



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Georgia Chapter

Schedule an EPIC® Breastfeeding Education Program Today!



EPIC Breastfeeding Education Overview:

- Provides convenient **physician led, peer-to-peer breastfeeding education.**
- **1-hour sessions** during lunch, or a time more convenient for your staff.
- Each program host will receive a **FREE Breastfeeding Resource Kit** as part of the presentation.
- Attendees earn **free CME, GNA, LCERP, and CPE continuing education units.**

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GEORGIA CHAPTER
AMERICAN ACADEMY
OF PEDIATRICS
1330 W. Peachtree St., NW
Suite 500
Atlanta, GA 30309
Fax: 404-249-9503

3 Programs to Choose From!

- Breastfeeding Fundamentals**
- Supporting Breastfeeding in the Hospital**
- Advanced Breastfeeding Support**

New!



EPIC® ...Developed by physicians, for physicians.

The Georgia Chapter of the American Academy of Pediatrics (AAP) is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter AAP designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

EPIC Breastfeeding Education Request Form

Please provide us with the following information so that we can make the appropriate arrangements for your program. This completed form and the Pre-Program Survey can be faxed to Andrea Perry, Program Coordinator, at (404) 249-9503. Our office will contact you as soon as possible to confirm the date of your presentation. Thank you and we look forward to providing you with this educational opportunity.

Note: A minimum of 1 hour should be dedicated for each program.

Topics: Breastfeeding Fundamentals Advanced Breastfeeding Support Supporting Breastfeeding in Hospital

Date of Request: _____ Name of Person Making Request: _____

Title: _____ E-Mail: _____

Organization Name: _____

Names of Physicians: _____

Specialty: OB/Gyn Pediatric Family Medicine Other: _____

Facility: Hospital Private Practice Residency Program Other: _____

Address: _____

District/County: _____ Phone: _____ Fax: _____

Possible Dates for Presentation: 1) _____ 2) _____ 3) _____

Best Time of Day: 1) _____ 2) _____ 3) _____

Approximate Number of Attendees: _____ Approximate Number of Attendees by Category:

____Physicians ____NP/PA ____RN/LPN ____MA/MT ____Office Staff ____Other

Location of presentation if other than office location listed above:

Training Site Contact Person if different from person making request:

Name: _____ Title: _____

Phone: _____ E-mail: _____

As the **Host/Contact Person** for your site, we ask that you be responsible for the following activities:

- Greet trainers when they arrive at site.**
- Introduce the program and trainers prior to the presentation.**
- State the time program is to be completed to ensure staff returns to work on-time.**
- Close the program and encourage the staff to complete the evaluations and turn them in to the trainers.**
- Return 60-Day Post-Program Survey.**

How did you hear about the EPIC Breastfeeding Program?

- Blastfax
- Newsletter
- Word-of-Mouth
- Educational Conference
- Previous EPIC Program
- Other: _____

EPIC Breastfeeding Education Pre-Program Survey

Please have a physician in your practice complete and return this survey with your EPIC program request form. Your answers to this survey will help our trainers provide you with the best information to assist your office with breastfeeding education. Thank you!

Date _____ Name _____ Credentials: MD DO Other _____

Type of Practice _____ E-mail Address: _____

How long have you been working in this capacity? _____

1. Requested topic(s) of interest:

- | | |
|---|--|
| <input type="checkbox"/> Barriers to Breastfeeding | <input type="checkbox"/> Latching issues/positioning |
| <input type="checkbox"/> Benefits of Breastfeeding | <input type="checkbox"/> Medications and Breastfeeding |
| <input type="checkbox"/> Breast milk supply issues | <input type="checkbox"/> Racial disparity in Breastfeeding |
| <input type="checkbox"/> Community resources | <input type="checkbox"/> Support for working mothers |
| <input type="checkbox"/> Contraindications to Breastfeeding | <input type="checkbox"/> Other _____ |

2. What is the comfort level of your practice working with breastfeeding mothers? **Very** **Somewhat** **Not at All**

3. Did you receive any breastfeeding education during your residency program? **Yes** **No**

4. Did any of your staff receive any breastfeeding education during their training? **Yes** **No**

5. Do you think your attitude about breastfeeding affects your patients' decision to breastfeed? **Yes** **No**

6. Do you collect data about breastfeeding rates in your practice? **Yes** **No**

7. What resources do you use in your practice for breastfeeding education?

- | | |
|---|---|
| <input type="checkbox"/> AAP Breastfeeding Handbook for Physicians | <input type="checkbox"/> Medications and Mothers' Milk/Hale |
| <input type="checkbox"/> AAP/OB/FP Policy Statements | <input type="checkbox"/> PDR |
| <input type="checkbox"/> Amy Spangler's Educational Materials | <input type="checkbox"/> The Breastfeeding Atlas |
| <input type="checkbox"/> Breast pump Company Reps | <input type="checkbox"/> The CDC Guide to Breastfeeding Interventions |
| <input type="checkbox"/> Breastfeeding and Human Lactation/Lawrence | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CDC Redbook | <input type="checkbox"/> Websites _____ |
| <input type="checkbox"/> Grady Poison Control | _____ |
| <input type="checkbox"/> La Leche Question and Answer Book | _____ |

8. Which of the following referral sources does your practice provide to patients for lactation services?

- | | |
|---|--|
| <input type="checkbox"/> Breastfeeding Hot Line | <input type="checkbox"/> Private Lactation Consultant |
| <input type="checkbox"/> Breastfeeding Support Group | <input type="checkbox"/> Rental of Equipment or supplies |
| <input type="checkbox"/> Certified Lactation Consultant | <input type="checkbox"/> WIC office |
| <input type="checkbox"/> Hospital Lactation Consultant | <input type="checkbox"/> Websites _____ |
| <input type="checkbox"/> Peer Counselors/WIC | <input type="checkbox"/> Other _____ |

EPIC Breastfeeding Education Pre-Program Survey

9. Do you ask your patients about breastfeeding? **Yes** **No**
If yes, how and when? _____

10. Is breastfeeding assessment part of your visit with your patient? **Yes** **No**
11. When do most women in your practice make the decision to breastfeed? (Circle one or more answer.)
Preconception **1st Trimester** **2nd Trimester** **3rd Trimester**
12. Do you play an active role in educating your patients about breastfeeding? **Yes** **No**
If yes, how and when? _____

13. How important do you think breastfeeding education is for your patients? **Very** **Somewhat** **Not at All**
14. Has your office received any breastfeeding education in the last 2 years? **Yes** **No**
If yes, please describe the information received and who received this information. _____

15. How would you describe the location of your primary practice?
Urban, inner city **Urban, not inner city** **Suburban** **Rural** **Other** _____
16. What do you estimate is the percent of your patients receiving WIC support?
0% - 25%___ **26% - 50%**___ **51% - 75%**___ **76% - 100%**___
17. What do you estimate is the percent of your patients receiving Medicaid?
0% - 25%___ **26% - 50%**___ **51% - 75%**___ **76% - 100%**___
18. Does your practice feel breastfeeding promotion is worth the effort? **Yes** **No**

Please mail or fax Program Request Form and Pre-Program Survey to:

**EPIC Breastfeeding Education
1330 West Peachtree Street NW, Suite 500
Atlanta, GA 30309-2904
Attn: Andrea Perry, Program Coordinator
Fax: 404-249-9503**

**For additional information, contact:
Arlene Toole, Program Director @ 404-881-5095 or
E-mail: atoole@gaaap.org**

Thank You!