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Oregon WIC Training

Breastfeeding Module

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Oregon WIC Training
Breastfeeding Module

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"Healthy kids, strong parents"

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Glossary 1

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Reference List 1

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Samples of Alternative Feeding Devices
Sample Outline for Prenatal Breastfeeding Promotion Class
Sample Outline for Prenatal Breastfeeding "How-To" Class
Facilitating WIC Discussion Groups
Helpful Breastfeeding Websites

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Breastfeeding Roles in the WIC Clinic
Breastfeeding Services in Your Community
Calculating an Infant's Percent Weight Loss
Signs Breastfeeding is Going Well in the First Two Weeks
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Training Module Evaluation

Starting the Module

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S-2 Instruction Levels

S-3 Steps for Completing the Module

S-4 Self-Evaluation

S-5 Questions about Past Breastfeeding Experience

S-6 Items Needed

S-1 Introduction

Welcome to the WIC Breastfeeding Training Module!

Here is information that will help you begin using the module.

1. **Breastfeeding File:** It will be helpful to set up a file folder to keep breastfeeding pamphlets, notes and job aids that you will collect while working through the module. We call this your "breastfeeding file." Some WIC agencies may already have you keep a WIC Notebook. It is fine to keep your breastfeeding information in your WIC Notebook.
2. **Job Aids:** This module has "job aids" or quick reference pages. The job aids are all together in their own section at the back of the module. The job aids are designed to help you remember key points when you are on the job. When you are done using them for training, put them in your "breastfeeding file" or WIC Notebook.
3. **Glossary:** There is a glossary at the end of the module with definitions of words that may be new to you.
4. **Lactation Specialist:** Lactation is the scientific word for breastfeeding. In the module, we often mention the "lactation specialist." In your clinic, the lactation specialist could be:
   - A certified lactation counselor or certified lactation educator.
   - A nurse or nutritionist who has attended advanced breastfeeding training (the Evergreen Lactation Specialist course, the OHSU Breastfeeding class or a similar 5-day course).
   - An IBCLC (International Board Certified Lactation Consultant).
   - The WIC Breastfeeding Coordinator.
5. **Baby:** Throughout the module, we refer to the baby as a boy. This helps make the distinction of when we are talking about the mother (her) and the baby (him).

S-2 Instruction Levels

Before you begin the module, you and your Training Supervisor will decide your instruction level based on your job duties and past breastfeeding training. Your instruction level will determine which chapters and/or lessons you will complete. See the *Job Aid: Breastfeeding Roles in the WIC Clinic* for a complete description of job duties for each instruction level.

Instruction Level	Who?	Chapters/Lessons to Complete
Level 1	All Staff	See Online Course
Level 2	Certifiers Paraprofessionals Health Professionals without previous lactation training	Before seeing breastfeeding clients: Chapters 1, 2, 3, 4 - all lessons Before counseling on breastfeeding problems or concerns: Chapters 5, 6, 7, 9 - all lessons Before teaching classes with breast-feeding information: Chapter 8
Level 3	Health Professionals with Advanced Lactation training IBCLCs	Lessons: 1-3, 1-4 2-3 4-1, 4-2, 4-3 6-1, 6-6 7-1, 7-2 8-1 9-1 Additional lessons, if needed **NOTE** Some content in these lessons will be review, but gives information on WIC's role in breastfeeding support.

S-3 Steps for Completing the Module

- This module is yours to keep.
- Feel free to take notes, highlight or write in it.
- Use the module as a reference when you are done with it.
- Complete the module by doing one lesson or one chapter at a time, depending on your work schedule.
- Ask questions if you need help to complete the module.
- Work together with your Training Supervisor to plan your training time.

Training Supervisor's
name and phone number:_____

Breastfeeding Coordinator's
name and phone number:_____

Steps:	**Date Completed:**
1. Complete the *Self-Evaluation* in Section S-4.	
2. Complete the *Questions about Past Breastfeeding Experience* in Section S-5.	
3. Meet with your Training Supervisor to discuss the *Questions about Past Breastfeeding Experience*, and determine your instruction level (see Section S-2).	

Continued on next page.

Continued from page 1.

Steps:	**Date Completed:**
4. Meet with your Training Supervisor to make a training plan. ◆ Circle on the module's *Table of Contents* the chapters and/or lessons you will need to complete. ◆ Use these time estimates to help plan the time it will take to complete the module. Chapter 1: ½ to 1 hour Chapter 2: ½ to 1 hour Chapter 3: 1 to 1 ½ hour Chapter 4: ½ to 1 hour Chapter 5: 2 hours Chapter 6: 1 hour Chapter 7: ½ hour Chapter 8: 15 min Chapter 9: 15 - 30 min	
5. Create a "breastfeeding file" to keep pamphlets, notes and job aids that you will collect while working through the module.	
6. Before each lesson, gather the *Items Needed* to complete the module using the checklist in Section S-6.	
7. Complete the required lessons and activities. Write down any questions you have about the lessons and discuss them with your Training Supervisor or Breastfeeding Coordinator.	
8. Meet with your Training Supervisor when designated for Review Activities, after Chapters 1, 3, 5, 6 and 9.	
9. Complete the *Posttest*.	
10. Discuss the *Posttest* with your Training Supervisor.	
11. Schedule observations with your Training Supervisor.	
12. Meet with your supervisor to discuss observations.	
13. Complete the *Training Module Evaluation* and give it to your Training Supervisor.	
14. Your Training Supervisor will complete the *Competency Achievement Checklist* and apply for your *Module Completion Certificate*.	

S-4 Self-Evaluation

Keep these answers for yourself. They are to help you think about breastfeeding.

1. When was the last time you saw a woman breastfeed. What were your feelings?

2. Were you breastfed?

3. If you have children, did you breastfeed them?

4. What do you think about bottle feeding with formula?

5. Do you think moms can be taught about the superiority of breastmilk without making them feel guilty for sometimes choosing formula?

6. Do you feel comfortable talking to women about breastfeeding?

7. What skills or knowledge do you need to feel comfortable counseling women about breastfeeding?

S-5 Questions about Past Breastfeeding Experience

Write your answers here. Later you will discuss them with your Training Supervisor. They will help her know your experience with breastfeeding mothers.

1. How many women have you seen breastfeeding? (friends, family members or clients)

2. Have you ever breastfed?

3. Have you ever taken a class, read books or been to a training about breastfeeding?

4. Have you ever had a job (paid or volunteer) where you helped women with breastfeeding? If yes, what did you do?

S-6 Items Needed

Items Needed to Complete the Module:

- Pen or pencil.
- Paper or notecards.
- A file folder or notebook to make a "breastfeeding file."

To complete this lesson:	You will need this item:	Lesson Level
1-1 Breast is Best	Video: *Breastfeeding, Another Way of Saying "I Love You"*	1, 2
1-4 What Services are Available to Breastfeeding Women	*Job Aid: Breastfeeding Roles in the WIC Clinic* *Job Aid: Breastfeeding Services in Your Community*	1, 2, 3
2-1 Planning for Breastfeeding Success	Pamphlet: *Breastfeeding Moms Can Get Extra WIC Benefits* Attachment: *Dear Dad . . .*	2
2-3 The 3-Step Counseling Strategy	Booklet: *3-Step Counseling Strategy* (Best Start) Attachment: *Promoting Breastfeeding to the Reluctant Woman* Pamphlet: *Loving Support - Encouragement* Pamphlet: *Loving Support- Embarrassment* Pamphlet: *Loving Support - Busy Moms* Pamphlet: *An Easy Guide to Breastfeeding*	2, 3

Continued on page 2

To complete this lesson:	You will need this item:	Lesson Level
3-1 Breastfeeding Positions and Latching On	Doll Cloth Breast Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock) Pamphlet: *Breastfeeding…The Gift of Love*	2
3-2 How Often to Breastfeed	Video: *Infant Cues*	2
3-4 How to Make Enough Milk	Attachment: *Samples of Alternative Feeding Devices* *Job Aid: Calculating an Infant's Percent Weight Loss* Optional: Disposable diaper	2
4-1 Nutrition for Breastfeeding Mothers	Pamphlet: *An Expectant Mother's Guide to Eating Fish In Oregon*	2, 3
5-1 The First Two Weeks - No Problems v. Red Flags	*Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks* *Job Aid: Breastfeeding Red Flags in the First 2 Weeks* *Job Aid: Calculating an Infant's Percent Weight Loss* Pictures of breastfed baby's stool	2
5-2 Inadequate Milk Supply	*Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks* *Job Aid: Breastfeeding Red Flags in the First 2 Weeks* Handout: *Breast Engorgement (Medela)*	2
5-3 Engorgement	*Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks* *Job Aid: Breastfeeding Red Flags in the First 2 Weeks* Attachment: *Reverse Pressure Softening* Handout: *Breast Engorgement* (Medela)	2
5-4 Sore Nipples	Handout: *Sore Nipple Managemen*t (Medela) Book: *The Breastfeeding Triage Tool* (Jolley & Phillips-Angeles)	2

To complete this lesson:	You will need this item:	Lesson Level
5-9 Jaundice	Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock)	2
5-10 Breastfeeding a Preterm Infant	Attachment: *Samples of Alternative Feeding Devices* *Nutrition Practice Care Guidelines for Preterm Infants in the Community* (OHSU/ DHS, April 2002) Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock) WIC Policy 745	2
6-1 Are Vitamin Supplements Needed?	Handout: *Babies and Vitamin D*	2, 3
6-2 Breastfeeding an Older Baby or Toddler	Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock)	2
6-4 Going to Work or School While Breastfeeding	Pamphlet: *Breastfed Babies Welcome Here!* (Childcare Provider's or Mother's version) Handout: *Go Back to Work and Continue to Breastfeed? Yes, You Can*! (Medela) *Oregon Mother Friendly Employer Project* Packet	2
7-1 Types of Breast Pumps	*Breast Pump Questionnaire* Handout: *Breast Engorgement (Medela)* *Job Aid: Types of Breast Pumps* One of each kind of breast pump available in your clinic	2, 3
7-2 Counseling Guidelines for Distributing Breast Pumps	Pamphlet: *Breastfeeding and Work or School - Pumping and Storage* *Breast Pump Release Form* *Job Aid: Types of Breast Pumps*	2, 3
8-1 Breastfeeding Classes	*Job Aid: Breastfeeding Classes* Attachment: *Sample Outline for Prenatal Breastfeeding Promotion Class* Attachment: *Sample Outline for Prenatal Breastfeeding "How-To" Class* Attachment: *Facilitating WIC Discussion Groups*	1, 2, 3
9-2 Using the Internet for Breastfeeding Information	Attachment: *Helpful Breastfeeding Websites*	2

Summary of Items Needed that are NOT Included in the Module

Pamphlets

Breastfeeding Moms Can Get Extra WIC Benefits

Loving Support – Encouragement

Loving Support – Embarrassment

Loving Support – Busy Moms

An Easy Guide to Breastfeeding

Breastfeeding…The Gift of Love

An Expectant Mother's Guide to Eating Fish in Oregon

Breastfed Babies Welcome Here! (Childcare Provider's or Mother's version)

Breastfeeding and Work or School – Pumping and Storage

Handouts

Breast Engorgement (Medela)

Sore Nipple Management (Medela)

Babies and Vitamin D

Go Back to Work and Continue to Breastfeed? Yes, You Can! (Medela)

Booket

3-Step Counseling Strategy (Best Start)

Books

The Breastfeeding Answer Book (Mohrbacher & Stock)

The Breastfeeding Triage Tool (Jolley & Phillips-Angeles)

Videos

Breastfeeding, Another Way of Saying "I Love You"

Infant Cues

Other

- Doll
- Cloth Breast
- Optional: Disposable diaper
- Pictures of breastfeeding baby's stool
- *Nutrition Practice Care Guidelines for Preterm Infants in the Community* (OHSU/ DHS, April 2002)
- WIC Policy 745
- *Oregon Mother Friendly Employer Project* Packet
- *Breast Pump Questionnaire*
- One of each kind of breast pump available in your clinic
- *Breast Pump Release Form*

Why "Breast is Best"

Chapter 1

Contents

1-1 Breast is Best

1-2 Who Recommends Breastfeeding?

1-3 Who Should NOT Breastfeed

1-4 What Services are Available to Breastfeeding Women

Lesson Level: 1, 2

1-1 Breast is Best

Items Needed

Video: *Breastfeeding, Another Way of Saying "I Love You."*

Objectives

After completing this lesson, you will be able to:

- Explain the benefits of breastfeeding.
- Explain the health risks of not breastfeeding.

Overview

Breastfeeding is more than "breast is best." It is the natural way to feed a baby and the healthiest feeding choice for both the mother and the baby. Breastfeeding provides a number of benefits to the baby, the mother and society.

Why Choose Breastfeeding?

For the best nutrition, breastmilk is the best food to feed a baby. It is made specifically to meet the nutritional needs of babies, and it changes as the baby grows to offer the best nutrients for the baby. It has over 1000 components - many of these have not been duplicated in infant formula.

Over the past 25 years, research has continued to show that breastmilk is better than infant formula. In fact, more studies are released each year showing that there are health risks to the baby and the mother when they do not breastfeed.

> Infant formula should be seen as a "safety net" for babies who cannot breastfeed, and not as an equal replacement.

Health Risks for Babies Who are Not Breastfed

- Increased risk of ear infections.
- Increased risk of diarrhea.
- Increased risk of bacterial infections needing hospitalization.
- Increased risk of childhood obesity.
- Increased risk of Type I diabetes.
- Increased risk of allergies and asthma.

Health Risks for Mothers Who Do Not Breastfeed

- Uterus takes longer to return to normal size.
- Greater risk of blood loss after birth.
- Earlier return of fertility in most women.
- Increased need for insulin in diabetic mothers.
- Slower weight loss after birth.
- Increased risk of breast, ovarian, and endometrial cancers.

Informed Decision

For some people, it is difficult to talk to parents about the risks of not breastfeeding. Some people don't want the parents to feel guilty if they choose to use infant formula. Others feel that it is the parents' right to choose how they will feed their baby.

An important part of our job at WIC is to provide accurate information to families so they can make an "informed decision." Parents need to know the risks of not breastfeeding and the risks of using infant formula. Once they have all of the information, they can make the choice that is best for their family.

Practice Activity

How would you respond to a mom who has questions about formula? Read the questions on the left and practice what you might say before reading the answer on the right

1.

"Isn't formula just as good as breastfeeding now that they've added those new things in it?"

What you might say:
Formula can give some of the same nutrition as breastmilk, but it can't protect babies from illness like breastmilk can. Babies who are formula fed have more risk of getting ear infections, diarrhea and other illnesses.

2.

"I gave my other baby formula, and he was healthy."

What you might say:
I'm glad he was healthy. Every year, scientists and doctors know more and more about how breastmilk keeps babies healthy. Breastmilk will give your baby the best protection from illness.

3.

"If formula is so bad, how come you give it out at WIC?"

What you might say:
We like to think of formula as a "safety net." Most babies in Oregon are breastfed. But some moms decide not to and some moms can't breastfeed. Formula is the second best food for babies who can't have breastmilk."

4.

"I know breastfeeding is best, but I just don't want to. I'm going to use formula."

What you might say:
It's your job as the mom to decide what to feed your baby. If you ever want to talk more about breastfeeding, the counselors at WIC can help you. And, don't forget, your breasts will begin making breastmilk once your baby is born. If you change your mind and want to breastfeed, even for a short while, you can!"

Social and Economic Benefits for Breastfeeding

The benefits of breastfeeding go beyond mothers and babies. Breastfeeding is also beneficial to our communities.

- Families may save several hundred dollars when the cost of breastfeeding is compared to the cost of using formula.
- Employers benefit because mothers of breastfed children have reduced absenteeism and take fewer sick days.
- Reduced health care costs since breastfed babies usually require fewer sick care visits, prescriptions, and hospitalizations.

Practice Activity

Watch the video, *Breastfeeding, Another Way of Saying "I Love You."*

Skill Check - Self-Evaluation

Write some ideas on a notecard or paper about what you might say to a mom who asks:

"Isn't formula just as good as breastfeeding now that they've added those new things in it?"

- Using your notes, practice aloud to yourself or with a friend or coworker.
- Put your notes in your "breastfeeding file."
- Refer to your notes when talking with clients.

Lesson Level: 1, 2

1-2 Who Recommends Breastfeeding?

Objectives

After completing this lesson, you will be able to:

- State the AAP recommendations for breastfeeding.
- State WIC's role in breastfeeding promotion and support.
- Use breastfeeding positive messages when talking with clients.

Overview

When talking with families, it is helpful to know that many professional organizations support WIC's belief that "breast is best." Who recommends breastfeeding? Everyone! All major health and medical organizations recommend breastfeeding as the healthiest way to feed a baby.

What Do Other Organizations Recommend?

1. The **American Academy of Pediatrics (AAP)** recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with the gradual introduction of solid foods in the second six months of life. In addition, the AAP recommends breastfeeding beyond the first year as long as mutually desired by both the mother and the baby.

2. The **World Health Organization (WHO)** recommends that breastfeeding continue for the first two years of life or longer.

3. **Healthy People 2010** set benchmarks that at least 75% of women initiate breastfeeding and at least 50% continue breastfeeding past six months.

4. In 2000, the **US Department of Health and Human Services**, Office of Women's Health, released the *Blueprint for Action on Breastfeeding* which gives steps that can be followed by health care facilities, employers, families and communities to help meet the Healthy People 2010 benchmarks.

5. In 2001, the **US Breastfeeding Committee** released *Breastfeeding in the United States: A National Agenda* which describes the strategic plan for the US in protecting, promoting and supporting breastfeeding.

WIC's Role in Breastfeeding Support

As a public health program, one of WIC's roles is to promote and support breastfeeding. WIC does this by:

- Providing education about breastfeeding, both during pregnancy and after delivery.
- Providing support and counseling to women with breastfeeding questions, problems and concerns.
- Participating in community efforts to support breastfeeding.
- Providing more food to women who are exclusively breastfeeding.
- Providing breast pumps to women who need to pump their milk.

In their 2004 position paper on breastfeeding, the National WIC Association (NWA) states:

"NWA supports human milk as the best infant nutrition for the first year of life and beyond. NWA challenges all WIC staff to actively promote breastfeeding as the norm for infant feeding."

To some people, it may seem as if WIC is providing conflicting information because we also give infant formula to families. However, the infant formula is offered as a "safety net" - the next best alternative for families who choose to not breastfeed. The Federal Regulations for the WIC Program state that "all pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons."

In addition, the Federal Regulations for the WIC Program require that Oregon WIC must:

1. Create a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding.
2. Train staff on breastfeeding promotion and support.
3. Ensure that women have access to breastfeeding information during pregnancy and after birth.

What is Your Role?

Each member of the WIC team has a role in breastfeeding promotion. Your role as a WIC employee is to endorse breastfeeding as the preferred way to feed babies. Specific tasks of each employee are defined in "What Services are Available to Breastfeeding Women" later in this chapter.

In addition, your role is to accept that some women will choose not to breastfeed. WIC's job is to provide breastfeeding information and a breastfeeding-positive environment. When a woman has been given accurate information about breastfeeding and still chooses to use infant formula, she has made an "informed choice." We must respect each family's choice and continue to provide them with support for caring and feeding their children.

Providing a Positive Clinic Environment

A positive clinic environment is an important part of breastfeeding promotion and support. Our clinics strive to endorse breastfeeding as the best nutrition for babies. Providing free advertising for formula companies in the WIC clinic is inappropriate.

WIC provides a positive clinic environment by:

- Using educational materials and office supplies without formula product names.
- Displaying breastfeeding promotion posters and materials.
- Communicating a positive attitude toward breastfeeding.
- Keeping samples of infant formula and bottle feeding equipment out of sight.
- Refusing free infant formula samples for personal use by clinic staff.
- Providing a comfortable, private place to breastfeed or pump breastmilk.

Breastfeeding Welcome Here!
The Oregon Department of Human Services developed these stickers to promote breastfeeding throughout Oregon. Businesses, offices and clinics use these to show that they are "breastfeeding friendly." Bookmarks and wallet cards are also available with information about breastfeeding and the "breastfeeding law" that ensures a woman's right to breastfeed in public. You can order these materials through the DHS website at http://www.dhs.state.or.us/publichealth/bf/bf-materials-order.cfm.

Breastfeeding Positive Messages

No matter what your role is at WIC, you are an important part of promoting breastfeeding. Your actions are important and so are your words. Here are some positive messages that will help you promote breastfeeding.

Say this breastfeeding positive message:	**Instead of:**
◆ Please call us if you have questions about breastfeeding.	◆ Do you need any formula just in case?
◆ Tell me what you have heard about breastfeeding.	◆ Are you going to breast or bottle feed?
◆ How is breastfeeding going?	◆ Are you still breastfeeding?
	◆ Do you need formula today?

Practice Activity

Take a walk around your clinic and write down 5 ways that your clinic positively promotes breastfeeding.

- Did you see other ways your clinic could promote breastfeeding?
- If you did, share your ideas with your Breastfeeding Coordinator.

Skill Check - Self-Evaluation

1. When does the AAP recommend that babies stop breastfeeding?

2. When does the AAP recommend that babies start eating solid foods?

3. Practice saying breastfeeding positive messages.
   - You can practice aloud to yourself or with a friend or coworker.
   - Write the ones that feel comfortable for you on a notecard or paper.
   - Put your notes in your "breastfeeding file."

Lesson Level: 1, 2, 3

1-3 Who Should NOT Breastfeed

Objectives

After completing this lesson, you will be able to:

- Identify mothers who should not breastfeed.
- Identify mothers who need to be referred to the RD, lactation specialist or health care provider before they breastfeed.

Overview

Although breastmilk is the best food for babies, there are some women who should not breastfeed for health reasons.

When is Breastfeeding NOT Recommended?

1. **The mother is using drugs that are known to enter the breast milk and be harmful to the baby.** Examples include:
   - Heroin.
   - Cocaine and crack.
   - Methamphetamine and other amphetamines.
   - Hallucinogens (LSD, Ecstasy, mushrooms).

