to try to nurse.
- She wants to know whether breastfeeding really matters

### **What are the parent's goals?**

- To find out if there is hope for improvement
- To find out if it is worth pursuing breastfeeding anymore
- To find out if the baby will ever really latch and nurse
- To find out if she really has to continue to pump and bottle feed, ie is there an end to this?

### **What are the parent's strengths to comment on?**

- Her persistence with pumping every 3 hours, since she also has to continue bottle feeding too
- Willingness to put the baby to the breast at times
- Willingness to seek breastfeeding help/support

### **How can you empathize with her?**

- Acknowledge her dedication by pumping every 3 hours, since she also has to continue bottle feeding too
- Comment that it makes sense that pumping and bottle feeding is not sustainable
- Let her know that you will support her by helping in whatever way you can.

### **What pieces of advice would help her?**

- Try to hold the baby skin to skin as often as possible to allow the baby to move down to the breast on her own, when the baby is not overly hungry.
- Don't allow the baby to become 'mad' at the breast by making the baby try to latch when she is hungry, before giving her a bottle.
- Ask for people to come over to help with all of the other home tasks, so that she can have time to hold the baby and relax/enjoy the baby.
- Once the baby is nursing, there is a good chance that she won't need to pump very often.
- There are medications and herbs that can help raise her milk production. You can refer her to a lactation consultant or knowledgeable provider for this.

**Next have the Trainees switch roles. Group 2 will now be the parent, and Group 1 will be the breastfeeding champion.**

### **Here is Case #2:**

*You are 3 mo. postpartum and you call because you have gone back to work. You notice that your production has gone down a bit, but you are still able to produce enough milk. You have to pump 3 times a day at work which is stressful, and the baby seems to pull and tug more at the breast in the evening. The baby is also waking up more at night to breastfeed. You are worried re the baby's weight, and wonder if you should supplement the baby or give solids. You are not sure if you can keep up with the pumping at work. Sometime later in the conversation you disclose that you, your partner, and his extended family are going to his family reunion, and you are not sure how they will feel about you nursing in public.*

***Give each team about 15 minutes to practice role-playing, and then bring them back to discuss the case.***

**Here are prompts to bring about discussion of Case #2:**

### **What are the parent's concerns?**

- Her milk production has decreased.
- The baby is pulling and tugging at the breast in the evening, not sure why.
- The baby is up more at night to nurse
- Does the baby need solids?

### **What are the parent's goals?**

- To increase her production
- Figure out a way to be successful breastfeeding and deal with the challenges of pumping and working
- To figure out how to manage breastfeeding while at the reunion
- To find out if she is being unrealistic in terms of continuing to nurse while at the reunion



- How to deal with her husband's extended family (ie their opinions) at the reunion
- How to nurse around family members, ways to feel comfortable nursing around relatives
- Check to be sure the baby is gaining well
- Find out if it is normal for the baby to wake up at night to nurse

**How can you empathize with her?**

- Acknowledge her dedication with nursing and pumping for 3 months.
- Comment that it must be exhausting to be working all day and still be up at night for the baby.
- You want to help make this all easier for her.

**What pieces of advice would help her?**

- Pump tips, such as pumping in the am after nursing, before leaving for work
- Ways to relax and encourage her letdown at work
- Ask her to come in for a weight check and to check that her pump is working properly
- Permission to use some formula during the day if needed. She does not have to breastfeed 100% to be successful
- Wait until 6 mo for solids, so best to supplement with formula before 6 mo if needed
- Counsel on traveling and breastfeeding. Encourage her to tell her family at times that she needs to take a break from the action and rest with the baby.

## **Appendix**

### **Taking Attendance at Events**

Attendance must be taken on each day of each course. We will provide a QR code, that takes them to a google sheet, where they will type their name.

This is crucial to document that they have taken the course. They may need this if they are audited by an accrediting organization like IBCLE or their state nursing organization.

# OBC Sample Program Schedules

## 4 Hour Modules

### Day 1

8:15-8:30am	Introductions
8:30-10:00	Session 1 – Components of Breastmilk, Risks of not Breastfeeding, Contraindications, Prenatal Counseling, Counseling the Mother
10:00-10:15	Break
10:15-12:15pm	Session 2 – Anatomy of Lactating Breast, Physiology of Milk Production, Positioning and Defining a Feeding

### Day 2

8:15-10:00am	Session 3 – Getting off to a Great Start, Support the First Week
10:00-10:15	Break
10:15-12:15pm	Session 4 – Sore Nipples and Breasts in the Lactating Woman

