Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year of the Nurse and Nurse Midwife. And what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit, and I'm so glad you're here.

Hello, and welcome to another episode of Nightintales. You guys, I'm really excited. We have a really passionate nurse here with us today, and she is going to share all about her journey and tell you a little bit about the unique course that she has taken. I'm excited to introduce you to Jonelle Lund. Jonelle is a registered nurse and international board certified lactation consultant, and also is with Lava Baby Lactation, which she will tell us a little bit about today as you listen to this episode. Jonelle, thank you so much for your time and for joining us today.

Jonelle Lund, BSN, RN, IBCL:

Thank you for having me, Jessica. I'm really excited to be here and to speak with students out there and other nurses. So I'm excited.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Great. And I'm excited too, because I think your course isn't necessarily the same one that we've all taken, and I know you shared with me that it's not necessarily what you saw yourself doing either. So I'm anxious to hear about this. If you don't mind, let's just start with a little bit about your background nursing school, and what was that first job that you secured?

Jonelle Lund, BSN, RN, IBCL:

Absolutely. I am a graduate of Michigan State College of Nursing. Go green. And right out of college, I moved to Wisconsin Madison area and worked at University of Wisconsin Children's Hospital as a pediatric RN on a step-down units for multivisceral transplant organ patients. And it was intense and it was amazing and I loved those kiddos and it really brought to life for me how resilient kids are. They can be the sickest of the sick and they don't even care how sick they are. They just want to know that the child life lead is going to come and play with them. So I absolutely loved that and was there for about an a year and a half until we, my husband and I, and my daughter decided to move back to Michigan.

And then at that point I transitioned back into, or transitioned into pediatric nursing at Helen DeVos Children's Hospital in Grand Rapids, Michigan, but knew that my passion was with teaching. So I was trying to really figure out how to make that happen. So I sought out teaching positions in the area and ended up actually finding a position with St. Mary's, which is now Trinity Health Saint Mary's, in Grand Rapids as well, in their childbirth ed department teaching the sibling class. So while it wasn't quite what I had thought, it got me in the door and that's what really led me to where I am now in lactation.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Si when you say teaching, you're not talking about teaching nursing students or other professionals, you're talking about teaching these families about the transitions that they're going through. Is that correct?

Jonelle Lund, BSN, RN, IBCL:

Yeah. And I wouldn't have thought that would have been the case, but I do... That's one thing I absolutely love about nursing is you are an educator through and through. It doesn't matter what aspect of nursing you're in, you are teaching the patient, you're teaching the families. My goal has really always been to teach at the collegiate level and someday I'll get there, but I was just looking at some things. How can I teach? So I ended up teaching families about what it was like to have a baby coming into their home.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my gosh, what a cool opportunity doing something that's so exciting for families. You got to work with them during really exciting times in their lives, but really critical transitions, it sounds like.

Jonelle Lund, BSN, RN, IBCL:

Yes, yes, absolutely. And then from there I knew... Because I worked mostly with just the little kids who were getting a new sibling and I thought, "Okay, I like this. It's fun, but it's not fulfilling that need that I have." So I reached out and said, "What else can I teach?" And they said, "Well, how about childbirth ed?" And I'm like... Aside from nursing school and my own childbirth experience, I knew nothing. My background was pediatrics, not labor and delivery. So I was like, "No, I can't do that." And they said, "Well, we really could use another breastfeeding instructor. How do you feel about that?" And through my own journey with my daughter and breastfeeding her, I had really fallen in love with breastfeeding. So I said, "Sure, I'll go and I will watch how that class is," and went and watched the instructor who became my biggest mentor and just a phenomenal nurse who showed me the ropes and opened up the door to what a compassionate lactation consultant can really be for families and the impact that they can have.

So I started teaching the breastfeeding class and I took a certified lactation counselor class, which was a 40 hour class, and took a, in retrospect, a very small exam at the end to get that certification and then started working at St. Mary's at the same time as I was still working as a pediatric nurse and worked with moms and babies and the families and helps them to get their baby's feeding well or troubleshooting any issues or just even sometimes it's just bonding with baby. How can I bond with this baby and teach them to feed?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow, that sounds like such a fulfilling opportunity Jonelle, to really offer someone... I think when we think about meeting the most basic of needs, those mothers are so desperate to feed their infants. And I think that being the nurse who's able to support them and empower them during that really intense time seems like a really valuable experience.

Jonelle Lund, BSN, RN, IBCL:

It is. I love it. I think one thing that I really take away from it is I am being welcomed into that family during the most precious and valued time in their lives. When you have a newborn, it's sacred in that environment, and I worked as a long time as a lactation consultant in the hospital, and now I'm going into homes and it doesn't matter. I always thank the family for welcoming them into their space and into their family unit during that time, because it is sacred.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And such a beautiful role for nursing. When I think of our our background in holistic care and really recognizing our patients as individuals who have many different components to their lives, I think that your perspective and your approach really affords that recognition of who they are beyond a patient who's struggling to breastfeed.

Jonelle Lund, BSN, RN, IBCL:

Right. Absolutely.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. So do you mind telling me about... I heard you talk about the counselor, I think, the counselor certification, but do you mind telling me a little bit about the international board certified lactation consultant certification that you have, please?