2. **The mother is taking medications known to cause harm to the breastfed infant,** such as:
   - Anticancer drugs.
   - Radioactive substances (stop breastfeeding temporarily).

3. **The mother has tested positive for HIV (human immunodeficiency virus).**

4. **The infant has galactosemia (inability to metabolize galactose, a rare condition).**

5. **The mother has T-cell leukemia virus type 1 (HTLV-1).**

6. **The mother has *untreated* active tuberculosis.**

NOTE

Because new medications are frequently released, use *Medications and Mother's Milk* (Hale) or *The Transfer of Drugs and Other Chemicals into Human Milk* (AAP) for the most up to date information.

Needs Evaluation *before Breastfeeding Begins*

Breastfeeding may not be appropriate or may need to be temporarily stopped in the following situations. *Refer the mother* to the RD, lactation specialist or her health care provider for further evaluation and follow up.

1. **The mother is taking certain medications after birth.**
   - In most cases a compatible medication can be found to use while breastfeeding.
   - Only the health care provider can recommend or change medications.
   - Good references for safety of medications while breastfeeding are *Medications and Mother's Milk* (Hale) or *The Transfer of Drugs and Other Chemicals Into Human Milk* (AAP).

2. **The mother is on methadone therapy.**
   - The AAP approves breastfeeding in women undergoing methadone therapy if the dose is less than 20 mg/24 hours.
   - The mother must be monitored closely by a health care professional.

3. **The mother is a heavy chronic drinker or a binge drinker.**
   - Breastfeeding could continue after the alcohol has cleared from her body.

4. **The mother is using marijuana.**
   - Marijuana does pass to the baby from the breastmilk.
   - Occasional exposure has not been documented to be harmful to the breastfed infant.
   - The baby will have a positive drug screening test for several weeks after the mother uses marijuana.
   - Marijuana can be laced with other substances which can be harmful to the infant.
   - The mother's ability to parent may be compromised.

5. **The mother has Hepatitis B (HBV).**
   - HBV may transfer to the infant via breastmilk.
   - Both mother and infant should be treated for HBV.
   - In appropriately treated mother-infant pairs, breastfeeding may continue.

6. **The mother has Hepatitis C.**
   - Hepatitis C may pass to the infant through the mother's bleeding or cracked nipples.

7. **Infants with cleft palate, cleft lip or Down Syndrome.**
   - Ability to nurse should be evaluated by a lactation specialist.
   - Pumping breastmilk is usually recommended if baby cannot nurse at the breast.

8. **The mother has been diagnosed with higher than normal exposure to environmental toxins such as PCBs, DDT, dioxin, methyl mercury and lead.**
   - Environmental toxins can pass through to the breastmilk.
   - In many cases, breastfeeding can continue with monitoring by the health care provider.

9. **The infant has PKU.**
   - Infants with PKU can partially breastfeed while using special supplemental formula.
   - Close monitoring by the health care provider is required.

✓ Skill Check – Self-Evaluation

1. List 6 situations when breastfeeding is not recommended.

2. List 9 situations that need further review by a health care provider, RD, or lactation specialist before a mother should breastfeed.

Lesson Level: 1, 2, 3

1-4 What Services are Available to Breastfeeding Women

Items Needed

- *Job Aid: Breastfeeding Roles in the WIC Clinic.*
- *Job Aid: Breastfeeding Services in Your Community.*

Objectives

After completing this lesson, you will be able to:

- Refer women to the appropriate staff person or community group for breastfeeding help.

Overview

It is important that a breastfeeding woman know whom she can contact if she needs help with breastfeeding once the baby has arrived. She needs to know that the WIC office is available to help with breastfeeding problems. However, while breastfeeding promotion and support are major components of WIC services, WIC staff cannot always provide all of the breastfeeding support services breastfeeding families need. This lesson will help you identify which services are offered at your local agency based on the level of staff training and community resources.

Breastfeeding Services at Your WIC Clinic

Take out the *Job Aid: Breastfeeding Roles in the WIC Clinic*. This job aid describes the different categories of staff working in the WIC clinic and the breastfeeding help they can provide to clients. With your Breastfeeding Coordinator, talk about which staff members in your clinic meet each of the staff categories. Your office may not have staff in each category.

⇨ Practice Activity

With the help of your Training Supervisor, Breastfeeding Coordinator or a coworker, fill in the staff names on the *Job Aid: Breastfeeding Roles in the WIC Clinic*.

- Review the responsibilities of each level of staff.
- File the job aid in your "breastfeeding file."

Breastfeeding Services in Your Community

There are many situations when it is appropriate for another agency, clinic, or group to provide breastfeeding services to WIC clients. Referring clients to community services is an important part of WIC's role in breastfeeding support.

Each community offers different breastfeeding services. It will be important for you to know which services are available in your community and how to refer mothers to these support services.

⇨ Practice Activity

Talk with your Breastfeeding Coordinator or another staff member about which breastfeeding resources are available in your community.

- Fill in the *Job Aid: Breastfeeding Services in Your Community.*
- Identify whether or not the referral information is available on TWIST.
- If not, note how to refer clients to these resources.
- File the job aid in your "breastfeeding file."

Lesson Level: 1, 2

Review Activity

With Your Training Supervisor

1. Discuss your questions about Chapter 1.
2. Review your notes and job aids from your "breastfeeding file."
3. Discuss your role in breastfeeding promotion and support.
4. Talk about common situations with breastfeeding clients that you will need to handle.
5. Discuss what else you might need to do to feel confident in your role.

Deciding to Breastfeed

Chapter 2

Contents

2-1 Planning for Breastfeeding Success

2-2 Preparing for Breastfeeding during Pregnancy

2-3 The *3-Step Counseling Strategy*

Lesson Level: 2

2-1 Planning for Breastfeeding Success

Items Needed

- Pamphlet: *Breastfeeding Moms Can Get Extra WIC Benefits*.
- Attachment: *Dear Dad . . .*

Objectives

After completing this lesson, you will be able to:

- Help a prenatal client identify support needs and resources for after the birth.
- Help a prenatal client plan for a breastfeeding friendly birth.

Overview

Have you ever tried doing a new job when you were tired and overwhelmed? Many new mothers face that challenge every day, especially in the first six weeks after birth when they are adjusting to having a new baby. This is also the same time they are learning how to breastfeed. Helping women develop a support network while they are pregnant can increase breastfeeding success.

The early weeks are the most likely time for women to stop breastfeeding if they experience difficulties. It is critical for women to know that there is breastfeeding help available to them at no cost if they have breastfeeding questions or problems.

Developing a Support System

Personal support and breastfeeding support are both important. During pregnancy, talk to women about the support they may need after the birth of the baby and help to develop a support plan. Ask who their key support people will be—these are the people who may influence her decision to start and/or continue to breastfeed.

Personal Support Issues

- Are there other children to care for?
- Housework—Who will help do it? Can less be done?
- Who will shop and cook for food?
- How will visitors be handled?
- How can the mother's partner help?
- Who can help while she cares for herself—during naps or showers/baths?

Potential Personal Support Resources

- Friends and family who are supportive of her decision to nurse.
- Parent groups.
- Early Head Start.
- Home visiting programs, such as Healthy Start, Parents as Teachers, etc.
- "New Mom" classes sponsored by hospital or community group.
- Teen parent programs.
- Parents Anonymous programs.
- Sharing or trading childcare with other mothers.

Breastfeeding Support Issues

- Worries about breastfeeding being difficult or not working out.
- Availability of friends and relatives that have breastfed successfully.
- Family or friends that disapprove of breastfeeding.
- Where to get breastfeeding help.

Potential Breastfeeding Support Resources

- Friends and family that have nursed successfully.
- WIC Program staff.
- Peer counselors.
- Lactation specialist at hospital or doctor's office.
- Mother's or baby's health care provider.
- Nurse at health department, doctor's office or hospital.
- Postpartum Doula (trained, certified helpers)
- La Leche League or Nursing Mothers Counsel.
- Books from the library:
  - *The Womanly Art of Breastfeeding* (La Leche League).
  - *Nursing Mother's Companion* (Huggins).
  - Other books listed in Chapter 9—"Breastfeeding Resources."

- Local or national hot or warm lines that offer free phone advice.
- Internet resources and "virtual" support groups (see Chapter 9—"Breastfeeding Resources").

NOTE:

Encourage all pregnant WIC clients to contact the WIC Program as soon as possible after their baby is born. WIC can:

- Assist them if they are having any breastfeeding problems.
- Refer them to a breastfeeding peer counselor, breastfeeding support group or lactation specialist.
- Provide a breast pump if they will be returning to work or school.
- Provide food instruments for the extra foods given to exclusively breastfeeding mothers (carrots, tuna, extra cheese, extra beans and extra juice).

Practice Activity

- Review:
  - Pamphlet: *Breastfeeding Moms Can Get Extra WIC Benefits*.
  - Attachment: *Dear Dad . . .*

- Underline or highlight the information that is most helpful.
- Keep a copy of each in your "breastfeeding file."

How to Plan for Breastfeeding Success at Birth

There are a number of simple steps that can help breastfeeding go well, starting right after birth. Encourage mothers to write a "birth plan" and to discuss these steps with their family, health care provider and hospital staff.

1. **Have a natural birth, if possible.**
   - Mothers and babies recover more quickly from a vaginal, unmedicated birth.
   - Babies have fewer breastfeeding problems.
   - Mothers with c-sections can still breastfeed.

2. **Nurse as soon as possible after delivery.**
   - The baby's suckling reflex is most intense during the first hour following birth.

3. **Offer the breast "on demand" or "on cue."**
   - See Chapter 3—"How Often to Breastfeed" for information on feeding cues.
   - Most babies nurse every 1 ½ to 3 hours, or more often.
   - Nursing frequently helps to establish a good milk supply.

4. **Keep the baby in the room with the mother ("rooming in").**
   - The mom can nurse more frequently.
   - The mom can learn the baby's feeding cues sooner.
   - The mom can bond with the baby more easily.

5. **Wait to offer pacifiers or bottles.**
   - Wait until the baby is 4 weeks old and breastfeeding is going well.
   - Some babies have trouble learning to breastfeed and bottle-feed at the same time in the early weeks.
   - Most breastfed babies will take a bottle without any problems once they are breastfeeding well.

6. **Don't offer supplemental formula feedings unless they are medically necessary.**
   - If the baby requires supplemental feedings, the mother can request a breast pump to express some breastmilk to feed the baby, or to help increase her supply.

7. **Get help when needed.**
   - Ask to see a lactation specialist if breastfeeding is not going well.
   - The sooner the mother gets help for problems, the more likely she is to continue breastfeeding.

Practice Activity

Ask another WIC staff member how your clinic issues the food instruments for the extra foods given to exclusively breastfeeding women. Write the process here.

✓ *Skill Check – Self-Evaluation*

What support needs can you identify for the following scenario? It may be helpful to use the *Job Aid: Breastfeeding Services in Your Community*.

> *Mai is in for her 6 week postpartum recertification appointment. She is feeling tired and overwhelmed by taking care of her baby and her 3 year old. She feels bottle feeding would free up some time so she could do more things around the house and attend to her older child.*

Write your answer here:

Lesson Level: 2

2-2 Preparing for Breastfeeding during Pregnancy

Objectives

After completing this lesson, you will be able to:

- Explain how the mother's body is preparing to breastfeed during pregnancy.
- Explain how the baby is preparing to breastfeed during pregnancy.
- Explain how to care for the breasts during pregnancy.
- Make appropriate referrals during pregnancy, if needed.

Overview

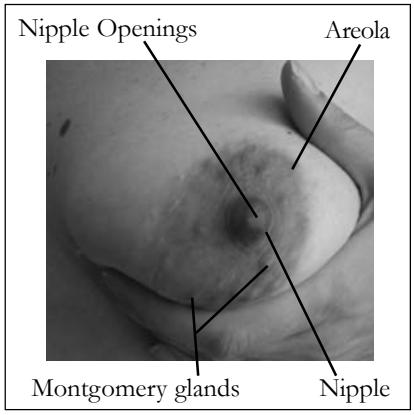
During pregnancy, the body is naturally preparing to give birth and breastfeed. Sharing this information with your pregnant clients can help them gain confidence in their body's ability to breastfeed. The mother's confidence about breastfeeding will increase as she understands her body's natural ability to produce milk.

How the Breast Changes during Pregnancy

Breastfeeding is the final stage of breast development for women who have children. Recognizing and understanding breast changes can encourage a mother about breastfeeding. Once you have developed a rapport with the mother, ask her if she has noticed any changes in her breasts during her pregnancy. If she seems concerned, reassure her that the following breast changes are normal.

Breast Changes that are Normal during Pregnancy:

- The breasts feel tender and fuller because pregnancy hormones are stimulating the milk making parts of the breasts to grow.



- The areola (the dark skin around the nipple) is darkening and getting larger so it will be easier for the baby to find the place to eat when he is first born. Newborns like to look at dark circles more than any other shape.

- The Montgomery glands enlarge and become more visible as bumps on the areola. These glands make a fluid that cleans and lubricates the nipple and areola. This fluid smells like amniotic fluid (the fluid that surrounds the baby in-utero) so the smell of the breasts will be familiar and attractive to the baby. Newborns have a strong sense of smell.

- The blood vessels in the breasts are easier to see through the skin. The skin is stretching as the breasts increase in fullness. The breasts need a good blood supply because nutrients are drawn from the blood stream into the milk.

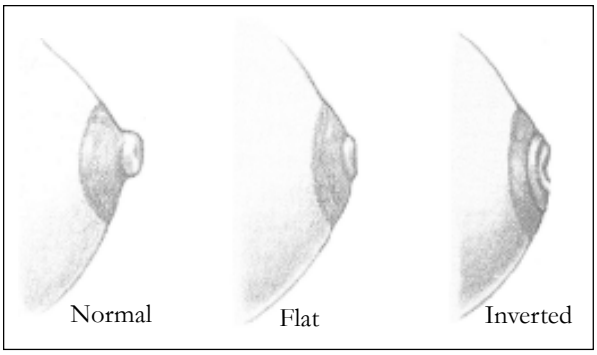
- Breastmilk may start leaking from the breasts during pregnancy. Even if their breasts do not leak, all moms produce colostrum. Colostrum is the first milk and it is thick and yellow.

- By the time a mother is about four months pregnant, her breasts are ready to make milk in case the baby is born early.

"Red Flags" (or Possible Causes of Concern) during Pregnancy:

If either of these red flags is noted, refer the mother to a lactation specialist or her health care provider for a breast and nipple assessment.

- The mother has not noticed *any* breast changes during pregnancy.
- Her nipple(s) are flat or inverted (turned inside), either at rest or when stimulated. Women with flat or inverted nipples can still breastfeed, but they may need extra help at first.



How to Care for Breasts during Pregnancy

There is no need to prepare the breasts in any way for breastfeeding. Advise mothers to use warm water only to wash their breasts because soaps may cause dryness. Women should not "toughen up" their nipples.

A breastfeeding mother needs at least one comfortable nursing bra. If she buys a bra in the last three months of pregnancy, she should make sure it has a cup adjustment that will allow her breasts to increase one to two cup sizes and can be adjusted around the chest.

How the Baby is Preparing for Breastfeeding

Before they are born, babies begin learning important skills that will help them breastfeed. Teaching mothers about these skills can increase their confidence in the baby's ability to nurse at birth.

- By the time a mother is 11 weeks (almost 3 months) pregnant, her baby has learned to swallow. Babies swallow amniotic fluid in the uterus.

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Continued from page 3

- By the time a mother is 24 weeks (6 months) pregnant, her baby has learned to suck. Babies spend a lot of time with their hands close to their mouth before birth. Babies are often seen sucking on their thumb, fingers or hands during an ultrasound exam.

- By the time a mother is 32 weeks (8 months) pregnant, her baby has learned to root for the breast. The baby will turn its head if touched on the cheek and open its mouth if the bottom lip is tickled. By this time the baby can also suck and swallow in a coordinated way.

- By the time a mother is 37 weeks (9 months) pregnant, her baby has learned to coordinate sucking, swallowing and breathing so it can do all three when breastfeeding after birth. Babies practice shallow breathing before birth, using amniotic fluid.

Skill Check – Self-Evaluation

1. What are the red flags about breast changes that indicate a need for referral of a prenatal client who intends to breastfeed?

2. What breast changes normally happen during pregnancy?

Lesson Level: 2, 3

2-3 The *3-Step Counseling Strategy*

Items Needed

- Booklet: *3-Step Counseling Strategy* (Best Start).
- Attachment: *Promoting Breastfeeding to the Reluctant Woman.*
- Pamphlet: *Loving Support - Encouragement*.
- Pamphlet: *Loving Support - Embarrassment*.
- Pamphlet: *Loving Support - Busy Moms.*
- Pamphlet: *An Easy Guide to Breastfeeding.*

Objectives

After completing this lesson, you will be able to:

- Use the first two steps of the *3-Step Counseling Strategy*.

Overview

How soon should you talk to a pregnant client about breastfeeding? As soon as you can! It is never too early to begin discussing breastfeeding with a pregnant woman. Many women make their feeding decision early in pregnancy.

This lesson will introduce a counseling strategy that will help women feel comfortable sharing their concerns about breastfeeding with you. Don't worry if you feel like you don't yet have all the information you'll need to counsel women with breastfeeding concerns. Throughout the rest of the module, you will learn more about breastfeeding concerns and have a chance to practice counseling.

The 3-Step Counseling Strategy

Oregon WIC endorses the *3-Step Counseling Strategy* as the best practice. Using the strategy will help to quickly determine the mother's concerns about breastfeeding. Counseling can focus on her concerns and the support she needs to breastfeed successfully.

The 3 steps are:

Step 1: **Ask** open-ended questions.
Step 2: **Affirm** her feelings.
Step 3: **Educate** based on her needs.

More detailed information about the *3-Step Counseling Strategy* is available in the Best Start booklet in your clinic. You will have the opportunity to practice using the *3-Step Counseling Strategy* throughout this module.

Step 1 - Ask Open-Ended Questions

1. **Ask open-ended questions.**

What have you heard about breastfeeding?

How are you feeling about breastfeeding?

What are your thoughts about breastfeeding this baby?

These questions encourage a pregnant woman to explore her feelings and thoughts about breastfeeding. They do not force her to make a decision today about whether or not she will breastfeed. Breastfeeding is sometimes a sensitive topic for a pregnant woman. There are no "wrong" answers. Avoid suggesting she should have concerns.

2. **Use probing questions to find out more information.**

   Probing questions will seem less threatening if you soften them or personalize them. You can do this by using the client's own words, using the client's name, using pauses, and adding extra words.

Types of Probing Questions

Extending—Ask the mother to tell you more about what she just said.

> "Juliana, could you tell me more about your concerns about breastfeeding when you return to work?"

> "Sofie, what else have you heard about sore nipples and breastfeeding?"

Clarifying—Ask the mother to clarify what she said.

> "Jessica, when you say you don't think you could breastfeed in public, are you saying breastfeeding in public would make you uncomfortable, or make others feel uncomfortable?"

Reflecting—Restate what the mother said so she knows that you've heard her, and it encourages her to say more.

> "So, Kai, you are worried that you won't be able to breastfeed because your mother wasn't able to?"

Redirecting—Direct the mother to explore a different but related concern.

> "Terri, besides your concern about drinking alcohol and nursing, is there anything else that worries you?"

Step 2 – Affirm Her Feelings

After you feel you understand her concerns, the second step is to affirm her feelings. You don't have to agree with her to affirm her feelings.

> "Many women have told me the same thing."

> "I remember feeling the same way."

> "A lot of women worry about that."

This step is very important, and is the most difficult one to master. Until the mother feels affirmed and acknowledged, she will find it hard to accept any information or guidance you have to offer. Resist the urge to begin educating too soon!

Watch your clients. If you skip this step, clients will begin resisting the educational information you are offering by withdrawing or stating that it won't work for them.

Affirming her feelings will:

- Let her know that you have heard her.
- Assures her that her feelings are normal.
- Helps her feel more comfortable.
- Helps her be more receptive to information you offer her.
- Builds her self-confidence.

Step 3 – Educate

Now that you have identified the mother's concerns and affirmed her feelings, you are ready to offer her educational information specifically targeted to her concerns.

> If you offer *too much information or information that is too general,* she will not hear you.

Here are some guidelines to use with adult learners to increase the effectiveness of your message.

1. **Focus on her specific concerns (that you identified in Step 1).**
   - If you only have a short time with a client, use the time effectively.
   - Don't raise additional concerns that she hadn't even thought about.

2. **Offer her information in small amounts.**
   - Too much information may be overwhelming.
   - Clients are most interested in information that addresses their concerns.
   - Focus on what she "needs to know."

3. **Talk about breastfeeding at every prenatal visit.**
   - Record her concerns so you can ask her about them at her next visit.
   - Build on the rapport you have developed to encourage her to discuss other worries with you.

What are the Most Common Concerns about Breastfeeding?

These are the most common concerns pregnant women have about breastfeeding. You will learn more specific information to address these concerns throughout the module.

1. Lack of confidence or fear of failure.

"I won't make enough milk."

"It will be hard to learn how to nurse my baby."

"I had trouble breastfeeding my older child, so this time I might not even try."

2. Fear of pain.

"It will hurt too much."

"I'm afraid of getting a breast infection."

"I don't want to get sore nipples like my friend."

3. Lack of Social Support.

"I don't want my husband to feel left out."

"My mother-in-law says none of her babies wanted the breast, and my kids will probably be like hers."

"My dad says babies are too old to nurse if they can ask for it."

"My mother says I was formula-fed and I am fine."

"My sister says I shouldn't nurse my baby in public."