### Day 3

8:15-10:00am	Session 5 – Slow Weight Gain, Low Milk Production
10:00-10:15	Break
10:15-11:15	Session 5 – Slow Weight Gain, Low Milk Production
11:15-12:15	Session 6 – Non-latching Baby, Baby who is Fussy at breast, Complementary Feeding, Weaning

### Day 4

8:15-9:15am	Session 6 – Non-latching Baby, Baby who is Fussy at breast, Complimentary Feeding, Weaning
9:15-10:15	Session 7 – Manual Breast Expression, Breast Pumps, Milk Storage, Return to Work
10:15-10:30	Break
10:30-11:00	Pump Demonstration
11:00-12:15	Session 8 - Maternal Medications and Breastfeeding, Cases in Counseling Breastfeeding Mothers

## **2 Day (8 hour) Modules**

### **Day 1**

#### **Morning Session**

- 8:00-8:30 - Registration and introductions
- 8:30-10:00 - Session 1 - Components of Breastmilk, Risks of not Breastfeeding, Contra-indications, Prenatal counseling, Health equity
- 10:00-10:15 - Break
- 10:15-12:15 - Session 2 – Anatomy of the Lactating Breast, Physiology of Milk Production, Positioning and How to Define a Feeding

#### **12:15-1 pm - Lunch**

#### **Afternoon Session**

- 1-2:45pm - Session 3 – Getting Off to a Great Start Right after Birth, Support the First Week
  - 2:45-3pm - Break
  - 3pm-5pm - Session 4 – Sore Nipples and Breasts in the Lactating Woman
- 

### **Day 2**

#### **Morning Session**

- 8:00-8:30 - Registration
- 8:30-10:15 - Session 5 – Slow Weight Gain, Low Milk Production
- 10:15-10:30 - Break
- 10:30-11:30 - Continuation of Session 5
- 11:30-12:15 - Session 6 – Non-latching Baby, Fussy at the Breast, Complementary Feeding, Weaning

#### **12:15-1:00 - Lunch**

#### **Afternoon Session**

- 1:00-2:00pm - Session 6 – Non-latching Baby, Fussy at the Breast, Complementary Feeding, Weaning
- 2-3pm - Session 7 – Manual Expression, Breast Pumps, Human Milk Storage, Return to Work and Breastfeeding
- 3-3:45pm - Group 1: 20 min. Break followed by 20 min. Technology Demo  
Group 2: 20 min. Technology Demo followed by 20 min. Break
- 3:45- 5 pm - Session 8 - Maternal Medications, Counseling Mothers

# **Business**

## **Independent Contractors**

All instructors are hired as independent contractors. This means that we do not deduct taxes nor make payroll contributions. If you are paid more than \$600 in a year, we will send at 1099-misc in January of the following year.

## **Contracts**

In the pages that follow please find copies of our contract, code of conduct, and project assignment. All of these documents comprise the legal agreement between IABLE and our instructors. Instructors are required to sign a contract before they can begin teaching our courses. In addition, we are required to have you submit federal form w9.

# IABLE, Inc.

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## Independent Instructor Agreement

Commencing on \_\_\_\_\_

the signators below, collectively referred to as the "Parties", agree to abide by the terms and conditions set forth in this agreement.

The agreement is made by and between **The Institute for Breastfeeding and Lactation Education, Inc. (IABLE)**, a Wisconsin non-profit corporation located at 1935 N. Kollath Rd., Madison, WI 53593 and:

**Instructor Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Soc. Sec./EIN:** \_\_\_\_\_

### 1. Key Terms and Definitions

- 1.1. **"Agreement"** means this Independent Instructor Agreement.
- 1.2. **"Instructor"** means the individual or business entity specified above.
- 1.3. **"Client"** means a client of IABLE.
- 1.4. **"Services"** means IABLE-authored training provided by Instructor.
- 1.5. **"Training Course" (TC)** means an entire breastfeeding training program to be performed by Instructor.
- 1.6. **"Project Assignment" (PA)** means a description of specific services and terms relating to a training course which shall become an exhibit to this Agreement.