Jonelle Lund, BSN, RN, IBCL:

Yeah, so I started as a CLC and so, like I said, it's a 40 hour course. You take a small test at the end of the week training, and then you can practice as a counselor. So you have to be working under some supervision of an IBCLC. So that is what I am now. And to obtain the IBCLC, you have to take 90 hours of lactation specific coursework. Some of it's... Not all, some of it's anatomy and physiology, biology. But because I was an RN, all of that already counted towards that. But then I had to take additional lactation specific education to equal that 90 hours. And then in addition to that, to become an IBCLC, you have to have a thousand hours of clinical practice to sit for the international exam. So I gained that by helping run support groups where moms will bring their new babies or their older babies to network with other moms to kind of... The idea behind a support group is that moms are helping moms.

The IBCLC, or the lactation counselor is there just to provide evidence-based support if necessary, or if there's an outlier where a baby is in trouble with weight or whatever, then the lactation consultant can help with that. But so I got hours doing support groups, working on the floors with moms and babies, teaching the breastfeeding classes. And then once I was able to get all of those hours, I sat for the international board exam. And then that's... I passed that, and honestly, I feel like that was worse than my nursing exam. It was intense and it was a long wait to get the results. I don't think I knew for like three months and it was a long wait. But once I passed, it opened up more doors. I didn't have to be under the direct supervision of another IBCLC. I was on my own, but always had that backup of... I ran into that particularly difficult case, I could consult with my mentor and figure out what was going on.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I think that this is such a crucial role. I'm curious, Jonelle, you can be an IBCLC and work in a variety of different capacities. If we're thinking about nurses who would want to obtain a IBCLC, where might they use that? You talked a little bit about support groups. I imagine in the hospital, perhaps in the NICU... If you don't mind, tell us a little bit about where might we find IBCLCs, or if we pursued that opportunity, where could we work?

Jonelle Lund, BSN, RN, IBCL:

Yeah, absolutely. You can find an IBCLC and so many arenas. Labor units, labor and delivery units, postpartum is where you're going to find the bulk of them. To be that immediate source after our mom delivers baby and needs help with breastfeeding. You're going to find him in the NICU because a mother's milk is crucial for that baby that is born prematurely, and we always tell moms who deliver early that maybe didn't consider breastfeeding, that if they would consider a pumping for their baby, that milk is the best medicine, and there's very clear research that babies who receive mother's own milk are going to get out of the NICU sooner, have lower rates of necrotizing enterocolitis, and the list goes on. But a NICU is a big one where you will find a lactation consultant.

There's lactation consultants in the outpatient world, so a lot of times in pediatric offices, sometimes even OB offices will have lactation consultants. Running support groups. WIC is a huge source for lactation consultants because what used to be known as the place where women would get formula, we want those babies in those populations of women that need to use WIC services, we need them breastfeeding, because those babies are at higher risk for comorbidities and mortality. So if we can get those women educated when they're pregnant about how important breastfeeding is, then we can get those babies breast milk afterwards. So you'll find IBCLCs in WIC.

In private practice. So I've actually started my own private practice here in the last little bit, and I am out on my own doing home visits, and televisits are so huge now because of COVID that there's a huge need for lactation consultants and televisits. A lot of companies are utilizing IBCLCs as part of their human resource package to make sure that their employees are breastfeeding after they have babies, because we know that when women provide breast milk for their babies, their babies are healthier, that mom's going to miss less days of work if she has a healthier baby. So they are onboarding a lot of IBCLCs to help run lactation programs. Those are some that I can think of.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

So much bigger than what we learned in nursing school. You don't ever see a clinical... At least not a rotation with an IBCLC. You might hear of, "Oh, the lactation consultant will stop by," maybe in your maternity rotation. But my goodness, when I think of all of the doors that this certification opens and what important work this offers to families, that's really exciting. How did you decide, Jonelle, it sounds like you identified a passion, one, for teaching and supporting families, two, for promoting evidence-based practice in the form of breastfeeding, and then in your role as IBCLC, but then you recognized, so once you identify those passions, you also recognized there was opportunity there to create your own business and to provide a service and meet the needs of community that isn't otherwise being met. How did you know that? I know that's a tough question, but...

Jonelle Lund, BSN, RN, IBCL:

That is a tough question. I think that I started to feel it within the hospital system. I want to put this the best way possible for your students, but there's a lot of politics within a hospital system. And patients should always be at the forefront for patient safety and best practice. But I think it's important to make sure that your organization is taking care of you too, as a nurse. Unfortunately I can say that I haven't always felt that in the nursing profession. I found early on that I loved working with moms and babies. I love those first few days in the hospital with them, but then I would always wonder, "Okay, I get the first few days..." And then when I was doing support group and outpatient visits, I would be able to have those moms that are having troubles come back and I would develop that rapport with them.

But that is so hard for those moms and babies to get out of the house within the first four to seven to ten days to get to yet another appointment in addition to their pediatrician appointments. It's stressful, they're at their breaking point. So I thought, "How can I get to them to make their lives a little better?" Because anytime you're toting a newborn out, that is a huge disruption. You're probably missing a feed in all that transit. You might not have the support person that needs to be there to hear that other information when you're a new mom and sleep deprived and frazzled.