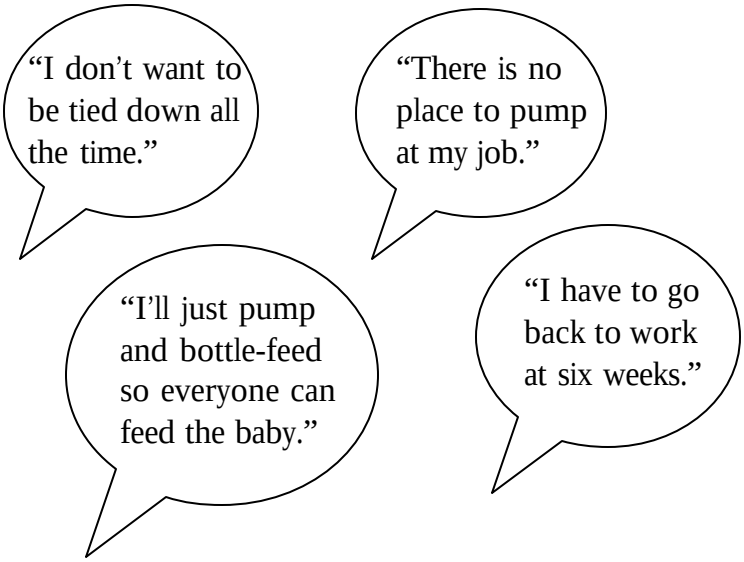
4. Embarrassment.

"I'll give a bottle if we are out in public."

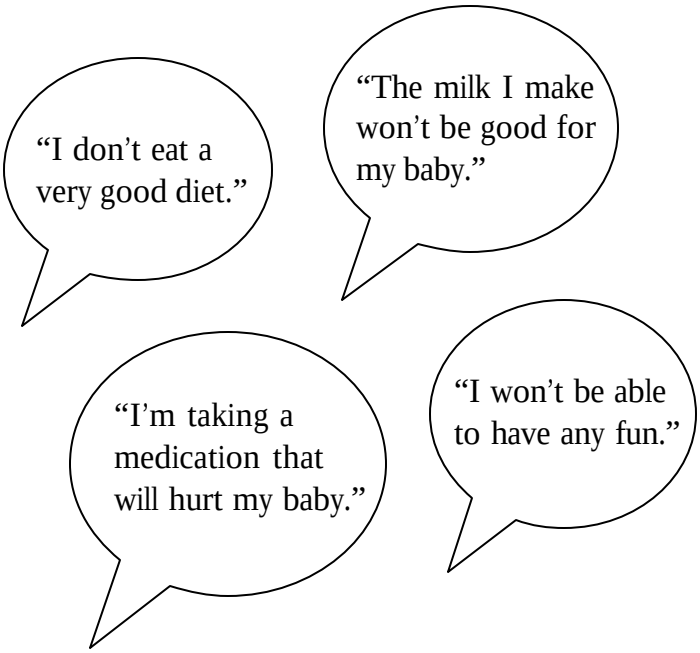
"I'm not going to pull out my breast in front of other people."

"I'm not going to nurse in front of my whole family."

5. Busy lifestyles.



6. Diet and health restrictions.



Practice Activity

1. Read Attachment: *Promoting Breastfeeding to the Reluctant Woman*.
   - Underline or highlight the parts that are most helpful.
   - Keep a copy in your "breastfeeding file."

2. Review the following pamphlets.
   - They should be available in your clinic to give to clients.
   - They were specially designed to address the pregnant women's concerns about breastfeeding.
     - *Loving Support - Busy Moms*.
     - *Loving Support - Encouragement*.
     - *Loving Support - Embarrassment*.
     - *An Easy Guide to Breastfeeding*.

   - Underline or highlight the information that seems most important to you.
   - Keep copies of the pamphlets in your "breastfeeding file."

3. Read the booklet: *3-Step Counseling Strategy* (Best Start).

Skill Check – Self-Evaluation

1. What questions could you ask to start a conversation about breastfeeding with a pregnant woman?
   - Write down the questions you like best on paper or notecards.
   - Practice aloud to yourself or with a friend or coworker.
   - Put your notes in your "breastfeeding file."

2. Using Steps 1 and 2 of the *3-Step Counseling Strategy*, practice using

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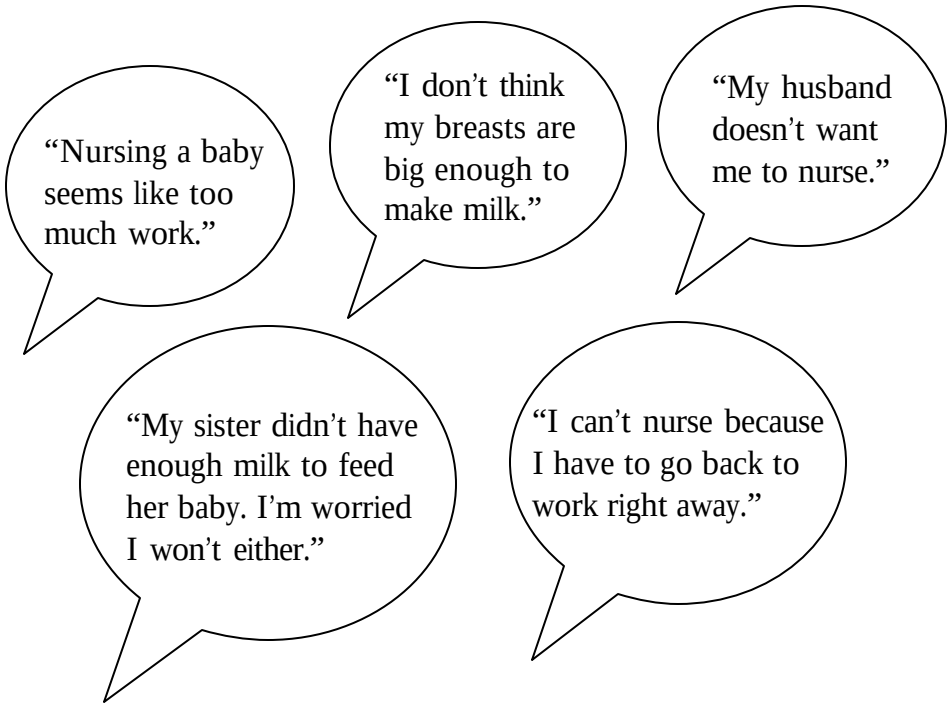
probing questions and affirming the mother's feelings for the following statements.

- Practice aloud to yourself or with a friend or coworker.



Lesson Level: 2

Review Activity

Self-Evaluation

1. What resources can you use to find breastfeeding help for a new mother?

2. What extra foods do exclusively breastfeeding mothers receive from WIC?

3. What are the 3 steps of the *3-Step Counseling Strategy*?

Breastfeeding Basics

Chapter 3

Contents

3-1 Breastfeeding Positions and Latching On

3-2 How Often to Breastfeed

3-3 How the Breasts Make Milk

3-4 How to Make Enough Milk

Lesson Level: 2

3-1 Breastfeeding Positions and Latching On

Items Needed

- Doll.
- Cloth Breast.
- Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock).
- Pamphlet: *Breastfeeding…The Gift of Love.*

Objectives

After completing this lesson, you will be able to:

- Demonstrate four ways to position the baby at the breast.
- Demonstrate the steps for latching on.
- Describe how to end feedings.

Overview

Could you drive a car if you didn't know how to put the key in the ignition? Probably not. Well, just as putting the key in the ignition is the first step for driving a car, putting the baby to the breast is the first step in breastfeeding.

It is critical for successful breastfeeding that mothers know how to position the baby at the breast and how to help the baby latch on correctly. You can begin a counseling session by using open-ended questions to find out what she has learned about how to put the baby to the breast. Affirm correct information she has learned and offer additional information, as needed.

Breastfeeding Positions

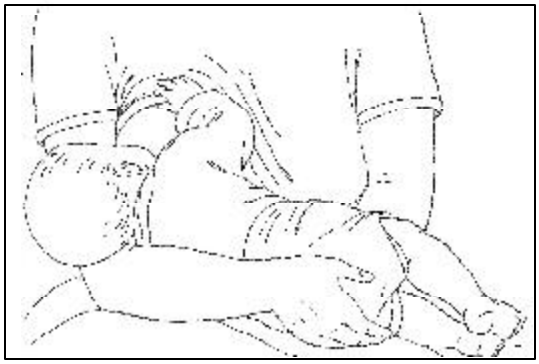
There are many ways to hold a baby while nursing. Mothers tend to have one or two positions that they prefer to use. Using different nursing positions may help prevent sore nipples.

When you counsel women, review the breastfeeding positions by:

- Showing them pictures from your resource books.
- Demonstrating with a doll.
- Encouraging women to practice the positions with a doll in your office, during breastfeeding class or at home.

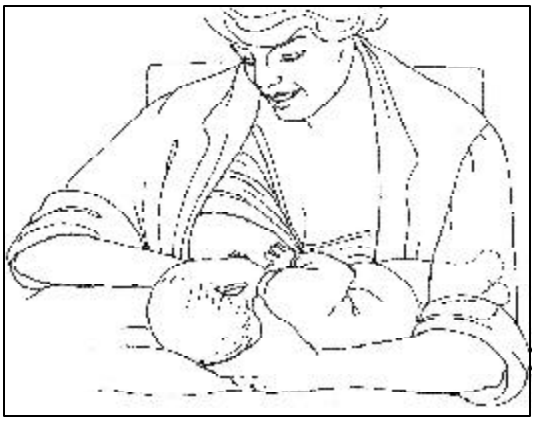
There are four basic breastfeeding positions.

1. Cradle Hold:



- One of the most commonly used breastfeeding positions.

2. Cross Cradle (or Modified Cradle) Hold:

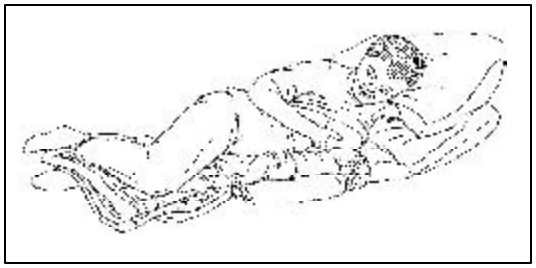


- Useful for newborns because it allows the mother to control the baby's head and get a better latch on.

3. Football (or Clutch) Hold:

- Helpful for women with:
  - Newborns (allows the mother to control the baby's head and get a better latch on).
  - Large breasts.
  - Nursing twins.
  - Small or pre-term babies.
  - C-sections.

4. Lying Down (or Side-Lying):



- Helpful for women with:
  - C-sections.
  - Large, heavy breasts.
- Allows the mother to rest while nursing.
- Can be harder for some women to latch on a newborn.

⇨ *Practice Activity*

1. Read the section on "Positioning" in *The Breastfeeding Answer Book*, 3rd Revised Edition, pp. 65-72.

2. Using the breastfeeding doll and cloth breast, practice how you would demonstrate to a client the four basic positions for breastfeeding a baby.

Putting Baby to the Breast (Latching On)

It is important that the baby latch on to the areola and not just the nipple if he is to extract the milk effectively. Proper positioning helps prevent many common breastfeeding problems.

Steps for Latching On

1. **Sit Comfortably:**
   - Sit in a place with good back support.
   - Use a footstool or sit with crisscross legs to help support the baby.
   - Make sure the baby is supported by pillows so the mother's arms don't get too tired during a feeding.
   - Other pillows can be used to support the mom's back or legs.

2. **Tummy to Tummy:**
   - Hold the baby with his whole body (face, tummy, knees) facing her (the baby's tummy toward the mom's tummy).
   - The baby's body should be supported at the mom's chest level, with the baby's nose about even with mom's nipple.

3. **Hold Breast with Hand:**
   - She should hold her breast with her thumb and first finger in the shape of a "C" or "U" (not with the two fingers looking like scissors).
   - Her hand should not cover the areola.
   - The baby should be in a position so when the mother offers the breast the nipple points at the baby's nose.

4. **Tickle Baby's Lips:**
   - Lightly tickle the baby's lips with her nipple.
   - Wait for the baby to open very wide (like a yawn).
   - When the baby opens wide, the lower lip should be even with the outer edge of the areola.

5. **Mouth Opens Wide, Pull Baby onto Breast:**
   - This step happens fast!
   - Quickly bring the baby on to the breast, drawing him in closely.
   - The baby's nose and chin should be touching the breast.
   - As much of the areola as possible should be in the baby's mouth.
   - The mom may have to try a few times to get the nipple in the mouth while the baby's mouth is open wide.

6. **Check Latch:**
   - Check to make sure the baby's mouth is on the breast correctly.
   - The baby's lips should be "flanged" or turned out, not rolled in over the gums.
   - The baby's nose and chin should be touching or right next to the breast (the baby has a wide nose to allow him to breathe in this position).

7. **Listen for Swallowing:**
   - Listen and watch for deep jaw movement and swallows.

NOTE

The baby does NOT have a good latch if:

- The baby's head is turned to the side to reach the breast.
- The baby is sucking only on the tip of the nipple.
- The baby's lips are turned in.
- The baby is making clicking or smacking noises.
- The baby's cheeks are dimpled in with each suck.
- The baby is not swallowing deeply during the feeding.

If you are unable to help the baby latch on correctly, refer the mother to a lactation specialist.

Practice Activity

Review the WIC handout, *Breastfeeding…The Gift of Love.*

- Underline or highlight the information that is most helpful.
- Keep a copy in your "breastfeeding file."

Skill Check – Self-Evaluation

Practice how you would demonstrate to a client how to position and latch on her baby.

Lesson Level: 2

3-2 How Often to Breastfeed

Items Needed

Video: *Infant Cues*.

Objectives

After completing this lesson, you will be able to:

- Describe what indicates a baby is hungry.
- Describe how often to breastfeed a baby.
- Describe when to switch sides while breastfeeding.

Overview

How often newborns eat is different for each baby, just like it is different for every adult. While we can describe what is "normal" feeding behavior for a breastfeeding newborn, each baby will have their own individual pattern.

The mother's most important job in the first few weeks of breastfeeding is to watch for the baby's feeding cues and feed the baby when he shows he is hungry.

Feeding Cues

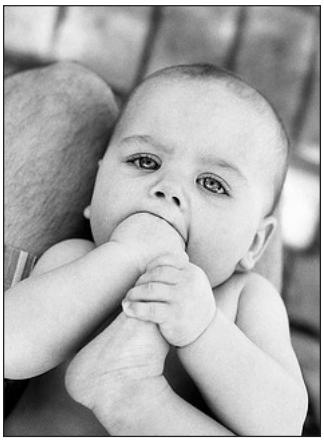
A feeding cue is a sign from the baby that he is getting hungry. When a mother responds to her baby's feeding cues, her milk supply will adapt to her baby's needs.

It is best to nurse at the first sign of an early feeding cue.

Early feeding cues:

Baby…

- Makes licking, smacking or sucking movements with his mouth.
- Brings hands up to his face.
- Sucks on his hands.
- Makes soft cooing or sighing sounds.
- Roots (opens mouth wide, turns head in search of breast).
- Makes rapid eye movements.



Sucking movements are an early feeding cue.

Late feeding cues:

Baby…

- Is fussy.
- Cries.

Crying is a late feeding cue.

How Often to Breastfeed

How often should a mother breastfeed? The best advice is: "Watch your baby for feeding cues, not the clock." Babies should nurse 8–12 times in 24 hours.

It is best to feed babies "on demand" or "on cue" instead of following a feeding schedule. Putting the baby on a rigid feeding schedule or limiting time at each breast has not been shown to prevent nipple soreness. Newborns need to eat frequently because they have small stomachs and digest breast milk quickly.

Normal Newborn Feeding Behavior

- Newborns should nurse 8–12 times in 24 hours.
- A newborn will nurse every 1 ½–3 hours.
- Some newborns will "cluster feed"—eating more frequently than usual for a few hours. This can happen during the day or night.
- Some babies will feed longer at each nursing session than others. Nursing sessions can last from 10–45 minutes.
- For most babies, it is best to offer both breasts during each nursing session. (See below, "When to Switch Sides.")
- As babies get older and grow bigger, they tend to feed less frequently because they can take in more at each feeding.
- During growth spurts a baby will nurse more frequently for 1–4 days to signal the mother's body to make more milk. Then the baby will go back to his more typical nursing pattern. Typical growth spurts occur at 3 weeks and 6 weeks of age.

When to Switch Sides

- Allow the baby to continue nursing on the first breast as long as he is sucking and swallowing frequently. There is no need to limit the time of a feeding on each breast.
- Switch sides when the baby slows down and sucks infrequently.
- The baby may come off the breast on his own or the mother can put a finger in the corner of the baby's mouth to break the suction.
- Burp the baby when switching sides.
- Some mothers change their baby's diaper between sides.
- Offer the second breast. Most babies will nurse for a shorter time on the second breast.
- Continue to nurse on the second breast until the baby stops actively nursing.
- Start the next feeding on the side the baby finished on.

Some babies take only one breast at each feeding because they are full or fall asleep. Although this is not recommended for newborns on a regular basis, occasionally taking one breast is not a problem. For the next feeding, offer the other breast first.

Practice Activity

Watch the video *Infant Cues* to observe babies nursing.

- Notice how the babies' mouths look when they are latched on correctly.
- Watch for babies showing early feeding cues.

Skill Check – Self-Evaluation

Practice counseling a client using the scenario below. Remember to use the *3-Step Counseling Strategy*. You can practice aloud to yourself or with a friend or coworker.

Shirley is a new prenatal client who is expecting her first baby in 2 weeks. Her friend recommended that she nurse her baby only every 4 hours so that the baby doesn't get into the habit of nursing more often. She wants to know if this is good for the baby.

Lesson Level: 2

3-3 How the Breasts Make Milk

Objectives

After completing this lesson, you will be able to:

- Describe how the breasts make milk.
- Counsel a client on how to help her milk letdown.

Overview

Although in our culture, a woman's breast is not often thought of as a place where milk is made, there is an entire milk production and delivery system in every breast! In this lesson you will learn about the parts of the breast that make the milk and about how it is delivered to the baby.

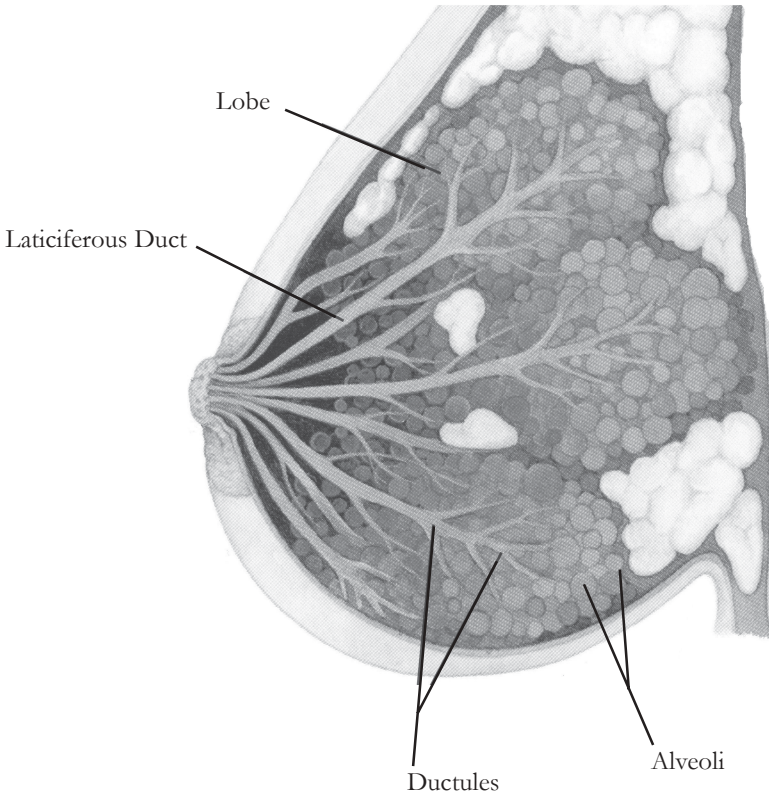
Breast Anatomy

Size does not determine how much breastmilk is made by the breast. Both small and large breasts can make enough breastmilk to feed a baby.

Milk Making Parts

Alveoli: A group of small sacks where milk is made. Each alveolus is surrounded by tiny blood vessels so that nutrients can be drawn from the bloodstream to make milk. Each one is also surrounded by smooth muscle cells that contract when stimulated to squeeze the milk into the ductules.

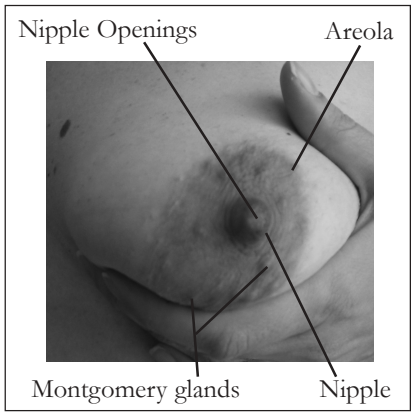
Lobules and Lobes: Lobules are clusters of alveoli that empty into the ductules. Each lobule is made up of 10–100 alveoli. A group of 20–40 lobules make up one lobe that empties into one duct and milk sinus. Recent research indicates there are usually 7 to 10 lobes in each breast.



Milk Delivery Parts—Inside the Breast

Ductules and Lactiferous Ducts: The branch-like tubes extending from clusters of alveoli. Each ductule empties into a larger lactiferous (mammary) duct. Each duct then narrows into an opening in the nipple.

Milk Delivery Parts—Outside the Breast



Areola: The darkened area around the nipple of the breast. The nipple protrudes from the center of this area. During pregnancy the areola darkens and enlarges. It may also develop a bumpy surface due to the growth of the Montgomery glands.

Nipple: The protruding part of the breast in the center of the areola that becomes firmer upon stimulation. It contains 15 - 25 nipple pores that are the outside openings through which breast milk flows, similar to a shower head spray.

Montgomery glands: Specialized oil-producing glands that provide lubrication and antibacterial protection for the nipple and areola. The fluid they produce smells like the amniotic fluid, and baby is attracted to this familiar scent. These glands often become enlarged during pregnancy and give the areola a bumpy appearance.

