

Items for Sale

The following items are available from LEC by mail. Circle the number associated with the item you are ordering, and enclose the appropriate amount. Mail to: LEC, c/o Jan Barger, 618 N. Wheaton Ave., Wheaton IL 60187. Phone 630-260-4847; Fax: 630-260-8879. E-mail: LECOffice@aol.com.

1. Breastfeeding Diary
2. Beginning Breastfeeding
3. Baby's Second Night
4. Infant Feeding Instructions
5. Breastfeeding Is Going Well If...
6. Pacifiers
7. Permission to Supplement
8. Saving Breastmilk
9. LC Consent form
10. Engorgement Handout
11. Biting
12. Safe Bedding Practices
13. "Gentle" Waking
14. Red Flags & Risk Factors
15. Telephone Log
16. How to Dry Up Your Milk
17. When Baby Can't Nurse at Breast
18. Reverse Pressure Softening
19. Care Plan for Treating Yeast Infections
20. Will Breastfeeding Change My Lifestyle
21. Care Plan for Sore Nipples
22. Smoking and Babies
23. Care Plan for Treating Plugged Ducts
24. Questionnaire for Mom Risk Factors
25. Agreement to Use a Nipple Shield
26. The Baby that is "Just a Little Early"
27. Special Feeding Plan
28. Cup Feeding Your Baby

Each of these handouts is \$4.00. Individual handouts will be sent as a PDF file.

The "Complete Set" Vol. 1 which includes 1 - 17 can be purchased for \$50. Vol. 2 Set includes 18 - 28 and may be purchased for \$35. All prices include shipping & handling. All handouts may be copied and distributed. They may not be resold.

Also available:

LEC's NEW Practice Exam Book – includes 7 exams of 50 questions each, and an 8th exam of 60 pictures with answer choices - \$40.

"Clinical Experience in Lactation: A Blueprint for Internship" (Blueprints) – \$68.

"Clinical Experience in Lactation: A Blueprint for Public Health Professionals" - \$68.

Both versions of Blueprints are training manuals developed to help aspiring lactation consultants focus on the activities and experiences they need to become confident and knowledgeable in their new profession.

Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip)

E-mail Address: _____ Check # _____

Credit Card (circle): Visa MasterCard Discover

Number _____ Exp. Date _____

Name as it appears on card _____

Billing address if different from above _____

Total items ordered _____

Total amount enclosed _____