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| Critical Access Hospital  **Train the Trainer – Breastfeeding Training Request Form** |  |

**Overview**

[Rural Breastfeeding Support Initiative](https://www.mtbreastfeedingcoalition.com/rural-bf-initiatives.html) With the goal of increasing breastfeeding education support opportunities in rural MT communities, The MT Nutrition & Physical Activity Program (NAPA), with partnership from the Montana Hospital Association, will provide a **free -** 4 hour basic breastfeeding education training for healthcare staff of Critical Access Hospital communities. **Please complete the following application to request a training at your facility.**

# Facility Information

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| Critical Access Hospital |  | Street Address:  (City & Postal Code) |  |
| Main CAH Contact: |  | Position |  |
| Phone |  | Email |  |

**Course Outline**

- Breastfeeding Data & Trends - Lactation Physiology & Breastmilk Composition - Breastfeeding Benefits

- Support Techniques - Trouble Shooting Common Breastfeeding Challenges - Supporting the Bottle-Feeding Child - Including Family in Breastfeeding Support - Breastfeeding Resources - Next Steps in Lactation Support.

**Learner will be able to:**

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| 1. Name benefits to breastfeeding; | 2. Understand basic physiology of breastmilk production; |
| 3. Know keys to get breastfeeding initiated successfully; | 4. Be familiar with basic breastfeeding positioning; |
| 5. Be familiar with common breastfeeding challenges; | 6. Know where to locate breastfeeding support resources. |

**Requirements**:

* Montana Critical Access Hospital;
* Conference room that holds up to 15 people;
* Projector & Screen (preferably with WIFI capability);
* Optional – lunch/snack option for participants.

**Training Date Requests***/ Please respond with a few different month options*

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| --- | --- | --- | --- |
| Date 1: |  | Time |  |
| Date 2: |  | Time |  |
| Date 3: |  | Time |  |

Please describe current breastfeeding support structure at your facility and any specific breastfeeding support gaps in knowledge that you would like addressed during the training *(example: benefits and techniques of hand expression).*

**Please return completed training request to** [**TMiller6@mt.gov**](mailto:TMiller6@mt.gov?subject=CAH%20Breatfeeding%20Training%20Request)