Breastfeeding Hormones

Ultimately, it is the hormones in the woman's body that control the production of milk. These are the breastfeeding related hormones.

Oxytocin: This hormone is released during suckling or other nipple stimulation. It causes release or "letdown" of the milk. Oxytocin will also cause uterine contractions, which help the woman's uterus return to its normal size faster.

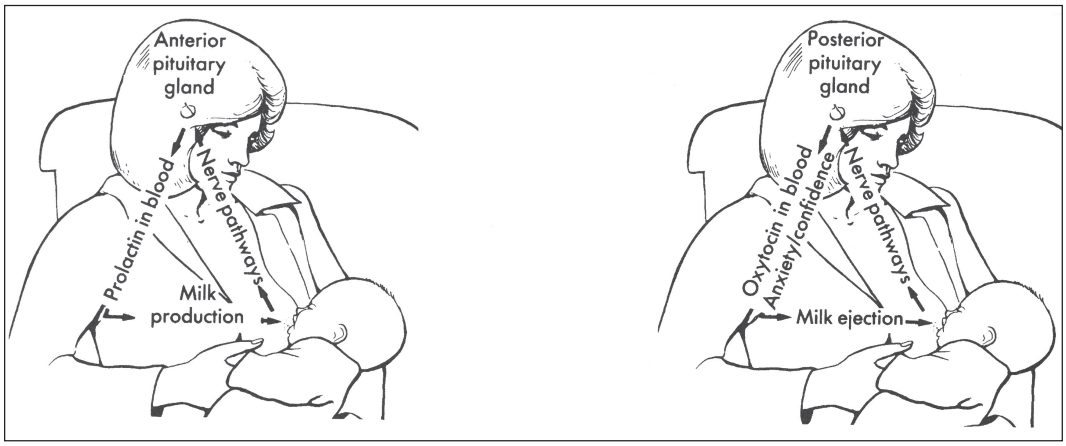
Prolactin: After birth, prolactin levels increase due to nipple stimulation and milk removal. This hormone controls milk production.

Progesterone: Levels of this hormone decrease at delivery and remain low for the first few months after birth. If fragments of the placenta remain in the uterus after birth, progesterone levels may remain high and delay the onset of lactation.

The Letdown Reflex

The letdown reflex puts the milk making and milk delivery systems together and increases efficiency by helping the milk flow quickly and freely from the breast.

- Letdown starts when the baby sucks effectively at the breast and the nerve endings in the nipple and areola are stimulated.
- A nerve signal is sent to part of the mother's brain called the hypothalamus.
- The hypothalamus sends a signal to the mother's pituitary gland in her brain which starts the release of prolactin and oxytocin.
- Oxytocin causes the smooth muscle cells around the alveoli to contract.
- The milk is squeezed through the ducts to wait for the baby to suck it out.



Release and effect of prolactin on milk ejection. Release and effect of oxytocin.

Without effective letdown, the baby gets only the milk waiting in the milk ducts (foremilk) and little of the hindmilk that is produced higher in the breast during the nursing session. The fat in hindmilk provides 50% of the calories in breastmilk. Without a functioning letdown, the baby will not get enough nourishment. Additionally, poor letdown will suppress breast milk production because less milk will be removed from the breast, so less milk will be made.

During letdown, many women feel a tingling sensation in the breast and milk may drip from one or both breasts when it occurs. Many first-time mothers do not begin feeling a sensation with letdown until their baby is 3–4 weeks old. Some mothers never have a sensation when they letdown,

although their letdown reflex works well. As this reflex becomes better established, a mother's milk may letdown when she hears a baby cry or when it is close to feeding time.

Signs of a Functioning Letdown

- Strong uterine contractions while nursing during the first few days postpartum.
- Sudden feeling of fullness or tightening in the breasts.
- Tingling sensation resembling pins and needles in the breasts.
- Milk leaking from the opposite breast (many women use breast pads or soft cloths to catch the leaking milk).
- A change in the baby's sucking pattern from quick sucks to slow deep sucks accompanied by frequent swallows.
- Hearing the baby gulping.
- Milk in the baby's mouth or leaking out of the mouth.
- A feeling of relaxation in the mother while breastfeeding.

Signs that Letdown is Delayed or Inhibited

- The baby comes off the breast crying and unhappy.
- The baby is sucking quickly and is not swallowing very often.

Factors that Inhibit Letdown

- Fatigue.
- Fear.
- Stress.
- Anxiety.
- Pain.
- Smoking.
- Excessive alcohol intake.
- Excessive caffeine intake.
- Some medications.

If a mother is having problems getting her milk to letdown, encourage her to relax and practice some techniques that encourage letdown. Remind her that this is just a temporary change, and her letdown reflex and milk supply will improve if she continues breastfeeding.

Techniques that Encourage Letdown

- Nursing in a comfortable position in a calm atmosphere.
- Relaxation exercises and deep breathing.
- Warm compresses on the breasts before feeding.
- Taking a warm shower.
- Breast massage while breastfeeding.
- Smelling the baby's clothing.
- Hearing the sounds of the baby's voice.
- Nursing in a lying down position.

NOTE

Beer or wine are no longer recommended to help letdown (see "Substances to Avoid or Limit While Breastfeeding" in Chapter 4).

✓ *Skill Check—Self-Evaluation*

Practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

> *Alexandra is a prenatal client in your breastfeeding class. She has asked, "How do the breasts make milk and what makes the milk come out?" How would you respond?*

Lesson Level: 2

3-4 How to Make Enough Milk

Items Needed

- Attachment: *Samples of Alternative Feeding Devices.*
- Job Aid: *Calculating an Infant's Percent Weight Loss.*
- Optional: Disposable diaper.

Objectives

After completing this lesson, you will be able to:

- Counsel a prenatal mother with concerns about milk supply.
- Describe tools a mother can use to evaluate if her baby is getting enough breastmilk.

Overview

Have you ever tried measuring something you can't see? How can mothers "measure" the amount of breastmilk their baby is drinking? Because breastmilk is not easily measured, many women worry that they won't be able to tell if they are making enough breastmilk to feed their baby. This lesson will cover tips on how to make enough breastmilk. It will also give tools on how a mother can evaluate if her baby is breastfeeding enough.

How to Make Enough Milk

When a client expresses concern that she won't have enough milk, first ask "probing questions" to clarify or to find out why she is concerned. Then, affirm her concerns. Finally, provide education about what steps she can take to help her milk supply.

Tips to Help Mothers Have Enough Milk

1. **Begin nursing within the first hour after birth.**
   - The baby's suckling reflex is most intense during this time.
   - If the mother is unable to nurse within the first hour, she should nurse as soon as she is able.

2. **Nurse frequently (at least every 1½–3 hours).**
   - Keep the baby close to the mother.
   - Watch the baby for early feeding cues (see "How Often to Breastfeed" in Chapter 3).
   - Offer the breast whenever the baby seems hungry.
   - Offer the breast before the baby begins to cry.
   - Watch the baby, not the clock.

3. **Offer both breasts at a feeding.**
   - Finish the first breast before switching sides.
   - Switch sides when the baby's sucking slows down.
   - Begin the next feeding on the side that the baby nursed on last.

4. **Let the baby determine the length of the feeding.**
   - Every baby has his own feeding style.
   - In the first week it is normal for an entire feeding, including burping and diaper change, to take 20–45 minutes.
   - Once the mature (white) milk comes in, learn to recognize letdown.
   - Watch for a softening of the breast at the end of a feeding.

5. **Remember "supply and demand."**
   - The more the baby nurses effectively, the more breastmilk the mother will make.

6. **Avoid bottle nipples and pacifiers.**
   - Some babies prefer bottle nipples because the milk flow is different.
   - Starting bottles or pacifiers too soon can cause "nipple confusion"—the baby refuses the breast and only takes a bottle or pacifier nipple.
   - Nipple confusion is more common in babies whose mothers have flat or inverted nipples.
   - If a newborn must be fed before the mother can feed him, ask that the baby be fed with alternative feeding devices like a finger feeder, a feeding cup or syringe to avoid nipple confusion. (See Attachment: *Samples of Alternative Feeding Devices.)*
   - Waiting to use bottles and pacifier nipples until after the baby is 4 weeks old is less likely to cause nipple confusion.

7. **Do not supplement with formula or water.**
   - Breastmilk contains all the nutrients and fluids a baby needs when they are born.
   - Healthy, full-term babies do not need supplemental formula or water.
   - Supplementing with formula will decrease the production of breastmilk.
   - If a mother requests supplemental formula, the first priority should be to help the woman successfully breastfeed.
   - Encourage mothers to wait until the baby is 4 weeks of age before offering supplemental formula.
   - Supplemental formula or other fluids should not be given unless breastmilk is not available and/or supplementation is medically necessary.
   - If a baby cannot breastfeed, the mother can express or pump her breastmilk for the baby. WIC can provide the breast pump (see Chapter 7—"Pumping/Expressing Breastmilk").

8. **Eat a variety of healthy foods and drink to satisfy thirst.**
   - See Chapter 4—"Nutrition while Breastfeeding" for more information.

Mothers Concerns about Milk Supply

Many mothers are concerned that they cannot tell if their baby is drinking enough breastmilk. Mothers who are bottle feeding can be reassured by the number of ounces the baby drinks. Breastfeeding mothers also need tools that can reassure them that their baby is drinking enough. Knowing how to tell if her baby is drinking enough breastmilk will reassure her that breastfeeding is going well.

How to Tell if the Baby is Getting Enough Milk

1. **Count wet and soiled diapers.**
   - What goes in, must come out . . . counting what comes out the other end can tell the mom if enough breastmilk is going in.
   - If the mom is using disposable diapers, she can put a tissue in the diaper to help tell if the baby has urinated.

At this age:	# wet diapers in 24 hours:	# stools in 24 hours:
1–4 days postpartum (before mature milk is in)	1 day old = 1 urine 2 days old = 2 urine 3 days old = 3 urine 4 days old = 4 urine	1 day old = 1 stool 2 days old = 2 stool 3 days old = 3 stool 4 days old = 4 stool Meconium (dark, sticky stools)
3–5 days postpartum (after mature milk is in)	3–6 wet diapers	3–5 yellow, seedy stools
3–4 WEEKS old	6 or more wet diapers	Stools daily or may decrease to as few as every 7–10 days

2. **Check the baby's weight.**
   - A weight loss of 5–7% of birth weight in the first 4 days after birth is considered normal. See the *Job Aid: Calculating an Infant's Percent Weight Loss*.
   - Baby should regain his birth weight by 14 days old.

- From 2 weeks–3 months old, the baby should gain ½–1 ounce per day or 3 ½–8 ounces per week.
- Refer the baby to the lactation specialist and healthcare provider if his weight loss is more than 7% of birth weight.

3. Watch the baby's behavior during and after feeding.

- Listen for swallowing sounds during feeding. This is a good sign the baby is drinking milk.
- The baby should be relaxed and content after a feeding. The baby may fall asleep at the breast, or may have some quiet alert time after nursing.

4. Notice the fullness of the breasts.

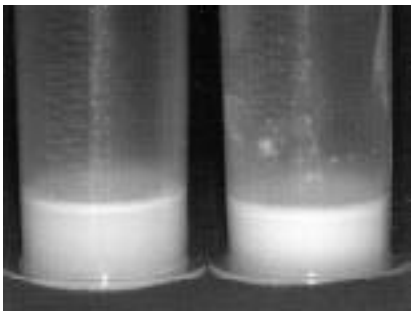
- The mother's breasts should feel full before nursing and softer after nursing.
- As the baby gets older, the mother's breasts will adjust to making milk and will not feel as full.
- Most mothers can tell a difference in her breasts before and after a feeding.

Breastmilk Looks Different

Reassure mothers that their breastmilk will not look like milk from the store. Their milk is still good, even though it looks different!

The first milk is called "colostrum," a clear, yellowish fluid. It is rich in protein, nutrients and antibodies, which protect the baby from infection. By starting to nurse the baby right after birth, the baby will benefit from the colostrum and the "mature milk" will come in sooner. Colostrum changes to "mature milk" sometime in the first 1 to 7 days.

"Mature" breastmilk may look blue in color. The milk that comes out first during a feeding (foremilk) is thinner and more watery. The milk toward the end of a feeding (hindmilk) looks thicker. It is richer and higher in fat. If a woman pumps her milk, the fat (or "cream") will separate easily and rise to the top.



Foremilk Hindmilk

Practice Activity

1. Optional: Pour 3 spoonfuls of water into a disposable diaper and leave it for a few minutes. Does it seem wet or dry?

2. Practice calculating the percent weight loss of these infants.
   - Use the *Job Aid: Calculating an Infant's Percent Weight Loss*.
   - File the job aid in your "breastfeeding file" when you are finished.

Baby	Birth Weight	Current Weight	% Weight Loss
Georgia	7 pounds 13 ½ ounces	7 pounds 1 ounce	
Stefano	9 pound 1 ounce	8 pounds 0 ounces	
Sabrina	6 pounds 4 ounces	5 pounds 1 ounce	

Skill Check – Self-Evaluation

Practice counseling a client using the scenario below. Remember to use the *3-Step Counseling Strategy*. You can practice aloud to yourself or with a friend or coworker.

Camille is a prenatal client who is concerned that she won't be able to tell if her baby is getting enough breastmilk. She says, "I wish my breasts had "ounce" marks on them like bottles!" How would you respond?

Lesson Level: 2

Review Activity

With Your Training Supervisor:

1. Discuss your questions from Chapters 2 & 3.

2. Check your answers to the percent weight loss question in the "How to Make Enough Milk" practice activity.

3. Practice counseling a client using the scenario below. Remember to use the *3-Step Counseling Strategy*.

> *Maia is a new prenatal client who is expecting her first child. She has indicated that she would like to try breastfeeding but isn't sure how to do it. She has never seen anyone breastfeed before. What would you say?*
>
> *At her next visit she says that she is concerned that she won't make enough milk—her breasts are a little small. What would you say?*
>
> *At her next visit she says she has decided to breastfeed. She wants to know how to make sure she has enough milk. What would you say?*

Nutrition While Breastfeeding

Chapter 4

Contents

4-1 Nutrition for Breastfeeding Mothers

4-2 Eating Well While Caring for a New Baby

4-3 Substances to Avoid or Limit While Breastfeeding

Lesson Level: 2, 3

4-1 Nutrition for Breastfeeding Mothers

Items Needed

- Pamphlet: *An Expectant Mother's Guide to Eating Fish In Oregon.*

Objectives

After completing this lesson, you will be able to:

- Provide nutrition counseling for a breastfeeding mother.

Overview

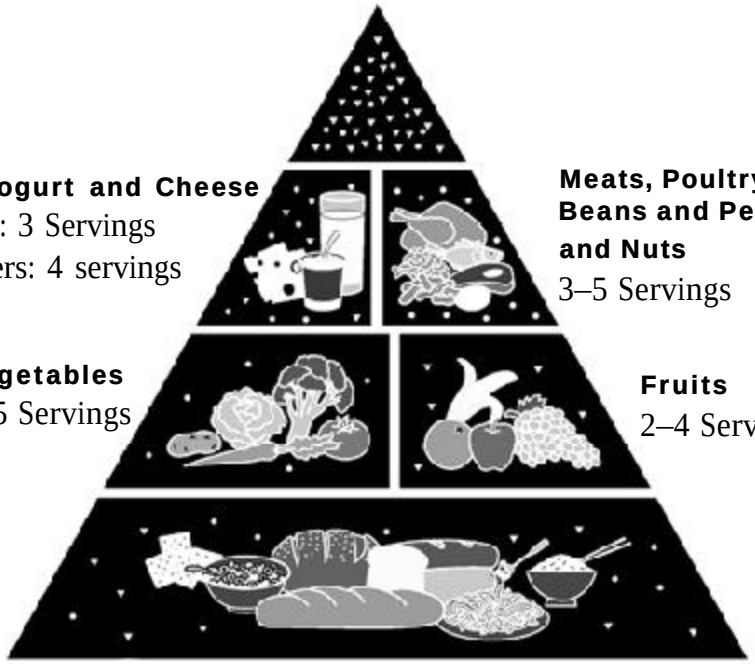
Did you know that after a mother eats garlic, most babies will nurse longer? The foods the mother eats are reflected in her breastmilk. This benefits the baby by introducing him to a variety of flavors, so that the tastes and smells of the food from his culture will be familiar when he begins to eat solid foods.

The body is also protective of the infant, by making high quality breastmilk even if the mother's food intake is not high quality. If the mother is not eating enough calories, vitamins or minerals, the body will take the nutrients from her body stores to produce breastmilk. When the mother doesn't eat well, she may suffer from fatigue and be less resistant to infection. Encourage women to eat a healthy variety of foods. Mothers can continue to breastfeed even if their diet is not perfect.

What Should a Breastfeeding Mother Eat?

The following is the Food Guide Pyramid for breastfeeding mothers. They can use it as a guide to eating a variety of nutritious foods. See the Food Guide Pyramid handouts in your local agency for information on serving sizes.

Food Guide Pyramid



Milk, Yogurt and Cheese
Women: 3 Servings
Teenagers: 4 servings

Meats, Poultry, Fish, Dry Beans and Peas, Eggs and Nuts
3–5 Servings

Vegetables
3–5 Servings

Fruits
2–4 Servings

Bread, Cereals, Rice and Pasta
6–11 Servings

Does a Breastfeeding Mother Need More Protein?

Breastfeeding women need more protein than non-breastfeeding women. A breastfeeding woman needs the same amount of protein as she did when she was pregnant. She should eat about 3–5 servings a day from the protein group.

Are There Foods Breastfeeding Mothers Should Avoid?

Sometimes nursing mothers hear that they should not eat certain foods - such as chocolate, broccoli, onions, cold foods, or cabbage - because the baby will have a bad reaction to them. However, most women can eat any food without affecting the baby. Some women avoid foods for cultural reasons. These cultural practices should be respected. Just ensure that the mother is eating a healthy variety of other foods or help her identify culturally acceptable substitutes.

Some moms with fussy or gassy babies suspect that a specific food may be causing the fussiness. In most cases, the fussiness or gassiness is normal and is not caused by the food she is eating. However, if a mom suspects that a food is making the baby fussy or gassy, she can try to track the food she eats to see if there is a pattern.

- Write down when the baby is fussy.
- Write down what the mom ate a few hours before the fussy time.
- After a few days, see if the same food is always eaten before the fussy time.
- Stop eating the food for 2 weeks to see if the fussiness stops.
- Start eating the food again after a few weeks to see if the baby can tolerate it better.

If a baby is having severe stomach or intestinal pain or bloody stools, the baby should be seen by a health care provider. Occasionally babies will develop a sensitivity to food proteins that pass into breastmilk. Although rare, the most common sensitivity is to milk products. Eliminating milk products from the mother's diet may resolve the baby's symptoms. Provide the mom with information on other foods that can provide calcium (see "Good Sources of Non-Dairy Calcium" later in this lesson).

Are Fish Safe?

Fish are a valuable source of nutrition for breastfeeding moms. However, some types of fish have contaminants that can pass through the breastmilk. Contaminants that are of most concern are mercury and PCBs. Native Americans, Hispanics, Asians and other ethnic populations may be at greater risk as they may eat fish more regularly.

The pamphlet, *An Expectant Mother's Guide to Eating Fish In Oregon*, has important fish eating guidelines for breastfeeding women. Use this handout to help mothers make safe fish choices.

NOTE

It is considered safe to eat 6 ounces per week of the "light canned tuna" available through WIC if no other "medium" risk fish is eaten.

What About Weight Loss?

It takes about 900 calories to produce a quart of breastmilk! During pregnancy, most women store around five to ten pounds of body fat that supplies a portion of these calories during the first three to six months postpartum. The remainder of the calories comes from the daily diet. A mother's daily calorie needs will vary depending on activity level, maternal age, and amount of breastfeeding.

Safe Weight Loss for Breastfeeding Mothers

A breastfeeding mother can lose weight safely by combining a healthy diet and moderate exercise. Losing 1 pound per week is considered safe.

DO:

- Eat slightly less food than she has been eating.
- Exercise regularly.
- Eat a variety of healthy foods.
- Take a multi-vitamin supplement.

DON'T:

- Don't use liquid diets or fad diets.
- Don't use weight loss medications.
- Don't lose weight too quickly.
- Don't start dieting before 6 weeks postpartum.

How Much Fluid Should a Breastfeeding Mother Drink?

Many women have heard that they must drink large amounts of liquid to produce enough breastmilk. This is a myth. Too little breastmilk is more likely to be caused by latch problems, infrequent feedings or the mother eating too few calories (less than 1500 calories a day).

A mother may notice that she often feels thirsty. This is normal. Advise mothers to "drink to thirst." She can also ensure that she is drinking enough by watching the color of her urine. Pale yellow urine indicates that she is drinking enough fluid.

Women should pay attention to adequate water intake if they are regularly in hot environments—such as working in agriculture fields in the summer.

Do Breastfeeding Mothers Need More Calcium?

The calcium level of breast milk will usually stay "normal" regardless of the mother's diet. However, a low calcium intake may result in calcium being drawn from the mother's bones to maintain the calcium levels in her milk. Research is not clear, at this point, whether this will contribute to osteoporosis or brittle bones later in life. Some studies suggest that breastfeeding might actually protect women from postmenopausal osteoporosis.

Sources of Calcium

If a mother has been drinking milk during her pregnancy, encourage her to continue. Other dairy products are also rich in calcium. However, mothers do not have to drink milk to make milk. Adequate calcium can be obtained through non-dairy sources. Many non-dairy sources of calcium contain no vitamin D and less protein. Women relying on these for calcium need to consume extra servings from the protein group.

Calcium Intake Guidelines

Mother's age	# Servings per day	Mg. of Calcium per day
18 or younger	4	1300
19 or older	3	1000

Good Sources of Non-Dairy Calcium

- Canned fish with bones (sardines and salmon).
- Greens (watercress, collards, turnip, kale, bok choy, mustard) (the calcium in spinach is not well absorbed).
- Tofu processed with calcium.
- Okra.
- Broccoli, cabbage, Brussel sprouts.
- Calcium-fortified beverages, such as, soy milk and orange juice.

