# UCSan Diego Extension LACTATION EDUCATION PROGRAMS

## **Lactation Educator Counselor**

Solano County-Vacaville, CA

### **Lactation Educator Training Program**

This program prepares health professionals and other interested individuals to become lactation educators. It furnishes the basic information necessary to promote breastfeeding and to interact in the breastfeeding situation by assisting and encouraging the breastfeeding triad of mother, baby, and support person. Topics include basic anatomy and physiology of lactation, early attachment of the baby, hospital care, support during the postpartum stage, common concerns and solutions, and appliances and apparatuses used in breastfeeding. The Lactation Educator and the Lactation Educator Counselor are the same course. This 45 hour program meets the prerequisite requirement for the LEAARC accredited Lactation Consultant training program. At completion of the course students are "Certificated Lactation Educator Counselors."

**Special Instructions:** Please bring a doll and baby blanket to class. A textbook is required, so please visit www.breastfeeding-education.com for details. Outside homework requirement will consist of 40-60 hours of work. For more information, call (858) 534-9262 or visit extension.ucsd.edu/lactation.

\*Now Lactation Educator is online! New courses start every quarter. Check online for new dates at extension.ucsd.edu or at:



### **COURSE INFORMATION:**

**Dates:** April 21-22-23 & June 3-4, 2015 (5 mtgs)

**Time**: 8:30am - 5:00pm

Fee: \$695.00

**Section ID: 107293** 

Location: 1119 E. Monte Vista Ave,

Vacaville, CA 95688 Conference Room 1-101

**Credit:** 4 units in Reproductive Medicine **RN/RD:** 45 Hours of Relicensure Credit

Program Instructor: Gini Baker, RN, MPH, IBCLC, UC San

**Diego Extension Lactation Programs** 

Clinical Facilitator: Teri Ewell, Vallejo WIC Supervisor

(707) 553-5185





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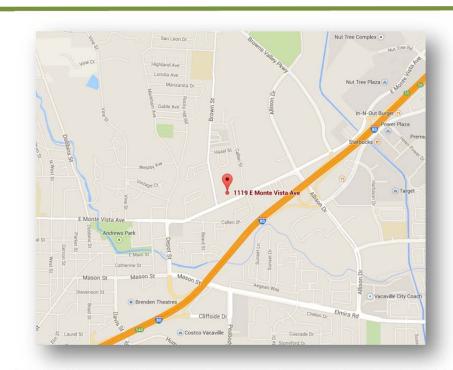
#### TO ENROLL:

On the web: extension.ucsd.edu By Phone: (858) 534-3400

#### **FOR MORE INFORMATION**

Email: unexhealthcare@ucsd.edu Call: (858) 534-9262





## **Enrollment Form**

Name: Address:	Email:			
City:				
	Evening Phone:			
	Fee: \$695.00	Section No: 10	7293	
Please make checks payable to "UC Regents" or charge to: ☐ VISA			☐ MasterCard	☐ Discover Card
Credit card No			Expiration Date:	<u> </u>
Authorization Signature:				