### 2. Compensation

- 2.1. For the services performed by Instructor, IABLE shall pay Instructor the compensation agreed upon at the outset of each TC, as stated in the PA specific to that TC. However, for any PA for which the Instructor is being paid by another party, e.g. an employer, IABLE will not compensate Instructor.
- 2.2. IABLE shall compensate Instructor for out-of-pocket expenses including transportation, housing and meals. At the outset of each training course, these expenses will be defined in the PA specific to that TC. Instructor must submit receipts to IABLE at the conclusion of the TC.
- 2.3. Any charges payable under this Agreement are exclusive of any applicable taxes, tariff surcharges or other like amounts assessed by any governmental entity arising as a result of the provision of the Services by the Instructor to IABLE under this Agreement.
- 2.4. Instructor shall be partially compensated at the outset of the TC, as stated in the PA specific to that TC. The balance of the compensation shall be paid upon submission of an invoice following completion of the TC. Upon completion of the TC, the Instructor may submit an invoice within 60 days for the balance of the compensation due plus reimbursement for any expenses to which IABLE and the Instructor have agreed upon per item 2.1. If IABLE rejects Instructor's invoice and/or supporting documentation, IABLE shall provide Instructor with a written response detailing IABLE's specific reasons for the rejection. If IABLE accepts the Instructor's invoice and supporting documentation, IABLE shall pay Instructor the balance thirty (30) days after the date of receipt and acceptance of Instructor's invoice and supporting documentation. If any IABLE equipment has been borrowed for use in the TC, all equipment must be

returned in good working order before the balance of the compensation is paid. See Rules of Conduct Agreement, attached as Exhibit A.

### **3. Instructor Responsibilities**

The Instructor agrees to abide by IABLE Rules of Conduct Agreement, attached as Exhibit A.

### **4. Independent Contractor**

Both IABLE and the Instructor agree that the Instructor will act as an independent contractor in the performance of his/her duties under this Agreement. No agent or employee of the Independent Contractor shall be or shall be deemed to be an employee or agent of IABLE. The manner and means of conducting the work are under the sole control of the Instructor. The Instructor shall be responsible for payment of all taxes including Federal, State and local taxes arising out of the Instructor's activities in accordance with this agreement. The Instructor will be solely and entirely responsible for his/her acts and the acts of his/her agents, employees and subcontractors during the performance of this Agreement. The work performed under this Agreement will be performed entirely at the Instructor's risk.

### **5. Services**

5.1. Services. This Agreement defines the terms that will apply to the Services Instructor will perform, but does not engage Instructor for a specific TC. When IABLE engages the Instructor to perform the Services, IABLE shall issue a PA setting forth a description of the Services and the compensation to be paid by IABLE for the Services. IABLE may change the scope of the Services, provided that any change requiring additional services shall be subject to the parties' mutual agreement. The reimbursable expenses will also be set forth in the PA.

5.2. Method of Performing Services. Instructor shall provide the Services to IABLE in accordance with the PA and the terms and conditions of this Agreement. Instructor shall generally determine the method, details and means of performing the Services. IABLE shall not have the right to control the exact manner or determine the precise method of performing the Services. IABLE may exercise a general right of supervision and control over the results of the Services performed by Instructor to ensure satisfactory performance. This power of supervision shall include the right to inspect, stop work, make suggestions or recommendations as to the details of the work, and request modifications to the scope of the Services. Instructor shall at all times conduct the Services in a manner that will not adversely affect IABLE's business, operations, reputation or goodwill.

5.3. Scheduling. Each TC will be arranged by IABLE. IABLE and the Instructor will work together to schedule the training sessions with the Client. Instructor shall complete the Services no later than the date specified in the applicable PA. IABLE might also request that Instructor help make other PA-related arrangements – e.g. travel arrangements, locating a training facility, and arranging meals.

### **6. Ownership of Deliverables.**

All computer software, patentable inventions, all copyrightable works, and any other deliverables to be produced by Instructor shall be a "work for hire" as that term is defined for copyright and other purposes, and shall be and become the property of IABLE which shall have all and exclusive rights to same. Instructor hereby assigns all rights to deliverables to IABLE. To the extent necessary, Instructor agrees to execute any additional documents necessary to transfer copyright, patent rights, ownership of, and all other rights in deliverables produced by the Instructor.

### **7. Confidential Information**

7.1. Scope. During the term of this Agreement and thereafter, Instructor shall not take or use, or otherwise disclose to anyone, any Confidential Information (as defined below), except (i) as necessary to perform his/her duties and responsibilities pursuant to this Agreement, (ii) as permitted in writing by IABLE, or (iii) as required by any court or governmental agency.

7.2. Definition. "Confidential Information" means information in any form that concerns or relates to any aspect of the actual or contemplated business of IABLE and that is treated as confidential by IABLE. However, this Agreement imposes no obligation upon the Instructor with respect to information that is or becomes a matter of public knowledge through lawful and proper means. The Instructor may not

share IABLE teaching tools such as the PowerPoints, access to the website, electronic triage tools, etc., except as outlined in the PA.

- 7.3. Destruction of Data. Upon completion of the project, Instructor shall provide IABLE with copies of all data associated with the project, and upon confirmation of receipt of data by IABLE, shall remove all copies of the data in his/her possession.