What about Lactose-Intolerance?

If a woman is unable to digest lactose, she may get gas and diarrhea if she drinks too much milk. What can she try?

- Drink small amounts of milk (4–16 oz/day).
- Eat cheese (significantly less lactose than milk).
- Eat yogurt containing live cultures (the cultures help digest the lactose).
- Drink buttermilk and acidophilus milk (slightly less lactose than milk).
- Drink Lactaid™ or other lactose-reduced milks.

Do Breastfeeding Mothers Need More Vitamins?

Mothers are commonly advised to "finish your prenatal vitamins." There is no harm in doing so. All women of childbearing age are encouraged to take a vitamin/mineral supplement that contains at least 400 micrograms of folic acid.

Do Breastfeeding Mothers Need More Iron?

Iron deficiency is common among breastfeeding women and results from high iron needs during pregnancy, blood loss at delivery and low dietary iron intake. Mild anemia has little effect on the quantity of iron in breastmilk, but the mother may experience increased susceptibility to infection, tiredness, irritability, and if prolonged, weight loss.

Menstruation is delayed by breastfeeding. This helps conserve iron, but women do need iron in their diets to prevent anemia and rebuild iron stores. Unless the mother has been diagnosed with anemia, iron supplements are not necessary.

Can a Vegetarian Mother Safely Breastfeed?

Yes. They should follow the same guidelines as non-vegetarian mothers, paying special attention to adequate protein intake. If a mother does not eat dairy (milk) products, adequate calcium can be ingested from non-dairy calcium foods (see "Good Sources of Non-Dairy Calcium" earlier in this lesson).

Refer mothers who are vegan (no animal products at all) or on a macrobiotic diet to the RD to assess her need for vitamin B-12 supplementation.

Practice Activity

Review the handout, *An Expectant Mother's Guide to Eating Fish In Oregon.*

- Underline or highlight the information that is most helpful.
- Keep a copy in your "breastfeeding file."

Skill Check – Self-Evaluation

A breastfeeding woman reports she ate the following foods yesterday:

8 oz. nonfat milk

Big Mac
32 oz. Cola

8 oz. nonfat milk

Peanut butter and jelly sandwich
- 2 slices bread
- 3 T peanut butter
- 1 T jelly

Banana
8 oz. nonfat milk

2 cups ice cream

1. What changes could you recommend to make her diet healthier?

2. How will her diet affect her breastmilk?

Lesson Level: 2, 3

4-2 Eating Well While Caring for a New Baby

Objectives

After completing this lesson, you will be able to:

- Counsel a mother who doesn't have time or energy to fix food at home.
- Counsel a mother on healthier fast food choices.

Overview

Have you ever been so busy that you didn't take time to eat? Or so tired that you didn't want to cook? Many new mothers, not just breastfeeding mothers, feel overwhelmed by caring for a new baby and caring for themselves at the same time.

Tips for Quick and Healthy Eating

- Ask supportive family members to shop and cook.
- Make a double batch of dinner ("planned-overs") and save some in the refrigerator or freezer to eat another day.
- Use dinner leftovers for lunch tomorrow.
- Prepare a meal or two ahead of time and keep in the freezer or refrigerator.
- When friends ask, "How can I help?," ask them to cook!
- Keep nutritious, easy-to-eat foods at home:
  - Cheese.
  - Yogurt.
  - Milk.
  - Peanut butter with apples, bananas, or crackers.
  - Fresh fruits and vegetables, cut up and ready to eat.
  - Cereal.
  - Hard-cooked eggs cooked ahead and kept in the refrigerator (use within 1 week of cooking).
  - Whole grain breads and crackers.

How Much "Junk Food" Is Too Much?

Some women believe that if they eat too many fast foods or sweets, their milk won't be good. Unless a woman is malnourished (rare in the United States), she will likely produce high quality breastmilk. If a woman occasionally eats sweets or fast foods, it will not "sour" or "ruin" her breastmilk. Even mothers who regularly eat fast foods can have healthy breastmilk.

However, if she eats too many high fat, high salt and high sugar foods, she is likely to not feel as well or have as much energy as she would otherwise. In public health, we promote eating behaviors that are healthful for life and reduce the risks of chronic diseases.

Encourage the mother to take care of herself, as well as her baby, by eating more nutritious foods and continuing to breastfeed. If she starts eating better now, she will set a good example for her child as he grows up.

Better Fast Food Choices

Many nursing mothers eat fast food because it is too difficult to cook at home. Encourage these healthier fast food choices.

- Smaller hamburger or cheeseburger.
- Deli Sandwich.
- Grilled Chicken Sandwich…and "hold" the mayo and special sauces.
- Baked Potato without sour cream.
- Chili.
- Bean Burrito…and "hold" the sour cream.
- Salad with Chicken and "light" dressing.
- Milkshake.
- 1% or Skim (nonfat) Milk.
- Orange Juice.
- Frozen Yogurt.
- Grocery store salad bars and deli counters.

Practice Activity

Write down what foods a person might choose at each of these restaurants for a healthier fast food meal.

1. Burger King or McDonalds

2. Taco Bell

3. Subway

4. KFC

✓ Skill Check – Self-Evaluation

Practice counseling clients using the scenarios below. You can practice aloud to yourself or with a friend or coworker.

1 *Shia usually eats fast food for lunch every day because she is going to school. Her favorite foods are Big Macs, Quarter Pounders with Cheese, and Taco Supremes. She usually gets the "meal" with a soda and fries because it is cheaper than getting just the food and a soda. What would you recommend?*

2 *Tricia says to you: "With the new baby, I don't have time to cook or eat. I'm lucky if I have some time to snack on milk and cookies." What would you recommend?*

Lesson Level: 2, 3

4-3 Substances to Avoid or Limit While Breastfeeding

Objective

After completing this lesson, you will be able to:

- Counsel a breastfeeding mother who is concerned about her intake of caffeine, herbal tea, alcohol, tobacco, drugs of abuse, medications and oral contraceptives.

Overview

Many substances a mother consumes do pass into her breastmilk. Some are harmful to the baby, others are not. Let's look at the most common substances of concern.

Caffeine

For most mothers, drinking an occasional caffeine containing beverage is not harmful for her baby as only a small amount of caffeine passes into the breastmilk.

Limiting consumption of caffeine to the equivalent of 1 to 2 cups of coffee per day is a good guideline. Consuming more than 750 mg of caffeine a day could result in caffeine accumulating in the baby's body, especially in a newborn. It takes 2–5 *days* for a newborn to clear half the caffeine from his body. By 3 months of age the baby is able to clear half the caffeine in 14 hours.

Caffeine in Foods and Drinks

Coffee, Starbuck's–16 oz	550 mg
Coffee, Non-gourmet–8 oz	136 mg
Caffe Latte or Cappuccino–16 oz	185 mg
Tea, Regular–8 oz	50 mg
Mountain Dew–12 oz	55 mg
Cola–12 oz	35–45 mg
Chocolate, dark or semi-sweet–1 oz	20 mg
Decaf Coffee–8 oz	10 mg
Tea, Decaf or Herbal–8 oz	5 mg
Hot Chocolate – 8oz	5 mg

Herbal Teas

Most supermarket brands of herbal teas are safe to use during breastfeeding. Privately brewed remedies or teas could cause problems with breastfeeding. See the reference *Medications and Mother's Milk* (Hale) for more information about a specific herbal substance.

Alcohol

Occasional alcohol intake by the breastfeeding mother is considered safe by the American Academy of Pediatrics. The concentration of alcohol in breastmilk is the same as the mother's blood alcohol concentration. Therefore, the more she drinks, the more alcohol will be present in the breastmilk. Heavy alcohol use, binge drinking, and regular consumption of 2 or more drinks a day is discouraged for the health of both the mother and baby.

Mothers who have an occasional drink can reduce the effect on the infant by having the drink shortly AFTER breastfeeding and waiting to breastfeed again until most of the alcohol has cleared from her body. After drinking one drink (one drink is usually equivalent to 12 oz beer, 5 oz wine or 1¼ oz liquor) the alcohol will be present in the breastmilk for 2–3 hours. It can take up to 13 hours for larger quantities of alcohol to clear from the woman's body.

Mothers of preterm infants should NOT drink alcohol. If a mother of a preterm infant drinks alcohol, she should wait until all alcohol is cleared from her body before breastfeeding or pumping.

In the past, women were often encouraged to have a glass of wine or beer before nursing to help them relax and letdown. This practice should be discouraged. Studies have shown that after a mother drinks alcohol, babies drink less breast milk and wake up more often.

Tobacco

Nicotine passes into breastmilk. It takes about 1½ hours for the nicotine from one cigarette to clear from the mother's body. Breastfeeding mothers who cannot quit smoking should be encouraged to smoke less often and to smoke shortly after nursing to reduce the effect on the baby.

For the health of the baby, reduce the baby's exposure to second hand smoke. Children of smokers have a greater incidence of respiratory infections. Breastmilk provides extra protection against respiratory infections. It is better for a smoker to breastfeed than to use formula.

Drugs of Abuse

Drugs of abuse—such as cocaine, heroin, amphetamines, hallucinogens—pass into the breastmilk and can have serious effects on the infant. These drugs should not be taken while breastfeeding.

Occasional exposure to marijuana in the breastmilk has not been documented to be harmful to the infant. However, marijuana may be contaminated with other substances that are harmful. Also, marijuana usage has health risks to the mother and her ability to parent may be compromised.

Refer anyone you suspect of drug abuse to community resources for help.

Medications

Although medications can pass into breastmilk, MOST medications are safe and compatible with breastfeeding. For the few drugs of concern, there are safe alternatives for most medical conditions. If a nursing mom needs to take a medication, refer her to a lactation specialist, health care provider or pharmacist to get information on the safest drugs available during breastfeeding.

See "Who Should Not Breastfeed" in Chapter 1 for medications that are not safe while breastfeeding. Also, *Medications and Mother's Milk* (Hale) is an excellent resource for information on medications during breastfeeding.

Oral Contraceptives and Other Hormonal Contraceptives

Barrier methods of contraception (condoms, diaphragm) have no effect on milk supply and are preferred. However, most women can also use progestin-only methods of hormonal contraception with little effect on the breastmilk and milk supply.

Progestin-only methods include:

- The "mini-pill" (oral contraceptive).
- Depo-Provera (injected contraceptive).
- Norplant (implanted under the skin).
- Progestin-IUDs (inserted into the uterus).

Wait until lactation is established (at least six weeks) before starting progestin-only contraceptives. It is also recommended that the mother uses the "mini-pill" before trying the other methods, as the pill can be stopped immediately if there is a problem with milk supply. The mini-pill must be taken at the same time each day to be effective.

Nursing mothers can also use combined oral contraceptives pills containing both estrogen and progestin and a combined injection. Estrogen can decrease the milk supply, so it is recommended that mothers wait to start an estrogen containing contraception until after their babies are six months old. The baby should be monitored for appropriate weight gain.

Practice Activity

1. Talk to a coworker or your supervisor about where in your community you would refer a mother who:
   - Is using drugs?
   - Wants to stop smoking?

2. Are "Referrals" available in the Nutrition Education section of TWIST?
   - If the referral isn't available on TWIST, write the information on a paper or notecard and put it in your "breastfeeding file."

Skill Check – Self-Evaluation

What are the guidelines for using each of these substances during breastfeeding?

1. Caffeine

2. Herbal Tea

3. Alcohol

4. Tobacco

5. Marijuana

6. Cocaine

7. Heroin

8. Amphetamines

9. Medications

10. Hormonal Contraceptives

Lesson Level: 2

Review Activity

Observation

1. If needed, discuss your questions from Chapter 4 with your Training Supervisor.

2. Observe two certifications of breastfeeding women (at the 6 week recertification appointment).

Managing Breastfeeding Problems

Chapter 5

Contents

5-1 The First Two Weeks—No Problems v. Red Flags

5-2 Inadequate Milk Supply

5-3 Engorgement

5-4 Sore Nipples

5-5 Mastitis, Plugged Ducts and Breast Abscess

5-6 Sleepy Baby

5-7 Fussy Baby

5-8 Overactive Letdown and Leaking Breasts

5-9 Jaundice

5-10 Breastfeeding a Preterm Infant

Lesson Level: 2

5-1 The First Two Weeks—No Problems v. Red Flags

Items Needed

- *Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks.*
- *Job Aid: Breastfeeding Red Flags in the First 2 Weeks.*
- *Job Aid: Calculating an Infant's Percent Weight Loss.*
- Pictures of breastfed baby's stool.

Objectives

After completing this lesson, you will be able to:

- Recognize a mother who is breastfeeding without problems.
- Appropriately refer clients with breastfeeding "red flags."

Overview

There is a wide range of issues you might encounter when counseling breastfeeding mothers. At one end are mothers who are breastfeeding with no problems or concerns. On the opposite end are mothers who are experiencing breastfeeding problems that are serious enough to be "red flags" that may compromise the health of the baby and/or cause the mother to stop breastfeeding. In between the two ends are breastfeeding problems that could cause the mother to stop breastfeeding if they are not resolved.

Continued on page 2

Overview, continued from page 1.

Breastfeeding is Going Well	Breastfeeding with Some Problems	"Red Flag" Breastfeeding

This lesson will concentrate on each end of the continuum—breastfeeding that is going well and "red flag" breastfeeding. Other lessons in Chapter 5 will cover the problems in between.

Breastfeeding with No Problems

Review the *Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks.* Some general trends can be observed in breastfeeding mothers and babies who are breastfeeding with no problems.

- The mother's milk should come in by Day 3 or Day 4.
- The mother's nipples may feel sensitive in the first 2 weeks.
- The baby is nursing 8–12 times in 24 hours before and after the milk comes in.
- The baby will not produce much urine or stools before the milk comes in.
- The stools will change from meconium to yellow in the first week.
- The baby may lose weight initially, but should gain weight after the milk comes in.
- The baby will show feeding cues early after birth.

A breastfed baby's stools will look different than a formula fed baby's or an adult's stools. It is normal for a baby to strain while having a bowel movement.

- A breastfed baby's stools are usually soft or runny, bright yellow/gold and may have small white curds in them.
- Diarrhea will look like a large watery circle on the diaper with little fibrous content.
- Constipation is rare in breastfed babies. With constipation, the stool is hard or pellet like.

See the pictures of stools available from your Breastfeeding Coordinator.

Red Flags (or Possible Causes of Concern) in the First 2 Weeks

Some mothers will have significant problems with breastfeeding in the first two weeks. A mother who is having "red flag" problems must be referred to a lactation specialist and/or her baby's doctor as soon as possible, within the next 24 hours.

Review the *Job Aid: Breastfeeding Red Flags in the First 2 Weeks.*

NOTE:

If at any time you are unsure about how to handle a breastfeeding problem, refer the mom and baby to the lactation specialist, RD, or your supervisor.

Practice Activity

Review this case study.

A breastfeeding mom, Tara, calls the WIC office and asks to speak to someone about breastfeeding her 8 day old baby, Joseph. You are asked to speak with the mom.

Mom: I'm trying to breastfeed and I'm not sure my baby is getting enough milk.

WIC: You're worried he isn't getting enough milk. Can you tell me what worries you?

Mom: He hasn't pooped since we came home from the hospital.

WIC: When did you come home from the hospital?

Mom: Three days ago.

WIC: So Joseph hasn't pooped in the past three days.

Mom: That's right.

WIC: Are there other things that worry you?

Mom: He doesn't seem to pee very much either. And he is really sleepy.

WIC: You are worried because he doesn't seem to pee a lot. Tara, you said he was sleepy. Can you tell me more about that?

Mom: *He doesn't wake up very often to nurse. The hospital said I should wake him up every 3 hours. But he is really hard to keep awake during his feedings.*

WIC: *You are having a hard time waking him up to nurse. How often do you think he nurses during 24 hours.*

Mom: *Probably 7 times.*

WIC: *I'm glad you called today. It does sound like Joseph is having a hard time staying awake and may not be getting enough milk. Our breastfeeding specialist at the WIC office is specially trained to see moms who need help with breastfeeding. How would you feel about coming into the office to see her?*

Mom: *I can do that.*

WIC: *I think it is important that you see her today. Would you be able to come today?*

Mom: *I can come this afternoon.*

WIC: *Great, let me check her schedule. Can I set up an appointment for you?*

Mom: *Yes.*

Alternate ending (if your WIC clinic does not have a lactation specialist available, refer to a community lactation specialist):

WIC: I'm glad you called today. It does sound like Joseph is having a hard time staying awake and may not be getting enough milk. The person in our office who is specially trained to help breastfeeding moms is not in the office today and it sounds like Joseph needs to see someone right away. I know that the hospital has a good breastfeeding clinic that will help you. It is free. Would it be helpful for you if I set up an appointment for you there?

Mom: Yes, I can go this afternoon.

WIC: Ok, can I call for you to schedule the appointment?

Mom: Yes

Alternate ending (if your clinic or community does not have a lactation specialist available, refer her to her baby's health care provider):

WIC: I'm glad you called today. It does sound like Joseph is having a hard time staying awake and may not be getting enough milk. We don't have a breastfeeding specialist here today. I think it is very important that Joseph sees someone today. Who is Joseph's doctor?

Mom: *We go to Dr. Smith.*

WIC: *Would it be helpful for you if I called Dr. Smith to schedule an appointment with her for today?*

Mom: *Yes, I can go this afternoon.*

WIC: *(calling Dr. Smith): Hi, this is Josie from the WIC Clinic. I have been talking on the phone with Tara Matter, the mom of Joseph Matter. He is 8 days old. She called us because she was worried that he wasn't breastfeeding enough. She reports that he is really sleepy and hasn't had a stool in 3 days. We don't have a breastfeeding specialist on staff today, so we haven't been able to evaluate her breastfeeding. We are really worried about the baby and I was hoping you could set up an appointment for her to see Dr. Smith this afternoon.*

1. What breastfeeding "red flags" does Joseph have?

2. How did the certifier handle the call?

3. In your clinic, who could you refer this mom to? (You can use your *Job Aids: Breastfeeding Roles in the WIC Clinic* and *Breastfeeding Services in Your Community).*

✓ Skill Check – Self-Evaluation

1. Practice aloud what you would say to a mother who needs to be referred to a lactation specialist or health care provider.
   - Write notes on a paper or notecard about what felt comfortable to say.
   - Keep these notes in your "breastfeeding file."

2. Using the scenarios below, evaluate the following situations.
   - How is breastfeeding going for these babies?
   - Who would you refer these babies to?

1

- *Junior is 1 week old.*
- *Birth Weight—6 pounds, 4 ounces.*
- *Current weight—7 pounds, 1 ounce.*
- *Stools—5 times a day.*
- *Urine—7 wet diapers a day.*
- *Nursing 9 times a day for 30 minutes each time.*

1. What additional information do you need?

2. How is breastfeeding going?

2

- *Julia is 10 days old.*
- *Birth weight—8 pounds, 1 ounce.*
- *Current weight—8 pounds.*
- *Stools—3 times a day.*
- *Urine—5 wet diapers a day.*
- *Nursing 12 times for 30 minutes each time.*
- *Mother reports very sore nipples.*

1. What additional information do you need?

2. How is breastfeeding going?

NOTE

When you have completed this lesson, file your job aids in your "breastfeeding file."

Lesson Level: 2

5-2 Inadequate Milk Supply

Items Needed

- *Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks.*
- *Job Aid: Breastfeeding Red Flags in the First 2 Weeks.*
- Handout: *Breast Engorgement (Medela).*

Objectives

After completing this lesson, you will be able to:

- Assess the mother/baby for inadequate milk supply.
- Counsel a mother with inadequate milk supply.
- Counsel a mother with adequate milk who is concerned about milk supply.

Overview

Providing milk for a baby is an important job. Have you ever taken on an important job and then worried that you weren't doing a good enough job? Many women worry that they are not providing enough breastmilk for their baby. In some cases, women really don't have enough milk and need help building their milk supply. In other cases, the mother has plenty of breastmilk, the baby is thriving and the mother needs reassurance that breastfeeding is going well.

Assessing Inadequate Milk Supply

Many women have concerns that they do not have enough milk for their baby. Each woman's concerns should be addressed using the *3-Step Counseling Strategy*. After gathering information from the mom, the baby should be assessed for adequate milk intake.

NOTE

Some questions may be available on the WIC Questionnaires.

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1. **Open-ended questions.**
   - What makes you feel you don't have enough milk for your baby?
   - What's happening with breastfeeding that concerns you?
   - You say you think you don't have enough milk, tell me more about that.

2. **Specific assessment information.**
   - How old is your baby?
   - How many wet diapers and stools has your baby had in the last 24 hours?
   - What do your baby's stools look like?
   - How often does you baby nurse in 24 hours?
   - What was your baby's birthweight?
   - What was your baby's last weight and when was that weight done?
   - How do you know when your baby is done eating?
   - How does your baby act at the end of feedings?
   - How do your breasts feel before, during and after feeding?

To complete the assessment, review the *Job Aid: Breastfeeding Red Flags in the First Two Weeks*. If any of these conditions are present, refer the mother immediately to a lactation specialist or her baby's health care provider.

Common Causes for Inadequate Milk Intake and Management Strategies

If the baby's weight gain and urine/stools are normal, review the common causes of inadequate milk intake to determine if the mother/baby have any of these problems. If they do, provide the education noted below. This could prevent a potential problem later on.

1. **Baby not nursing frequently enough (less than 8–12 times a day).**
   - Management:
     - Nurse every 1½–3 hours, day and night.
     - Offer both breasts at each feeding.

2. **Baby not nursing long enough.**
   - Management:
     - Offer the other breast after the baby has finished at the first breast.
     - Wake a sleepy baby between breasts (see "Sleepy Baby" in Chapter 5).
     - Nurse the baby as long as he wishes.
     - Use breast massage and gentle compression to move milk toward the baby.