And then there's the disparities too. There's families that can't come out because of transportation issues, money issues, location, all of that. So I thought, "How can I make myself marketable to be able to go to these women in their homes?" And looked into it? I mean, lots of IBCLCs go into the homes. And I have really found that, like I said, it's really rewarding. You're in their sacred space where they're most comfortable, where they feed their baby every day, so then it's easier for them to practice what we put into place and there's less barriers there then too.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Jonelle, when I listen to you, I feel like you embody so many of those qualities of nursing that we learned about when we all aspire to become nurses, but really talking about meeting a new mom where she is and recognizing all of the factors that go into getting to appointments and all of the challenges and barriers that they encounter, and then you being the solution that helps them overcome that. I love listening to it because I truly feel like, "Oh my gosh, we learned about all of this and here here is this colleague who is actually embracing all of it and who embodies it." And I just really love listening to that. So thank you for what you're doing for these families. I'm curious, do you have any other things you'd like to share with listeners? Any other pearls you learned along the way that you think you wish you knew sooner?

Jonelle Lund, BSN, RN, IBCL:

Curls, oh boy. I think a big one... I think a few of them. You had presented that question to me. I think one of them as nurses, if the target audience of your podcast is to talk to nursing students, when you become that nurse on the floor or in whatever area you are practicing, remember what it's like to be a nursing student. I remember so vividly the not so kind nurses as a nursing student and how they make you feel so unimportant, so unnecessary, not needed, "Oh, just you're a pain in the butt." And I really tried to make sure that when I became a floor nurse or even in this current practice now, I have become a mentor to somebody else, like my amazing mentor was to me as I was going through the IBCLC practice. Just the fear that was there, the anticipation, sometimes the dread. How do I go into this room? I've never hung TPN lipids before as a nurse on my own. Whatever the scenario is. I've never given chemo. Whatever. Remember to be gentle with that new nurse, once you are a nurse.

So don't eat your young would be one of my pearls, because I don't know why, but I feel like the nursing profession tends to do that. And I think another one is think outside the box. If you would've told me in nursing school that I would be seeing women's breasts all day on a daily basis and helping their babies feed, I would have looked at you cross-eyed and thought you were absolutely batty, but it's something that I found a passion through just with my own daughter and my own kids and it has... I now have my own business doing it and I love it. So find something you are passionate about. I loved pediatric nursing and I was passionate about it, but when I had my own kids and I saw kids that were my own children's age lying pretty close to their death bed, that just was too much for me, and I had to leave that.

So find something that really sparks your joy and it makes you want to do your job every day. I don't ever have a day where I think, "I have to go see another newborn today." I love newborns. I would have a million of them myself if I could physically, but they bring me joy and new moms bring me joy. So find something that brings you joy. And then I think one other thing a nursing pearl is, which is hard to do when you're first out of school. You have to think at some point, "How can I give back? And where can I give back?" For me, those two things have been to the college of nursing. I have found... First, when I was early on, "How am I possibly going to be able to give back? I'm still paying on my student loans."

But as you start to make more money and you're more comfortable in your living, give back. Buy those graduation pins, give in the emergency fund, whatever it is, that money is going somewhere to a student who can't afford to buy a textbook or can't afford to buy their pin. So when you can afford it, give back. And I think the other thing too is to give back to the communities. We see in the nursing profession the whole range of the human race. We see those that are very affluent and can afford healthcare. We also see those that cannot afford healthcare, cannot afford our services. So how can you give back?

And one way that I am really incorporating into my business is I get those calls from moms who don't have insurance and can't afford to pay for my services out of pocket. So I've made a commitment to myself that two moms a month, I'm going to see out of my own pocket because the fact that they want to breastfeed, that they're reaching out, it says a lot to me, and how can I help make sure that that mom and that baby get the best start on their journey is really important to me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And there are so few professions who really get to do that. Who get to do such meaningful work for humans who recognize it and can seize that opportunity. I love that. And I'm excited for those families that get to work with you. And I think about the difference that that can make. I think we should never underestimate the role of a nurse, and there you are going to be in the very beginning of baby's life and they will... There's so much evidence that supports the intervention that you're offering that family, and it can really change their whole trajectory just by you recognizing what you have to offer to those families and being willing to do it. That's amazing.

Jonelle Lund, BSN, RN, IBCL:

Thank you very much.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Jonelle, I am so appreciative of your time, of you sharing your story with us today and teaching us all a little bit about what it means to be an IBCLC and what opportunities are in front of us. And also, I think even if this isn't your passion, if you don't get your joy in newborn babies, I think that the spirit of being a nurse entrepreneur and recognizing where the need is and how you might be able to fill it with your unique set of expertise and skills is just another really important lesson, so I'm so grateful for your time. Thank you for joining us today and inspiring us with this story.

Jonelle Lund, BSN, RN, IBCL:

Thank you for having me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in. The stories of their career path and progression are not intended to suggest that there's a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.