## **8. Warranties**

- 8.1. Warranty. Instructor warrants to IABLE that (i) Instructor has all requisite right and authority to enter into this Agreement with IABLE and is duly authorized to do business in the state in which the Services are to be performed, (ii) all Services will be performed by Instructor in accordance with this Agreement, any PA and all applicable laws, ordinances, codes, rules and regulations, and (iii) all Services will be performed by Instructor in accordance with the best practices of Instructor's industry.
- 8.2. Corrections. If any of the Services do not comply with the foregoing warranties, Instructor shall correct the deficiency at his/her sole cost and expense within seven (15) days after IABLE's written request.

## **9. Indemnification**

The Instructor agrees to indemnify IABLE for any and all liability or loss arising in any way out of the performance of this Agreement, unless such liability or loss was caused by IABLE's negligence.

## **10. Termination**

- 10.1. Term. This Agreement will continue until terminated. Either party may terminate this Agreement for any or no reason, upon a party providing thirty (30) days' written notice of termination to the other party. Not later than the effective date of such a termination notice, Instructor shall cease performing all Services, advise IABLE in writing of the extent to which the Services have been completed by Instructor through the date of termination, and provide IABLE with complete copies of all Work Product. Provided that Instructor is not in default under this Agreement, Instructor shall be compensated for the Services performed by Instructor through the date of termination in accordance with Section 2 above. In no event shall IABLE have any liability for any consequential or incidental damages in connection with such termination of this agreement and/or any Services.
- 10.2. Survival. Sections 6, 7, 8 and 9 shall survive the expiration or termination of this Agreement.

## **11. General**

- 11.1. Assignment. No portion of this Agreement or any of Instructor's rights (including, without limitation, the right to payment for Services) or obligations hereunder may be assigned and/or delegated by Instructor without IABLE's prior written consent, which consent may be granted or withheld in IABLE's sole discretion.
- 11.2. Choice of Law. This Agreement shall be governed by, controlled and construed in accordance with the substantive and procedural laws of the State of Wisconsin, and the parties consent to the jurisdiction of the courts of the State of Wisconsin.
- 11.3. Complete Agreement. This Agreement, including all addenda attached hereto or referenced herein, constitutes the complete and exclusive statement of the agreement between IABLE and Instructor, and it supersedes all prior proposals, oral or written, and all other communications between IABLE and Instructor relating to the subject matter of this Agreement. Any modifications of this Agreement shall be in writing and signed by both Instructor and IABLE.

With the intent to be legally bound, IABLE and Instructor have hereby caused this Agreement to be executed.

Signatures...



# IABLE Instructor Rules of Conduct Agreement

(Addendum to IABLE Instructor Agreement)

## **Expectations from the IABLE**

1. For each course, we will negotiate a contract with the client, and we will consult the Instructor regarding times/schedules.
2. We will provide the Instructor with a project assignment agreement outlining the details associated with the contract.
3. We will send the curriculum manuals to the Instructor or to the Client before the course begins.
4. We will send each enrollee a pdf of each lecture and the triage tools.

## **Expectations from the Instructor**

1. In connection with any actual or possible conflict of interest, the instructor will disclose the existence of the financial interest or other material facts to IABLE.
2. Arrive on time, finish on time.
3. Let us know as soon as possible, but ideally at least 1 week in advance if you need to cancel a session.
4. Keep an attendance record of the trainees.
5. Complete the IABLE reimbursement forms for expenses (as listed in the Project Assignment).
6. The Instructor will disclose conflict of interests with the trainees at the start of each day of teaching.
7. If someone requests information about training, the instructor will refer the party to IABLE.

**IABLE**  
**Project Assignment Agreement for Instructors**

Instructor:

Dear:

Thank you for your participation in IABLE. Below please find details of your upcoming instructor assignment for the Outpatient Breastfeeding Champion Training.

**Dates:** \_\_\_\_\_

**Training Location:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Approved Fee/Expenses:**

**Teaching Fee:** \_\_\_\_\_

**Travel**

Meals*	Hotel
Mileage	Rental Car
Parking	Taxi/Limo
Airfare	

**Details:**

AV equipment details \_\_\_\_\_

Please inform us asap if you will be unable to teach all or part of this training, but no later than **DATE**

Please submit expenses using an IABLE reimbursement form.

Per diem limits for meals- Breakfast \$15.00, Lunch \$20.00, Dinner \$30.00. IABLE does not reimburse for alcohol.



**IABLE**  
*Institute for the Advancement  
of Breastfeeding &  
Lactation Education*

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