3. **Poor positioning or poor latch on.**
   - Management:
     - Review "Breastfeeding Positions and Latching On" in Chapter 3.
     - Have the mother try more than one position.
     - Refer the mother to a lactation specialist for help with positioning.

NOTE

Babies with poor latch on may be nursing on the breast for an extended period of time without adequately suckling enough milk.

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4. **Baby fed formula or water bottles.**
   - Management:
     - Assess why the mother is using formula and/or water bottles.
     - Encourage the mother to only feed at the breast.
     - Explain that bottles may lead to a preference for the bottle and breast refusal if the breastfeeding mother gives the baby too many bottles instead of nursing.
     - The mother may need to nurse more often to build up milk supply.
     - If the baby needs to be fed by bottle, feed expressed breastmilk, rather than formula.
     - Babies don't need water bottles if they are breastfeeding. Breastmilk is over 80% water.

5. **Poor letdown (no tingling, leaking while nursing, or change in baby's sucking/swallowing).**
   - Management:
     - Review "How the Breasts Makes Milk" in Chapter 3 for more information on letdown.
     - Refer the mother to a lactation specialist for help with letdown.

NOTE

About 10–20% of the mothers who breastfeed have no sensation when they letdown. A lack of sensation is not always an indicator of poor letdown if other signs of letdown are present.

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6. **Mother using old rubber style nipple shield or bottle nipple over her own nipple when nursing.**
   - Management:
     - Assess need for nipple shields.
     - New thin silicone shields do not decrease milk supply when used properly.
     - Nipple shields should be used as a temporary tool, and the mother should be given advice on how to eventually nurse without the nipple shield.

- Only a lactation professional should give out nipple shields after a thorough lactation assessment.
- Refer the mother to a lactation specialist for help developing a plan to reduce her use of the nipple shield.

7. Mother nursing after breast surgery.

- Management:
  - Refer the mother to a lactation specialist for further assessment and support.
  - Breast reduction, enlargement and other types of breast surgery may decrease a mother's milk supply, although some mothers can still breastfeed exclusively after breast surgery.
  - If supplementation is required, a mother can supplement at breast with a supplemental feeding device and still nurse her baby.

8. Mother is using medication, herbal remedy or drug that decreases milk supply.

- Management:
  - Mother should check with her doctor and lactation specialist to see if another medication is available.

Addressing Concerns when Milk Intake is Adequate

In many cases, the mother is concerned about milk supply even though her baby is receiving an adequate amount of breastmilk. Use the *3-Step Counseling Strategy* to address her concerns.

Show the mother the signs that her baby is receiving enough milk. Encourage her to watch the baby's weight gain, elimination pattern, and behavior as indicators of milk supply. The following information may also be helpful to address her concerns.

Mother's Concerns about Milk Supply

1.

"My baby is fussy and needs to nurse every hour in the evening. I must run out of milk by then."

- Information to address the concern:
  - Newborns are often fussy between 5:00 pm and 12:00 midnight.
  - Even mothers that have an abundant milk supply say their breasts feel less full and they feel they have a lower milk supply during the end of the day.
  - Babies often need more soothing during this time and like to nurse more frequently.
  - At about 12–16 weeks of age, evening fussiness decreases.

2.

"My baby doesn't seem satisfied. He wants to nurse all the time."

- Information to address the concern:
  - Growth spurts occur at 2–3 weeks, around 6–8 weeks, 3–4 months, and 6 months of age.
  - Nurse more frequently as baby demands.
  - Milk supply will increase in 24–48 hours.

3.

"My milk looks 'watery', I don't think it is good."

- Information to address the concern:
  - Breast milk has a thin consistency.
  - It is sometimes a yellow or bluish color.
  - It does not look like homogenized cow's milk.
  - Breastmilk is the best food for your baby.

4.

"My breasts are not as full as they used to be. They are softer and smaller. I must be losing my milk."

- Information to address the concern:
  - Breasts fullness occurs when "mature" milk comes in and as the breasts adjust to making milk, this fullness decreases gradually.
  - When the baby is about 2–3 months old, breasts become more efficient at milk production and breasts seem softer and less full.
  - Babies nurse more efficiently as they get bigger.

5.

"When I squeeze my breast, nothing comes out."

- Information to address the concern:
  - Use the handout, *Breast Engorgement (Medela*), to show the mother the most effective method to express milk by hand.
  - Remind the mother to listen for the baby swallowing when nursing.

6.

"My baby has diarrhea."

- Information to address the concern:
  - Loose, yellow stools are normal.
  - Diarrhea in a breastfed baby looks like a watery edge around the stool.

7.

"My baby isn't pooping very much. He must not be getting enough to eat."

- Information to address the concern:
  - Newborns stool at least 3–5 times per day in the first month.
  - By 3–4 weeks of age, they may still stool frequently or decrease to 1 stool every few days.
  - Some older babies stool only 1 time a week. If the baby still has 5–8 wet diapers in 24 hours, this is ok.
  - Babies may stool less often when going through a growth spurt.
  - It is normal for stools to be loose, yellow and curdy.
  - Babies supplemented with formula will have fewer and harder stools.
  - All babies strain when they stool. Constipation is hard, formed stools. If a breastfed baby is constipated in first six weeks of life, the parents should contact the baby's health care provider.

8.

"My baby spits up all the time. He must be reacting to my milk."

- Information to address the concern:
  - Spitting up small amounts of milk after a feeding is common.
  - Some babies have a tendency to spit up more often than others.
  - Burping the baby more often may help if an infant spits up frequently.
  - Violent vomiting is not normal and the baby should be seen by his health care provider.

Practice Activity

Follow along with this counseling session, then practice on your own.

You are counseling Sonia, a breastfeeding mother with a 10 day old baby. Sonia says: "I'm not sure I have enough milk for my baby. I want him to be healthy."

You can:

1. Use open-ended questions to find out what makes her feel this way.

> "Tell me more about what is happening that makes you feel that you don't have enough milk."

2. Use probing questions to clarify and ask for more information.

> "Sonia, you are worried that your baby is not getting enough to eat because she only nurses for 10–15 minutes the first side and then just 5–10 minutes on the second side. Is that right?"

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3. After clarifying her concern, continue to ask questions to assess the problem.

> "Are there other things that make you worried that your baby is not getting enough to eat?

> If the answer is yes, "Tell me what other things make you feel this way."

4. Affirm her concerns.

> "It's normal to be concerned about how much your baby is eating."

5. Follow with closed-ended questions to assess if the baby is getting enough breastmilk.
   - How old is your baby?
   - How many wet diapers and stools has your baby had in the last 24 hours? What do the stools look like?
   - What was your baby's birthweight?
   - What was your baby's last weight and when was that weight done?
   - How do you know when your baby is done eating?
   - How does your baby act at the end of feedings?
   - Do your breasts feel fuller before feeding and softer after feeding?

6. Using the *Job Aid: Signs Breastfeeding is Going Well in the First Two Weeks* and *Job Aid: Breastfeeding Red Flags in the First Two Weeks* assess if the baby is receiving an adequate amount of breastmilk.

7. Based on the assessment, counsel the mother. Refer her to a lactation specialist if needed.

Supplemental Formula

Partial vs. Exclusive Breastfeeding

Exclusive breastfeeding is generally defined as the baby taking only breastmilk. For WIC certification, exclusive breastfeeding is defined as a mother who does not receive infant formula from WIC.

Partial breastfeeding is defined as using a combination of breastmilk and infant formula.

Risks of Supplemental Formula

Babies who have had nothing but breastmilk have intestines that protect them from disease-causing germs. Their intestines are different than formula fed infants and adults. Intestinal diseases are much lower in exclusively breastfed infants.

Many mothers and health care providers will say, "Just one bottle of formula won't hurt." However, research shows that just one bottle of formula can change the environment in the baby's intestines. This change makes them more susceptible to intestinal diseases. After that one bottle, it can take 2–4 weeks of exclusive breastfeeding to return the intestines to the normal, protective state.

Exclusively breastfeeding in the early weeks is especially important as the baby's intestinal lining is still in development. Colostrum and breastmilk provide a protective layer in the intestine while it is maturing.

Protocol for Formula Requests

When an exclusively breastfeeding mother requests formula, it is required by WIC policy that the mother receives counseling from a certifier or health professional with breastfeeding training.

Using the *3-Step Counseling Strategy*, the counselor should:

- Determine the woman's concerns about exclusively breastfeeding.
  - "Can you tell me more about why you need formula?"
  - "Are you having problems with breastfeeding?"
  - "Is there a way we can help you continue to only breastfeed?"

- Affirm her concerns.
- Address her concerns and encourage her to continue to breastfeed.

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Education that may be needed:

- Risks of formula.
- Using formula can decrease her milk supply.
- Availability of breast pumps.
- The woman's food package will be decreased with the issuance of formula.

If a woman decides to use formula:

- Respect her decision.
- Issue the minimum amount of formula needed.
- Issue powdered formula.
- See WIC Policy 713 for more information on issuing supplemental formula.

Remember that partial breastfeeding is better than not breastfeeding at all. Praise mothers for any amount of breastfeeding they are able to provide.

Also, using formula doesn't have to be a final decision. Women can resume exclusively breastfeeding after using supplemental formula. It is important to monitor the baby for adequate intake while the mother's milk supply is increasing.

⇨ Practice Activity

Ask your supervisor how requests for supplemental formula are handled at your clinic.

- How much does the clerk do?
- Who is assigned to counsel the mothers?
- When does that person talk to the mothers?
- How are the conversations noted in TWIST?
- Who issues the food instruments, if needed?

☑ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenarios below. You can practice aloud to yourself or with a friend or coworker.

1 *Yukiko is at your clinic for her postpartum recertification. Her baby, Marcus, is 12 days old. She tells you, "I want to get some formula today because I don't think I have enough milk." What would you say?*

2 *Mareena calls your clinic and asks for a couple of cans of formula. She wants to give her 2 week old baby one bottle of formula during the night. What would you say?*

NOTE

When you have completed this lesson, file your job aids in your "breastfeeding file."

Lesson Level: 2

5-3 Engorgement

Items Needed

- *Job Aid: Signs Breastfeeding is Going Well in the First 2 Weeks.*
- *Job Aid: Breastfeeding Red Flags in the First 2 Weeks.*
- Attachment: *Reverse Pressure Softening.*
- Handout: *Breast Engorgement* (Medela).

Objectives

After completing this lesson, you will be able to:

- Counsel a prenatal client on how to prevent engorgement.
- Counsel a breastfeeding mother on how to treat engorgement.
- Appropriately refer a breastfeeding mother with severe engorgement.

Overview

A woman experiencing pain from breastfeeding is more likely to stop breastfeeding early. Helping women prevent painful engorgement is one key to helping them continue to breastfeed.

What is Engorgement?

Most women will experience some breast fullness and firmness when their mature milk comes in at 3–4 days. This is normal. As milk production increases, blood and lymph fluids accumulate in the breast. If the baby is nursing frequently, effectively, and as long as he wants, this fullness will decrease significantly in 12–48 hours. A woman may continue to experience some fullness as her body learns how much milk her baby needs.

If the baby is not nursing frequently, effectively, and for as long as he wants, the mother's breasts can become engorged. Engorgement is different than normal fullness because it is more painful and more likely to interfere with the baby's ability to nurse.

Signs of Engorgement

- Breast swelling.
- Breast tenderness.
- Breast warmth.
- Breast redness.
- Breast throbbing.
- Breast pain.
- Flattening of the nipple.
- Low-grade fever (below 101 degrees F).

Causes of Engorgement

A breastfeeding mother is more likely to experience engorgement in the first week after birth if the following risk factors are present. It is helpful to counsel mothers during pregnancy on the strategies to help prevent engorgement.

Risk Factors and Prevention Strategies for Engorgement

1. **Risk: Baby is nursing infrequently.**
   - Prevention:
     - Rouse a sleepy baby to nurse (see "Sleepy Baby" in Chapter 5).
     - Avoid formula supplementation.
     - Nurse 8–12 times every 24 hours.
     - Pump milk if mom or baby is unable to nurse. Experts recommend moms begin pumping within 6 hours of birth to ensure a good supply.

2. **Risk: Severe breast pain or nipple injury that causes the mother to delay or stop nursing.**
   - Prevention:
     - If her baby is not nursing, use a hospital-grade double electric breast pump to express her milk every time the baby would normally feed.
     - Refer her to a lactation specialist to assess her pain or injury.

3. **Risk: Baby not nursing effectively.**
   - Prevention:
     - Correct latch on problems.
     - Correct positioning problems (see "Breastfeeding Positions and Latching On" in Chapter 3).
     - Refer her to a lactation specialist if needed.

4. **Risk: Limiting how long the baby can stay at the breast.**
   - Prevention:
     - Allow the baby to continue nursing as long as the baby is actively sucking.
     - End feedings by watching the baby, not the clock.
     - Offer both breasts at each feeding.

5. **Risk: History of breast surgery.**
   - Prevention:
     - Engorgement may not be preventable depending on the type of breast surgery.
     - Always refer a woman with a history of breast surgery to a lactation specialist for thorough assessment and close monitoring after baby is born.

NOTE

Mothers who have had breast reduction surgery may experience more extreme engorgement because milk ducts and major nerves have been cut or damaged decreasing effective flow of milk out of the breast. Milk-making tissue with no ductal outlet will begin producing milk, become engorged, then slow milk production when milk is not released from the breast. They may not produce enough milk to exclusively breastfeed.

Mothers that have had breast enlargement have breast tissue that may be less

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elastic due to the implants. This makes it more likely that she will develop extreme engorgement that will decrease milk production. She may not produce enough milk to exclusively breastfeed. If exclusive breastfeeding is not an option, many mothers will continue to nurse using a supplemental feeding device at the breast.

Treatment for Engorgement

Assess the baby to evaluate if he is getting enough breastmilk. Review the *Job Aids: Signs Breastfeeding is Going Well in the First Two Weeks* and *Red Flags for Breastfeeding in the First Two Weeks*. Review the risk factors and correct any noted problems. See below for the treatment of engorgement.

If the mother's engorgement does not improve in 48 hours or her baby has symptoms of inadequate milk intake, refer her to a lactation specialist and her baby's health care provider.

Treatment for Engorgement

It is imperative that milk be removed from the breast in order for engorgement to resolve. Assisting the baby to latch on correctly and feed frequently is the number one priority.

1. **Keep the baby skin to skin to encourage him to feed more often.**

2. **Nurse frequently.**

3. **Before nursing take a warm shower or apply warm moist compresses to the breasts.**

4. **If the nipple is flattened from the engorgement, help to soften the areola before the baby latches on.**
   - Express or pump some milk before nursing.
   - Use "reverse pressure softening" before nursing. Reverse pressure softening is done by pressing against the areola firmly for 1–3 minutes before the baby latches on. (See Attachment: *Reverse Pressure Softening* for more information.)

5. **Change positions with nursing so the baby will stimulate increased flow from all parts of the breast.**

6. **If the baby is sleepy at breast, rouse the baby by switching sides during feeding to encourage active nursing.**
   - See "Sleepy Baby" later in Chapter 5 for tips on how to rouse a sleepy baby.

7. **After nursing apply ice packs or green cabbage leaves to the breasts to decrease inflammation.**
   - Wash and dry green cabbage leaves and keep them in the refrigerator.
   - Before applying them to breasts, crumble each leaf then unfold and apply to the breasts.
   - Cover each breast with leaves and keep them on until the leaves wilt (up to 2 hours).
   - When breasts soften, express some milk to soften the areola and put the baby to the breast.
   - Do not use cabbage leaves more than 3 times a day or for more than 24 hours.

8. **Take an over the counter anti-inflammatory medication like ibuprofen, as directed on the bottle, to decrease discomfort and inflammation.**

Practice Activity

Review Attachment: *Reverse Pressure Softening* and the handout *Breast Engorgement* (Medela).

- Underline or highlight the information that is most helpful.
- Keep a copy in your "breastfeeding file."

Skill Check – Self-Evaluation

1. During a prenatal breastfeeding class, a client asks you how to prevent engorgement. What would you say? Write your answer here.

2. Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

> *Genveka calls your clinic with a question about breastfeeding. She says, "My baby is having problems getting onto my nipple. My breasts are really hard and full. I don't know if he is getting enough milk out. I think I need some formula."*

NOTE

When you have completed this lesson, file your job aids in your "breastfeeding file."

Lesson Level: 2

5-4 Sore Nipples

Items Needed

- Handout: *Sore Nipple Management* (Medela).
- Book: *The Breastfeeding Triage Tool* (Jolley & Phillips-Angeles).

Objectives

After completing this lesson, you will be able to:

- Describe the differences between "normal" nipple soreness and soreness that requires treatment.
- Provide appropriate treatment for nipple soreness.

Overview

A baby's suck can be strong and can cause sore nipples when a woman begins breastfeeding. Just like a new pair of shoes can rub sore spots on your feet when you first bring them home, the baby's mouth can rub sore spots on a mother's nipples when she first brings him home!

Symptoms of Sore Nipples

Most women will experience "normal" nipple soreness in the first few weeks of breastfeeding. This is caused by the woman's nipples adjusting to nursing. "Normal" soreness is usually minor and does not interfere with the woman's desire to breastfeed.

However, some women will develop nipple problems in the first few weeks that can cause severe nipple pain. These problems are usually caused by latch on or positioning problems. The nipple pain should decrease when the latch on problems are corrected.

Normal Nipple Tenderness and Discomfort

- Pain is brief.
- Pain is felt most during latch on.
- Pain goes away quickly.
- Pain gets better each day after the mother's mature (white) milk comes in.
- Pain goes away by the second week of breastfeeding.

Nipple Pain that is NOT Normal

- Pain continues throughout the feeding.
- Pain worsens during the feeding.
- Mother is in severe pain.
- Visible nipple injury like cracked and bleeding nipples, or flattened, white nipples, or red, shiny nipples.
- Itching or burning after feeding or sharp radiating pain inside the breast. (See "What is Thrush?" later in this lesson).

Assessment of Sore Nipples

Below are questions that can be used to assess the severity of sore nipples. It is important to first affirm the symptoms and feelings the mother is having. Reassure her that breastfeeding can become pain-free.

Questions to Assess Sore Nipples

- Tell me more about the pain you are having when you breastfeed.
- During the feeding, when is the pain the worst?
- Does the pain increase, decrease, or stay the same during the feeding?

- Does the pain seem to be on the surface of your skin, inside your breast or both?
- Do you have pain between feedings?
- How would you describe the pain to someone else?
- Since yesterday has your pain gotten better, worse or stayed the same?
- Do you have any visible cracks, bleeding or blisters on your nipples?
- How do you feel about your next feeding?

Treatment of Sore Nipples

Prompt treatment of sore nipples is essential as mothers who experience pain when breastfeeding are at high risk for early weaning.

- For "normal" nipple soreness, check the baby's latch on and positioning to insure that a minor problem isn't contributing to soreness.
- For severe nipple pain, refer the mother to the lactation specialist.
- For specific treatment of sore nipples, refer to *The Breastfeeding Triage Tool* (Jolley & Phillips-Angeles). This reference gives treatment plans for a variety of causes of sore nipples.
- Thin silicone nipple shields may be used for sore nipples, but should only be distributed by a lactation specialist. Regular follow up is required.

What is Thrush?

Thrush is a yeast infection (candida albicans) on the mother's nipples and in the mouth of the baby.

Causes of Thrush

Thrush is more likely if the following risk factors are present.

Mother:

- Taking antibiotics during or after birth.
- Having a history of vaginal yeast infections.
- Having diabetes.
- Using corticosteroids.
- Using oral contraceptives with estrogen.
- Using nursing pads if they are damp and not regularly changed.

Symptoms of Thrush

Baby:

- White patches in the baby's mouth that do not wipe out.
- Diaper rash that is bright red or raised red dots.
- Gassiness or fussiness.
- Clicking noises during nursing.
- Pulling off the breast during nursing.

Mother:

- Severely sore nipples, especially after a period of pain-free nursing.
- Itchy, burning nipples.
- Intense pain, radiating through the breast.
- Shooting pains during or after feedings.
- Extreme nipple sensitivity.
- Vaginal yeast infection.

Treatment for Thrush

- Refer the mother and baby to their health care providers for treatment. Treatment for the mother and baby must occur at the same time.
- Treatment options include topical creams and oral medications.
- Breastfeeding can continue during treatment.
- For recurrent yeast infections, refer the mother to a lactation specialist.

How to Prevent the Spread of Thrush and Avoid Reinfection

- Everyone in the family should wash their hands with hot, soapy water before and after diaper changing and using the bathroom.
- Mom should wash her hands with hot, soapy water before and after breastfeeding and breast pumping.
- Use paper towels to dry hands and throw away the towel.
- Wash bra, clothing, breast pads, towels and washcloths daily in very hot water. Add 1 cup bleach to a standard size load to kill the yeast.
- Change breast pads after each feeding or use disposable pads.
- Boil breast pump parts, pacifiers, teething toys, bottle nipples in water for 20 minutes each day.
- Throw away pacifiers and bottle nipple after 1 week of treatment and buy new ones.

Practice Activity

1. Describe the difference between "normal" sore nipples and soreness that requires treatment. Write your answer here.

2. Review the handout from Medela, *Sore Nipple Management*.
   - Underline or highlight the information that is most helpful.
   - Keep a copy in your "breastfeeding file."

Skill Check – Self-Evaluation

1. Practice what you would say to a woman who has "normal" nipple soreness.
   - Write some notes on a paper or notecard about what felt comfortable to say.
   - File these notes in your "breastfeeding file."

2. Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

> *Cindy calls your office. She reports having sore nipples. The pain started last week and they feel sore and itchy. Her baby is 3 months old and just had a check up and is growing well. Mom just finished antibiotics for bronchitis. What additional information would you need? What questions could you ask? What else would you say?*

Lesson Level: 2

5-5 Mastitis, Plugged Ducts and Breast Abscess

Objectives

After completing this lesson, you will be able to:

- Describe the difference between plugged ducts, mastitis and breast abscess.
- Counsel a client with plugged ducts.
- Counsel a client with mastitis.

