

# Oklahoma Breastfeeding Resource Center

Website

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Email

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Phone

405-271-6162

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## Our Services

### Lactation Education

Our team is available to teach health care professionals on a variety of breastfeeding topics. We have 1-hour lectures, 4-hour skills sessions, 1-day and 2-day in person classes & online classes available. Continuing nursing education credits available on select classes. [See our site to learn more!](#)

### Parent Education

OBRC has a free, online, breastfeeding course with basic breastfeeding info. Parents will learn how to latch baby, how to calm baby, how to feed on cue and much more! Use any smart device to take the course. No teacher, no grades, just learning. This class is self-paced and they can take this class as many times as they want. [Go to our "Families" page today to take this class!](#)

### Breastfeeding Clinic

No matter where someone delivered, they can be seen by an IBCLC at the Women's Health Clinic at OU Health Physicians.

\*In person and telehealth visits available.

\*Most insurances accepted.

\*Call to schedule: 405-271-5239.

## What to know...

### Breastfeeding in public

It is legal to breastfeed in public in every state in the US, as long as you are in a place where you are legally allowed to be. That means, if you are not trespassing, you are allowed to breastfeed! Most places of work are required to allow breaks to pump. [See Oklahoma's current laws to learn if your employer is legally required to provide these breaks.](#)

### Learn & plan early

Did you know that lactation starts as early as 16-18 weeks of pregnancy? Breastfeeding planning and education should start during pregnancy. Encourage parents to see a lactation consultant, call or text the IBCLCs of the Oklahoma Breastfeeding Hotline, or take our free parent course!

### Baby-Friendly Hospitals

Oklahoma has a number of Baby-Friendly hospitals with policies and procedures in place to help mothers successfully start their breastfeeding journey. At these hospitals, staff are trained to help with breastfeeding. Healthy babies are placed skin to skin with mom/parent right after birth and are kept in the room with the parents. Moms are supported to learn baby's feeding cues and exclusively breastfeed.

## Oklahoma Breastfeeding Hotline

Call:

1-877-271-6455 (MILK)

Text:

OK2BF to 61222

Families & providers can talk or text with our Lactation Consultants (IBCLCs) for free 24 / 7 / 365!

\*You may receive text charges from your cell provider



# Oklahoma Breastfeeding Resource Center

Improving breastfeeding outcomes in Oklahoma through education, advocacy, quality care and research

## Evidence for Breastfeeding

## Handouts for Patients

## Guidance for Providers

AAP Technical Report on the Use of Human Milk

Understanding Feeding Cues

Academy of Breastfeeding Medicine Protocols



ILCA's Risks of Not Breastfeeding

Importance of Skin to Skin

Lactation Education Resources Handouts Gallery



## Skills Sessions

Position & Latch  
Video



Mechanical Expression  
Video



Supplemental Feeding Methods  
Video



## Pumps from WIC

The mom must be currently enrolled in the WIC Program with the current pregnancy to be evaluated for breast pump needs.

If a mom and/or baby receive Medicaid (SoonerCare), SNAP or TANF, they would meet the income eligibility for WIC, but still must enroll / be certified to receive benefits.

The WIC Program cannot issue a pump before delivery of the baby.

A pump could be issued for:

- 1) Baby is too ill to latch/in NICU,
- 2) Breastfeeding complications,
- 3) Mom needs to increase supply,
- 4) Mom needs to return to work/school.
- 5) Bereaved mothers who want to pump to donate milk in memory of their baby.

Pump needs assessed on individual basis. If any confusion on eligibility, ask to speak to the clinic supervisor.

WIC Breastfeeding Helpdesk:

Local: 405-426-8502

Toll free: 1-888-655-2942 Opt. 2

Email:

[OSDH.WICBreastfeedingHelpdesk@health.ok.gov](mailto:OSDH.WICBreastfeedingHelpdesk@health.ok.gov)

## Case Studies

### Sharon

Sharon's son Darnell is two days old, scheduled cesarean birth. Sharon has had a lot of visitors over the past two days, and she felt uncomfortable asking people to leave so she could breastfeed. Darnell was very sleepy on the first day, and Sharon has had trouble stimulating him to breastfeed every three hours. Today, he has been showing feeding behaviors nonstop. He wants to stay at the breast constantly, nursing every hour. Sharon just finished her dinner and she is exhausted from feeding him so frequently all day. She also worries that his behavior means that she doesn't have enough milk.

1. What is your next step?
  2. How will you address Sharon's concern that she does not have enough milk?
  3. Any other interventions that might be needed here?
- 

### Rachel

Rachel gave birth to her first baby, Owen, at 36 weeks. Owen's APGARs are 7 and 9 and other vital signs are good. Usually late preterm babies like Owen are sent to the nursery for observation, thermoregulation and blood glucose monitoring for several hours. Rachel however plans to exclusively breastfeed for several months and hopes to continue breastfeeding for at least one year. She really does not want her baby to go to the nursery. Owen is 15 minutes old.

1. What is your next step?
2. How can you advocate for Rachel & Owen while maintaining Owen's temperature and blood sugar levels?
3. What interventions might be needed to ensure Owen is feeding effectively over the next few days?

# Case Studies

## Jaycelle

Jaycelle is 17 years old and gave birth to Tyree last night at 0230. She wasn't sure if she wanted to breastfeed so Tyree was given 40 ml of formula before transfer to the mother/baby area. At 0900, the mother/baby RN calls the lactation consultant because "I can't get this baby to eat and he should be hungry by now. Mom is wanting to try breastfeeding too." The lactation consultant is not available due to other high acuity patients and you are called to help this couplet.

1. What is your next step?
  2. How will you encourage Jaycelle to exclusively breastfeed?
  3. What could have been done differently?
- 

## Jennifer

Jennifer gave birth to Molly, her second child, 8 hours ago. Molly is still too sleepy to have a good feed. Jennifer had problems breastfeeding her first child and tells you she's not sure she wants to breastfeed Molly if the problems she previously experienced are likely to reoccur.

1. Molly has not had a good feed in her first 8 hours. What is your next step?
  2. What else would you tell Jennifer to give her confidence in her ability to breastfeed?
  3. What interventions might be needed here if Molly does not have an effective feed by 24 hours?
- 

## Adrianna

Adrianna has been on bed rest for preterm labor and threatened abruption. She had an emergency cesarean at 23 weeks 18 hours ago. The baby is in the NICU with uncertain prognosis. Her first baby was also very preterm and did not survive. This time she told the doctors to do everything they could to save her baby. Adrianna was planning to breastfeed and so far no one has mentioned it to her.

1. What is your next step?
2. What if you help Adrianna with milk expression and her baby does not survive?
3. What if you wait to see if the baby is going to survive before talking to Adrianna about milk expression? 5

## Notes

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