Overview

This lesson will cover the symptoms, causes and treatment of plugged ducts, mastitis and breast abscess. A breastfeeding woman who reports that she has a sore spot in or on her breast could have any of these breast problems. More specific questions about her symptoms can help distinguish the cause. If at any time you are unsure about what is causing the soreness, refer the woman to a lactation specialist or her health care provider.

Plugged Ducts

A plugged duct is caused when a milk duct is blocked and the milk does not drain out. Milk builds up behind the plugged spot and that area of the breast becomes inflamed.

Causes of Plugged Ducts

- Pressure on the breast from underwire bras, baby carriers, sleeping on the breasts, or pressure from a breast pump can prevent ducts from emptying completely.
- Not draining the breast (or a portion of the breast) completely at each feeding.

Symptoms of Plugged Ducts

- A tender spot on one breast.
- A sore spot on one breast.
- A lump on one breast.
- Redness on one breast.

Treatment of Plugged Ducts

- Massage the affected area of the breast, toward the nipple.
- Frequently feed the baby with a good latch on.
- Avoid putting pressure on the breast.
- Refer the mother to a lactation specialist if you are unsure that this is a plugged duct.

Mastitis

Mastitis is a breast infection. It can happen when milk is not completely drained from the breast and germs grow in the milk.

Causes of Mastitis

- Not draining the breast completely at each feeding.
- Fatigue.
- Plugged duct.
- Infection passed through a sore or cracked nipple.

Symptoms of Mastitis

- Feeling like she is coming down with the flu.
- Swollen, warm, painful spot in the breast.
- Red spots or streaks on the breast.
- Fever higher than 101 F.
- Chills.
- Headache.
- Body aches.
- Extreme exhaustion.

Treatment of Mastitis

- Refer the mother immediately to her health care provider when she has a fever and symptoms for more than 24 hours.
- Refer the mother to a lactation specialist if you are unsure if this is mastitis.
- If the mother is prescribed antibiotics, remind her to take it as prescribed. It is important to finish the medication.
- Apply heat to the breast.
- Rest.
- Frequent feeding of the baby with a good latch on.

Breast Abscess

A breast abscess is caused by an infection in the breast which produces pus that cannot drain out on its own. The collection of pus causes the abscess within the breast.

Causes of Breast Abscess

- Improperly treated mastitis.
- Delay in treating mastitis.

Symptoms of Breast Abscess

- A red, swollen, tender spot on the breast that does not resolve in 48 hours.

Treatment of Breast Abscess

- Refer the woman immediately to her health care provider.
- Refer the woman to a lactation specialist if you are unsure if it is a breast abscess.
- Abscesses are a serious medical condition that are treated by draining the pus by surgery or aspiration.
- Refer the mother to a lactation specialist for help maintaining lactation during treatment.

⇨ *Practice Activity*

1. When should you refer a woman to a lactation specialist if she has symptoms of:

   - A plugged duct?
   - Mastitis?
   - Breast abscess?

2. When should you refer a woman to her health care provider if she has symptoms of:

   - A plugged duct?
   - Mastitis?
   - Breast abscess?

✓ *Skill Check – Self-Evaluation*

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

Maria is a breastfeeding mom whose baby is 2 weeks old. She calls your clinic and reports that she has a lump in her breast that hurts when she presses on it. What questions would you ask? What information would you give her?

She calls back 3 days later and says she feels like she is coming down with the flu and the lump is still there. What questions would you ask? What information would you give her?

Lesson Level: 2

5-6 Sleepy Baby

Objectives

After this lesson, you will be able to:

- Recognize the signs of a sleepy baby.
- Provide information to the mother on how to rouse a sleepy baby.

Overview

Some babies are too sleepy to eat. In the first few days, it is important to wake them so they can breastfeed frequently.

Sleepy Baby

Normal Sleep Patterns for Babies

At this age:	The baby:
Days 1, 2, and 3	◆ Sleeps most of the time. ◆ Wakes to eat every 2–3 hours.
Day 4 and on.	◆ Has one long sleep of 4–5 hours. ◆ Otherwise, wakes to eat every 2–3 hours.

Symptoms of a Sleepy Baby

- Baby is 4 days old or more and is difficult to wake to feed 8 times in 24 hours.
- Baby regularly falls asleep at the breast after only a few sucks.
- Baby regularly falls asleep at the breast before a full feeding.

Causes of a Sleepy Baby

There are a variety of reasons that a baby can be unusually sleepy. These reasons include:

- Difficult labor and delivery.
- Medications used during labor and delivery.
- Baby with jaundice.
- Baby who is sick.
- Poor latch on.
- Over stimulation.
- Overlooked feeding cues.

Treatment for a Sleepy Baby

Wake the baby to feed about every 3 hours after the last feeding began. It will be easiest to rouse the baby when he is showing feeding cues. Some babies show feeding cues even while they are sleeping. See the lesson "How Often to Breastfeed" in Chapter 3 for a review of early feeding cues. Use "Ways to Rouse a Sleepy Baby" (below) for tips on how to keep the baby awake during feedings.

Ways to Rouse a Sleepy Baby

- Undress the baby and/or change the baby's diaper.
- Sit the baby upright with support and rock the baby forward and back gently.
- Stimulate the baby with touch, talking, and movement.
- Wash the baby's face with a cool cloth.
- Burp and switch sides when the baby's sucking slows down at the breast.
- Compress or massage the breast when the baby's sucking slows down.

Extreme sleepiness and refusal to feed are signs that should not be ignored in a newborn. If a mother reports her baby cannot be awakened to feed or has slept through at least two feedings, immediately refer her to the baby's health care provider.

NOTE

See *The Breastfeeding Triage Tool* (Jolley & Phillips-Angeles) for other possible causes of sleepiness and management techniques.

Practice Activity

Describe the symptoms of a sleepy baby.

✓ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenarios below. You can practice aloud to yourself or with a friend or coworker.

1 *Janelle, a breastfeeding mom with a 4 day old infant, calls your clinic. She is worried because her baby falls asleep during his feedings. What would you say to her?*

She calls back the next day and says he slept through 2 morning feedings, even though she tried to wake him. What would you say to her?

2 *Janine, a breastfeeding mom with a 5 day old infant, calls your clinic to let you know that her baby has been born. She says, "He is a very good baby – he sleeps all the time!" What would you say?*

Lesson Level: 2

5-7 Fussy Baby

Objectives

After completing this lesson, you will be able to:

- Counsel a mother of a fussy baby.

Overview

Imagine you can't talk and you want to tell your friend that you are hungry or tired or uncomfortable. . . Imagine that all you can do is cry. . . Imagine your friend doesn't understand what you need. . . Imagine you are a baby. . .

Crying or fussing is how an infant communicates his needs. Crying may indicate hunger, discomfort, pain, or a reaction to his environment. As parents get to know their baby and when he sleeps and wakes, it becomes easier to distinguish between different cries and needs.

Normal Fussiness

Causes of Fussiness

- Fussing or crying is the normal way for babies to tell parents that they are hungry, uncomfortable, tired, or overstimulated.
- Some babies are fussy at the breast during the first week while learning how to nurse.
- Most newborns have a very fussy 24-hour period when the mother's mature (white) milk is coming in.
- Extreme fussiness may be a sign of another problem that needs to be evaluated by the baby's health care provider.

NOTE

If a mother believes that the baby's fussiness is caused by foods she is eating, see the guidelines in "Nutrition for Breastfeeding Mothers" in Chapter 4.

Symptoms of a Fussy Baby

- Normal fussiness.
- From 4–12 weeks of age most babies will often have "a fussy time" of the day—where nothing in particular seems to be the problem, this is usually in the evening.
- After 12–16 weeks of age, fussiness usually decreases.

Treatment of a Fussy Baby

1. **Assess for adequate milk intake. See "Inadequate Milk Supply" in Chapter 5.**

   - Many mothers worry that the baby is fussy because they don't have enough milk.
     - If milk intake is adequate, reassure the mother and discuss calming techniques.
     - If milk intake in NOT adequate, evaluate the problem and respond appropriately.

   - If a baby is so fussy at the breast that he will not nurse, refer the mother to a lactation specialist or her baby's health care provider right away.

2. **Try calming techniques.**
   - After the mom has checked for the baby's comfort:
     - Clean diaper?
     - Comfortable clothes?
     - Hungry?
     - Need to be burped?
     - Too much or too little stimulation?

   - Then she can try these calming techniques:
     - Letting the baby suck on a clean finger.
     - Holding the baby.
     - Walking or slow dancing with the baby.
     - Rocking the baby.
     - Gently bouncing the baby.
     - Holding his arms on his chest.
     - Swaddling the baby – wrapping the baby snugly in a blanket.
     - Listening to "white noise" like the sound of a fan or vacuum cleaner or water running.
     - Decreasing stimulation.

   - Most fussy babies respond to a variety of calming techniques. As parents get to know their baby better they learn which techniques work best.

3. **Avoid introducing supplemental formula, artificial nipples and pacifiers during this time.**

4. **Assist the mother in finding support.**
   - A baby who is frequently fussy can be hard to handle. Help the mother find support so she can take short breaks away from the baby if needed.
   - See "Planning for Breastfeeding Success" in Chapter 2 for more information about potential sources of support.

Colic

Colic is generally defined as crying for more than 3 hours a day, at least 3 days a week and continuing for at least 3 weeks. It is present in both formula feeding and breastfeeding infants. Switching from breastfeeding to formula will not "cure" colic.

☑ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

> *Sabrina is in your office for her postpartum recertification appointment. She tells you that she is exhausted because her baby, Martina, is fussy every night from 5:00–7:00 pm while she tries to cook dinner. Martina is 4 weeks old. What would you say?*

Lesson Level: 2

5-8 Overactive Letdown and Leaking Breasts

Objectives

After completing this lesson, you will be able to:

- Counsel a mother with overactive letdown.
- Counsel a mother with leaking breasts.

Overview

Did you know that breastmilk can spray across the room during letdown? Women with overactive letdown are very familiar with this! Women with overactive letdown may also leak breastmilk between feedings.

Overactive Letdown

During letdown, milk does not just dribble from the nipple, it can spray like a shower head! Some women have such a strong letdown reflex that the baby has trouble swallowing all of the milk that is released.

Causes of Overactive Letdown

There is no direct cause of overactive letdown. Some women have a greater flow of milk and some babies have a harder time handling the extra milk.

Symptoms of Overactive Letdown

During letdown, or at the beginning of a feeding:

- The baby coughs or sputters.
- The baby chokes on milk.
- The baby pulls off the breast.
- Milk runs from baby's mouth.
- Milk sprays from the breasts.

Management of Overactive Letdown

Often the treatment for overactive letdown is short term. As the baby gets older, it will be easier for him to handle the flow of milk.

1. Take the baby off the breast during the first part of letdown. Use a cloth to catch the spraying milk. Let the baby nurse again when the milk is flowing more slowly.

2. Try a feeding position that allows the extra milk to dribble from the baby's mouth. For example, the side-lying position or the baby lying on top of the mother.

3. Nurse more frequently so that the letdown reflex is not as strong.

4. If the baby is gaining weight well, the mother can offer just one breast per feeding. This allows the baby to get both foremilk and hindmilk with each feeding. Offer the other breast at the next feeding. A mother's milk supply will adjust to this feeding schedule

Leaking Breasts

Most breastfeeding mothers will begin leaking milk at about 3–5 days after birth when the mature (white) milk comes in. Mothers leak the most in the early weeks of breastfeeding. At about 2–3 months after birth, the mother's breasts adjust to making milk and leaking decreases. Some women leak milk for as long as they are nursing.

Treatment for Leaking Milk

- Wear absorbent cloth bra pads.
- Apply gentle pressure to the nipple. This can be done with the forearm or heel of her hand through her clothes.
- Wear clothing that will hide wet spots, such as print clothing, vests, fleece and sweaters.
- Breastfeed more often, if possible.
- If separated from the baby, pump milk when breasts become full.
- Have an absorbent cloth ready to catch the milk leaking from the other breast during feedings.

☑ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

1 *Kiara is at your clinic today to pick up a breast pump. She is returning to work in 2 weeks. She is worried that she will leak milk at work. What would you say?*

2 *Josefina is at WIC for her postpartum recertification appointment. She is worried because her baby is choking on her milk at the beginning of the feedings. The baby is healthy, happy, and is gaining weight well. What would you say?*

Lesson Level: 2

5-9 Jaundice

Items Needed

- Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock).

Objectives

After completing this lesson, you will be able to:

- Appropriately counsel and refer the mother of a baby with jaundice.

Overview

In the past, many doctors recommended that any baby with jaundice stop breastfeeding. It is now recommended that frequent breastfeeding will help the jaundice resolve in most cases.

Causes of Jaundice

Jaundice occurs when the baby's extra red blood cells break down. The byproduct, bilirubin, builds up in the baby's blood. Too much bilirubin causes the baby's skin to look yellowish. Mild jaundice may occur during the first week after birth and generally clears up within a few days.

Symptoms of Jaundice

- Yellow looking skin and eyes.
- Sleepy baby.
- Loss of appetite.

Treatment of Jaundice

Most cases of jaundice are mild and will clear up with adequate milk intake. Breastmilk stimulates bowel movements which help to clear the excess bilirubin from the baby's body.

1. **Assessment by the baby's health care provider.**
   - Jaundice should be evaluated by the baby's health care provider.
   - Some cases of jaundice are severe and may need treatment.
   - Refer the baby to his health care provider immediately if he has prolonged jaundice (beyond 1 week) or if he is not able to nurse effectively 10 times in 24 hours.

2. **Evaluate breastfeeding.**
   - Effective and frequent breastfeeding is the key to treating most cases of jaundice.
   - The baby should nurse at least 10 times in 24 hours. Babies with jaundice should nurse more than the normal 10 times in 24 hours.
   - The mother should wake the baby every 2 hours to nurse (timed from the beginning of the last feeding).
   - Verify the baby is nursing effectively. (Use the *Job Aids: Signs Breastfeeding is Going Well in the First Two Weeks* and *Breastfeeding Red Flags in the First Two Weeks)*.
     - Is the latch on good?
     - Is there audible swallowing?
     - How many wet diapers a day?
     - How many stools a day?

- In rare cases, the doctor may recommend temporarily using infant formula. If needed, help the mother to pump her milk (see Chapter 7—"Pumping/Expressing Breastmilk").

3. Other treatment for prolonged or severe jaundice.

- Blood tests to determine the cause of jaundice.
- Phototherapy (baby is place under special lights) to help break down the bilirubin.

Practice Activity

If you will have primary responsibility for counseling breastfeeding women, read the section on "Newborn Jaundice" in *The Breastfeeding Answer Book* (Mohrbacher & Stock).

Skill Check – Self-Evaluation

1. What is the most important factor in treating a baby with newborn jaundice?

2. When should a baby with newborn jaundice be seen by his healthcare provider?

Lesson Level: 2

5-10 Breastfeeding a Preterm Infant

Items Needed

- Attachment: *Samples of Alternative Feeding Devices.*
- *Nutrition Practice Care Guidelines for Preterm Infants in the Community* (OHSU/DHS, April 2002).
- Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock).
- WIC Policy 745.

Objectives

After completing this lesson, you will be able to:

- Counsel a mother on breastfeeding a preterm infant.
- Evaluate if the appropriate human milk fortifier has been issued.
- Recognize "red flags" for preterm infants.

Overview

Many times, WIC staff see infants who were born prematurely and have been recently discharged from the hospital. Preterm infants are considered "high risk" and their care should be overseen by a health professional. This section is an overview of breastfeeding the preterm infant.

Definition of Preterm Infant

Infants born at or before 37 weeks gestation are considered preterm.

The baby is:	If the birth weight is less than:
Low Birth Weight (LBW)	2500 grams (5 ½ pounds)
Very Low Birth Weight (VLBW)	1500 grams (3 1/3 pounds)
Extremely Low Birth Weight (ELBW)	1000 grams (2 ¼ pounds)

Feeding the Preterm Infant

The feeding progression for most preterm infants will be the same as for infants born at term. Use the corrected age - the age the child would be if the pregnancy had actually gone to term. (e.g. if baby was born 2 months early, then when baby is 5 months old, her "corrected age" would be 3 months old.)

Feeding Guidelines

- Breastmilk for 1 year or longer (or iron fortified formula until 1 year).
- Solid foods introduced at 4–6 months, based on developmental stage and feeding skill.
- Cow's milk introduced at 12 months.

NOTE

You may need to adjust the food package when the baby turns 6 months and 12 months chronologically to avoid early introduction of cereal and cow's milk. Some providers now recommend delaying cow's milk until the preterm infant reaches 12 months corrected age.

"Red Flags" for Preterm Infants

Refer the baby to his primary health care provider if any of these "red flags" are present in a preterm infant. See the "Nutrition Practice Care Guidelines for Preterm Infant in the Community" (OHSU/DHS, April 2002) for more information about the "red flags."

- Vomiting.
- Diarrhea.
- Constipation.
- Breastfeeding fewer than 8 times in 24 hours with fewer than 6–8 wet diapers.
- Infant taking low-iron formula, soy formula or goat's milk.
- Adding more or less water than standard dilution of formula (unless instructed by medical provider).
- Adding supplements to formula (unless instructed by medical provider).
- Infant is fussy or distressed during feedings; has trouble breathing during feeding; is difficult to wake for feedings or tires easily; or has difficulty finishing feeding.
- Infant frequently gags, coughs or chokes during feeding; refuses to eat, is difficult to feed or arches backward when feeding.
- Parents or caregivers have difficulty interpreting or responding appropriately to feeding cues.

Mothers breastfeeding or pumping breast milk for preterm infants should not drink alcohol.

Breastfeeding and Human Milk Fortifier

Breastmilk is preferred for preterm infants who are able to feed by mouth. Infants who weigh less than 2500 grams (5 ½ pounds) may also benefit from human milk fortifier. Infants who are being supplemented with human milk fortifier require close follow-up and monitoring by the infant's health care provider.

NOTE

See Policy 745 for information on issuing human milk fortifier.

Benefits of Human Milk Fortifier

- Improved weight gain.
- Increased linear growth.
- Normalization of serum calcium, phosphorus and alkaline phosphatase.
- Improved protein status.
- Increased bone mineralization.

NOTE

Infants who weigh *more* than 5 ½ pounds usually should *not* use human milk fortifier.

Types of Human Milk Fortifier

The different types of human milk fortifiers (HMF) are:

- Similac HMF (powder).
- Similac Natural Care HMF (liquid).
- Enfamil HMF (powder).

Transitional Infant Formulas (22 kcal/oz) can also be added to expressed breastmilk and are often used when the infant weighs more than 5.5 pounds but still needs supplemental calories, protein and minerals.

The different types of Transitional Infant Formulas are:

- Similac Neosure Advance.
- Enfacare Lipil.

How to Use Human Milk Fortifier

1. **Use alternative feeding devices whenever possible.**
   - Using finger feeding, cup feeding or supplemental feeders such as a Haberman feeder or supplemental nursing system (SNS) minimizes exposure to the artificial bottle nipple. This improves the baby's ability to feed at the breast.
   - See Attachment: *Samples of Alternative Feeding Devices* for more information.

2. **Liquid fortifiers can be used when there is not enough breastmilk to provide adequate feedings.**
   - Liquid fortifiers are supplemental formulas fed to infants in addition to breastmilk.

3. **Powdered human milk fortifiers can be used when there is adequate breastmilk.**
   - They can be added to expressed breastmilk.
   - Fortified human milk should be fed to the infant within 24 hours of preparation.

NOTE

Building a relationship with your local hospital discharge staff can help ease the transition of babies from hospital care to home care. If you know in advance about babies who are eligible for WIC and will be released from the hospital using human milk fortifier or transitional formula, you can prepare to see these babies at WIC as soon as possible after their hospital discharge.

⇨ *Practice Activity*

For all staff:

1. Talk to your supervisor or Breastfeeding Coordinator to find out which hospital(s) in your area discharge preterm babies seen by your clinic.
   - If there is a contact person for that hospital, write the name on a paper or notecard and place it in your "breastfeeding file."

For health professionals who provide care for preterm infants:

1. *Read Nutrition Practice Care Guidelines for Preterm Infants in the Community* (OHSU/DHS, April 2002) for information on the nutritional needs of the preterm infant.

2. Read the "Prematurity" section of *The Breastfeeding Answer Book* (Mohrbacher & Stock).

3. Read WIC Policy 745.

☑ Skill Check – Discussion with Training Supervisor

Assess the following situation and discuss it with your training supervisor during your Chapter 5 Review Activity.

Grace is a walk-in client at your clinic. Her preterm baby, Raul, will be discharged from the hospital tomorrow. He is breastfeeding and using Similac HMF (powder).

- *35 weeks gestation.*
- *3 weeks old today.*
- *Birth Weight: 3 pounds 2 ounces.*
- *Birth Length: 16 inches.*
- *Current Weight: 4 pounds 13 ounces.*
- *Mom is pumping and feeding breastmilk mixed with HMF from the bottle 8 times in 24 hours.*

Lesson Level: 2

Review Activity

With Your Training Supervisor:

1. Discuss the Skill Check from the lesson "Breastfeeding a Preterm Infant."

2. Discuss your assessment from the lesson "The First Two Weeks—No Problems v. Red Flags."

3. Discuss your questions from Chapter 5.

4. Role-play counseling mothers in the following situations:
   - Inadequate milk supply.
   - Sore nipples.
   - Engorgement.

Other Issues about Breastfeeding

Chapter 6

Contents

6-1 Are Vitamin Supplements Needed?

6-2 Breastfeeding an Older Baby or Toddler

6-3 Growth Concerns

6-4 Going to Work or School while Breastfeeding

6-5 Weaning

6-6 How Culture Affects Breastfeeding

Lesson Level: 2, 3

6-1 Are Vitamin Supplements Needed?

Items Needed

- Handout: *Babies and Vitamin D.*

Objectives

After completing this lesson, you will be able to:

- State when vitamin D supplementation is usually recommended.
- State when fluoride supplementation is usually recommended.

Overview

Breastmilk is nutritionally complete. However, some babies may live in environments where supplemental vitamin D and/or fluoride may be needed.

Is a Vitamin D Supplement Needed?

People make vitamin D when the skin is exposed to sunlight. In some cultures and in some climates, sun exposure can be limited. As there are no naturally occurring good food sources of vitamin D, milk and other beverages are fortified with vitamin D for children and adults who have limited exposure to the sun.

Breastmilk does not contain very much vitamin D as it is expected that vitamin D will be obtained through sun exposure and not through breastmilk. An exclusively breastfed infant who has limited skin exposure to the sun may need vitamin D supplementation.

Risk for Vitamin D Deficiency

Vitamin D deficiency can cause rickets, a disease characterized by softening and weakening of the bones. An exclusively breastfed baby's risk for vitamin D deficiency depends on many factors.

Less Risk		More Risk
◆ Light skin color ◆ Diaper only while outdoors ◆ Outdoors frequently ◆ No sunscreen ◆ Time of year: from March through October (in Oregon) ◆ High altitude ◆ Mother's skin exposed to sun during pregnancy	◆ Medium skin color ◆ Regular clothes without hat while outdoors ◆ Outdoors 5–10 minutes a day ◆ Occasional sunscreen	◆ Dark skin color ◆ Covering all/most of body while outdoors ◆ Rarely outdoors (unsafe neighborhood, day care center) ◆ Wearing SPF 15 or higher sunscreen at all times ◆ Time of year: from November to early March (in Oregon the sun is too low on the horizon during this time) ◆ Low altitude ◆ Mother's skin covered during pregnancy (veiled for religious or cultural reasons)

It is not the role of WIC to assess a baby's risk for vitamin D deficiency. However, during a certification or education appointment, you may become aware of a baby who has significant risk factors for vitamin D deficiency. You can provide the handout, *Babies and Vitamin D*, and suggest the mother talk to the baby's health care provider.

Sun Exposure for Vitamin D

Babies can get adequate vitamin D from sun exposure. The entire body does not need to be exposed. Using sun exposure as the primary way to obtain adequate vitamin D is normal and natural. It is also controversial.

Almost no vitamin D is made from the sun:

- While wearing sunscreen with a SPF 15 or higher.
- From sunlight through windows.
- In the early morning, late afternoon, or evening.

For infants 6 months of age and younger, the American Academy of Dermatology and the American Academy of Pediatrics do not recommend exposing the skin to direct sunlight due to risk of skin cancer. If sun exposure is necessary (for example on the face or hands), they recommend minimal use of sunscreen with a SPF 15 or higher.

Other medical experts recommend short periods of sun exposure for infants without risk of skin cancer. For a light skinned infant:

- 5–10 minutes sun exposure on arms and legs or face and arms.
- 3 times a week.
- Between 11:00 am–2:00 pm.
- Between March and October in Oregon.

For most infants, this sun exposure will occur naturally unless the infant remains indoors during 11:00 am–2:00 pm. or if the parent covers the infant every time he is outside.

The length of time the skin needs to be exposed to the sun will change if other factors are present.

- 10–20 minutes on cloudy days or in the shade.
- 30 minutes for dark skinned infants.

Sun exposure can occur while:

- Walking from the car to the store.
- Waiting for the bus.
- Picking up the mail.
- Going outside for a brief time.

AAP Recommendation for Vitamin D Supplementation

The American Academy of Pediatrics (AAP) recommends "that all breastfed infants be given supplemental vitamin D . . . [and] that supplementation should begin within the first 2 months of life."

> Oregon WIC recommends that mothers talk with their baby's health care provider about the specific risks their child has for vitamin D deficiency.

If a baby is at risk for vitamin D deficiency, vitamin D supplements are available for exclusively breastfed infants, most commonly prescribed as a part of a multivitamin solution. A supplement of 200 IU of vitamin D a day is recommended.

Partially breastfed infants are not at risk if they are drinking at least 500 mL (about 16 oz) a day of milk or formula fortified with vitamin D. All standard formulas and milks are fortified.

⇨ *Practice Activity*

1. Review the handout *Babies and Vitamin D.*
   - Underline or highlight the information that is most helpful.
   - Keep a copy in your "breastfeeding file."

2. Review this case report.

> *Joey was a cute baby with blonde curly hair and blue eyes. It was a hot day in July and he was wearing shorts and a tank top. He was at WIC for his 6 month recertification appointment. When the certifier saw him at Twister County WIC, he was happy and smiling. His mom, Trina, was happy to report that he was still exclusively breastfeeding. This is part of their conversation.*

Trina: *I had a question about the vitamin D drops Joey is taking?*

WIC: *Sure, what's your question?*

Trina: *Well, my doctor said he needed them because he is breastfeeding and needs the extra vitamin D. My friend said that she heard that babies don't need them. I'm trying to figure out who's right.*

WIC: *I have a handout on vitamin D that you can take home with you. And, then you may want to talk more to Joey's doctor about it.*

Do you agree with how the WIC staff member handled Trina's questions?

Is a Fluoride Supplement Needed?

Community water fluoridation is the ideal way for children to ingest fluoride. However, many community water systems in Oregon are not fluoridated. In those cases, a fluoride supplement is recommended.

Fluoride Supplement is Not Needed	Fluoride Supplement is Needed
Before 6 months of age. After 6 months of age if the family gets water from a fluoridated community water system.	After 6 months of age if the family gets water from a community water system that is not fluoridated or uses well water. After 6 months of age if the dentist recommends based upon a special risk.

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Fluoride, either in a water system or in a supplement, is the best way to have cavity resistant teeth from the inside out. If a mother has questions or concerns about fluoride, refer her to the child's dentist for more information.

Are Other Vitamin/Mineral Supplements Needed?

Healthy breastfed babies do not need other vitamin/mineral supplements.

Skill Check – Self-Evaluation

1. Which of these babies might be at risk for vitamin D deficiency?

   Samantha:
   - Dark colored skin.
   - Born in November.
   - Exclusively breastfed.
   - Not taking vitamin supplement.

   Samuel:
   - Medium colored skin.
   - Born in late October.
   - Partially breastfed (16 oz. formula a day).
   - Not taking vitamin supplement.

   Suzanna:
   - Light colored skin.
   - Born in December.
   - Exclusively breastfed.
   - Mother veiled for cultural reasons.
   - Not taking vitamin supplement.

2. What would you say to a mom if you noticed her baby might be at risk for vitamin D deficiency?

3. Describe a baby who may need fluoride supplementation.

Lesson Level: 2

6-2 Breastfeeding an Older Baby or Toddler

Items Needed

- Book: *The Breastfeeding Answer Book* (Mohrbacher & Stock).

Objectives

After completing this lesson, you will be able to:

- Address the concerns of mothers who are breastfeeding older babies and toddlers.
- Provide information on how to prevent cavities for infants.

Overview

Babies are constantly changing as they grow older. How they breastfeed will change too. Some mothers may worry about whether or not to continue breastfeeding after their baby is a few months old. Here are some common concerns that mothers have about breastfeeding older babies and information you can use to help the mothers with their concerns.

Common Concerns about Breastfeeding an Older Baby or Toddler

When a mother shares a concern about breastfeeding an older baby or toddler, remember to use the *3-Step Counseling Strategy*. Ask open-ended questions, affirm her feelings, and then educate.

1.

"My breasts aren't as full as they used to be and my baby finishes nursing really fast. Do I still have enough milk?"

Information to address the concern:

- By 2–3 months after birth, milk production becomes very efficient and your breasts seem softer and less full.
- Babies nurse more efficiently as they get bigger.
- Watch the baby's weight gain, elimination pattern, and behavior as indicators of milk supply.

2.

"Sometimes when my baby sleeps for a long time my breasts get really full and painful. Is that OK?"

Information to address the concern:

- Engorgement can happen when the baby sleeps for longer periods, if the mother is separated from the baby, or nurses or expresses her milk less frequently.
- Within a few days the mother's breasts will adjust to a new schedule.
- If the engorgement becomes very uncomfortable while her breasts are adjusting, she can express milk briefly to soften the breasts slightly.

3.
"When will I get my menstrual periods again?"

Information to address the concern:

- Exclusive breastfeeding usually delays the return of regular periods.
- Some mothers resume menstrual periods at 3–4 months after birth, while others not until 18 or more months after birth. Both are normal.
- Breastfeeding mothers should use a birth control method when she resumes sexual activity even if her periods haven't resumed.
- Some hormonal birth control methods are safe to use. See "Substances to Avoid or Limit While Breastfeeding" in Chapter 4.
- She may notice a decrease in her milk supply or the baby might be a little fussy when she is having a period. Babies compensate for this by nursing more often.
- If she is pumping she may express less milk than usual. Her supply should increase again after her period.

4.
"I'm pregnant again. Can I keep nursing my baby?"

Information to address the concern:

- There is no documented danger to mother or fetus when a mother breastfeeds during a healthy pregnancy.
- In some cases there may be a medical reason to consider weaning during pregnancy.
  - History of preterm labor.
  - Uterine pain or bleeding.
  - Continued weight loss by the pregnant mother.
- A mother that is well nourished should have no trouble providing for herself, the nursing child and the unborn baby.

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- Some mothers do have tender nipples, decreased milk supply, severe nausea, or feelings of irritation that lead them to wean during pregnancy.
- Some children will wean naturally during pregnancy because the amount and taste of the milk changes.
- A mother can tandem nurse both the older sibling and new baby. The new baby should be offered the breast first before the toddler nurses.

5.
"My baby only wants the bottle. He doesn't want to nurse."

Information to address the concern:

- Breast refusal and a preference for the bottle sometimes occurs when younger babies are frequently bottle-fed by the breastfeeding mother.
- Someone other than the breastfeeding mother can offer the bottle.
- Offer the breast before the bottle.
- If a baby strongly refuses the breast, refer the mother to a lactation specialist for further assessment and support.

6.
"My baby is biting me when he nurses!"

Information to address the concern:

- When babies are biting, they aren't actively nursing. In the future watch for a change in the baby's nursing rhythm that may come right before biting. Take the baby off the breast when you see the change in the nursing rhythm to prevent biting.
- When the baby's teeth first erupt, the mother's nipples may be sore. Most

mothers' nipples "toughen" and are no longer sore.

- It is normal to nurse for months or years after a baby's teeth come in.
- When the baby bites, try taking the baby off the breast and not resuming nursing for a few minutes. During that time offer the baby a safe toy to bite.
- Also see the section on "Teething and Biting" in *The Breastfeeding Answer Book* (Mohrbacher & Stock).

7.

"My baby doesn't really like to nurse anymore. He just likes to look around at everything else in the room."

Information to address the concern:

- At about 4 months of age, babies begin to be interested in the world around them. They may become easily distracted at the breast and may pull away many times to investigate surroundings.
- Bottle fed babies are also distracted more easily at this age.
- Nursing in a quiet, dark environment can help.
- If the baby is unable to stay on the breast and nurse well, take the baby off and wait to feed until the baby shows increased interest in nursing.
- Remember that this is a stage, and at this age it is normal for baby to nurse for shorter lengths of time.

8.

"My baby suddenly refuses to nurse! Is this a nursing strike?"

Information to address the concern:

- At around 8–9 months of age, it is common for some babies to refuse to nurse for a few days.
- Nursing strikes can be caused by physical discomfort, illness, frequent bottle-feeding, too much solid food or formula being offered.

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- Watch the baby for signs of illness.
- Continue to offer the breast in a calm relaxed manner.
- Offer the breast before solids and/or formula are given.
- Offer fewer bottles or try a cup.
- The mother may need to express her milk to maintain her supply during this time.
- Nursing strikes are often misinterpreted as the baby weaning himself. Because breastfeeding is the normal way a baby gets a variety of needs met, natural weaning during the first year of life is very rare.
- If a nursing strike lasts more than a few days, refer the mother to a lactation specialist for assessment. Both the mother and baby should be seen by a health care professional to rule out other causes of breast refusal.

9.
"Can I nurse past my child's first birthday?"

Information to address the concern:

- Nursing past the first birthday is normal and continues to be healthy for the mother and the baby.
- If nursing in public is an issue, the mother can begin to set simple boundaries about when and where nursing will take place.
- The mother can teach an older child to use an appropriate word or phrase to ask politely to nurse.
- The mother can also teach an older child to accept other foods or drinks if nursing is not possible at that time.

10.

"When should I wean my baby?"

Information to address the concern:

- Breastfeeding is recommended for the first year and longer, as long as mutually desired by both the mother and baby.
- Each mother and baby is different. Some mothers start weaning right after the first birthday, others let their child wean naturally at 4 years old. In many cultures, extended breastfeeding is the norm.
- The benefits of breastmilk continue as long as the child is nursing.
- If a mother wants to wean, but her child is not ready, help her assess why she is feeling ready to wean. Does she need a break from her child? Would nursing less often help?
- The child will need food and drink to replace the breastmilk and other ways to be comforted.

Oral Health Care for the Breastfed Baby

Bacteria called *mutans streptococci* cause tooth decay. When food or liquid other than water goes into the mouth, this bacteria produces acid that can break down the tooth and result in cavities. There are simple steps to prevent babies from getting cavities.

Basic Prevention for All Infants

- Wipe inside the baby's mouth with a damp cloth after feeding.
- Brush the baby's teeth with a soft toothbrush and water. A dentist may recommend that you use a small amount of toothpaste.
- Take the baby to the dentist when the first tooth comes in.
- Beginning at 6 months of age, give the baby a fluoride supplement as recommended by a dentist or pediatrician if the baby is not in a home with fluoridated water (see "Are Vitamin Supplements Needed?" in Chapter 6 for more information).

Nursing at Night

A baby who is breastfed has a lower risk of getting cavities than a baby who drinks out of a bottle. When a baby nurses, the milk is squirted to the back of the mouth. This means that hardly any milk touches the teeth. It is still important that the mom follow one important step to further decrease her baby's risk of getting cavities.

- Make sure that the baby swallows the last bit of milk in his mouth when he is done nursing. Swallowing will occur as baby is rolled onto his back to sleep.

What About Mom?

The bacteria that causes cavities is passed between the mom and baby through saliva. It is very important that all mothers care for their own mouths and teeth to decrease their babies' risk of getting cavities.

- Mom should brush her teeth with a fluoride toothpaste and floss twice a day.
- Chewing sugar-free gum that contains the natural sweetener Xylitol (zy-le-tall) will also help cut down on the cavity causing bacteria.
- All mothers need to see the dentist to fix any cavities as soon as possible.

Q: Should I stop breastfeeding if my child gets a cavity?
A: You should continue to breastfeed. Breastfeeding is less likely to cause cavities than feeding from a bottle. Just make sure to take your child to a dentist if he does get a cavity.

Practice Activity

Review this case report.

Sydney is at the Flanagan County WIC Clinic for an education appointment. She tells the WIC staff that she will be weaning her baby, Ozzie, because he has teeth. This is their conversation.

Sydney: *I'm going to wean Ozzie next week because he has too many teeth.*

WIC: *You'd like to wean because he has teeth.*

Sydney: *Yeah, my older baby, Addy, has a lot of cavities and I don't want Ozzie to get cavities.*

WIC: *You're concerned that Ozzie will get cavities too if you continue to nurse.*

Sydney: *Uh huh. My doctor said that Addy has cavities because I nursed her for too long.*

WIC: *If it weren't for the possibility of cavities, would you be ready to wean?*

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Sydney: *No, he's only 10 months old. I'd like to nurse until he is at least 1 year old.*

WIC: *So you want to keep nursing, but you are afraid he'll get cavities.*

Sydney: *Yeah.*

WIC: *Would you like some information on how to nurse and prevent cavities?*

Sydney: *Sure.*

WIC: *You can still nurse him like you do now. Do you brush his teeth?*

Sydney: *No, I thought he was too little.*

WIC: *You can brush his teeth with a soft toothbrush and water. His dentist may recommend that you use a very small amount of toothpaste. Or you can wipe his teeth with a wet cloth. It's recommended that you brush them twice a day, at least, or after every meal.*

WIC: *Did the doctor talk about what foods can cause cavities?*

Sydney: *Yeah, we don't eat raisins or graham crackers or candy. And I don't let him drink soda or too much juice. And he doesn't drink out of a bottle.*

WIC: *Those are all good ways to avoid cavities. Did the doctor talk about fluoride?*

Sydney: *Yeah, we give him and Addy fluoride drops every day because our water doesn't have fluoride in it.*

WIC: *That's great. It sounds like you are doing a lot of things to help him not get cavities. Formula and breastmilk aren't that different for causing cavities. Because breastmilk is so much better for him, I'd recommend continuing to breastfeed.*

Sydney: *That's great! Because I really wanted to breastfeed him until his first birthday!*

Would you agree with how the WIC staff handled this?

✓ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

1 *JoJo is at your clinic for her six month recertification appointment as an exclusively breastfeeding woman. During the appointment, she says, "I don't think that Jackson wants to nurse anymore. Every time I try to feed him, he just looks around the room instead of nursing." What would you say?*

2 *Hannah is at your clinic for her six month recertification appointment as an exclusively breastfeeding woman. During the appointment, she says to you, "I'm going to stop nursing next week because Tommy is getting teeth." What would you say?*

3 *Pam, a partially breastfeeding mother, calls the clinic to get her baby's formula FIs changed. She now wants as much formula as she can get for her baby. Her baby is 10 months old. What would you say?*

Lesson Level: 2

6-3 Growth Concerns

Objectives

After completing this lesson, you will be able to:

- Assess a baby for appropriate growth.
- Support parents of breastfeeding babies with growth above or below "normal."

Overview

Babies come in all shapes and sizes. This lesson will help distinguish between what is normal and abnormal in a baby's growth patterns.

Baby Not Gaining Well

Some breastfed babies gain weight more slowly than others. In order to distinguish a baby that is simply gaining slowly from one that is not getting enough to eat, it is important to look at weight gain, the baby's elimination pattern, the baby's behavior, and the mother's signs of milk production.

A Normal "Slow to Gain" Baby

- Baby gains on average at least ½ oz. per day in the first 3 months of life.
- Baby appears normal developmentally.
- Baby appears alert, healthy, and content.
- Baby has good muscle tone.
- Baby has at least 6 wet diapers a day.
- Baby has frequent stools (or if infrequent, large, soft stools).
- Baby nurses at least 8 times a day in the first month for 15–20 minutes.
- Mother has signs of milk production and signs of a functioning letdown.

An Underfed Baby

- Baby gains on average less than ½ oz. per day in the first 3 months of life.
- Baby appears listless or cries for much of the day.
- Baby has few wet diapers based on expectation for that age.
- Baby feeds less than 6–8 times a day depending on age of infant.
- Baby has infrequent and scanty stools.
- Mother does not have signs of milk production or functioning letdown.

Treatment for an Underfed Baby

- Refer the mother to a lactation specialist for thorough assessment and support.
- Refer the baby to his health care provider to rule out other causes of poor growth.
- Help the mother in her interaction with the baby's health care provider.
- Provide a hospital-grade double electric breast pump, if appropriate. Some agencies have the resources and training to provide supplemental feeding devices as well.
- Suggest frequent weight checks at WIC, her lactation clinic, or with the baby's health care provider. Some community health nurses can weigh the baby during home visits.
- Encourage the mother and help her build confidence to breastfeed successfully.

Perceived Overweight

Some babies gain weight rapidly and are greater than the 95th percentile weight for height. It is normal for breastfed babies to "plump up" in the first six months of life and "thin down" in the second six months of life.

If the baby is greater than the 95th percentile in weight for height according to the growth charts and is still exclusively breastfed, let the parents know that this is a normal growth pattern for their baby. The mother of an exclusively breastfed baby that is gaining well should be praised and encouraged to continue breastfeeding. For babies older than six months, if the baby's intake from breastfeeding and solids appears to be within normal ranges, reassure the parents, and monitor the baby's height and weight as he grows.

Appropriate Messages to Relay to Parents

1. **Nutrition habits are formed at an early age.**
   - Good habits should be encouraged starting at birth.
   - Breastfeeding encourages babies to stay in tune with their feelings of hunger and fullness.

2. **Babies cry for many reasons.**
   - Parents learn to distinguish different needs as they get to know their baby.
   - Babies like to nurse for comfort and as well as for hunger. Breastfeeding is much more than just food.
   - Nursing a baby for comfort is normal.

3. **Watch the baby's signals for the end of a feeding.**
   - When a baby is finishing a feeding he will pause longer between bouts of active suckling.
   - The baby may nurse less vigorously and slow down. He may come off the breast or become more playful.
   - Following the baby's signals for the end of a feeding can prevent overfeeding.
   - Babies have different styles of feeding—some feed vigorously for a short period of time while other babies feed more slowly for a longer period of time.

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Continued from page 3

4. **Activity plays a role in weight.**
   - Encourage older babies to move their bodies and play.
   - Allow babies to move freely on the floor or in the mother's lap, instead of sitting confined in an infant seat or swing.

✓ Skill Check – Self-Evaluation

Assess whether these babies are normal "slow-to-gain" babies or underfed babies.

1 *George is 3 months old. His birthweight was 5 pounds 5 ounces. His current weight is under the 5th percentile for height and weight. He is exclusively breastfed, feeding 9 times a day for 30 minutes each time. He stools twice daily. He has 8 wet diapers a day. He is alert and happy.*

What is your assessment?

2 *Georgina is 4 weeks old. She weighs 8 pounds 12 ounces. Her birth weight was 8 pounds. She is exclusively breastfed, feeding 8 times a day for 45 minutes each time. She stools every 3 days. She has 5 wet diapers a day. The mother is concerned because it seems like she doesn't have very much milk.*

What is your assessment?

Lesson Level: 2

6-4 Going to Work or School while Breastfeeding

Items Needed

- Pamphlet: *Breastfed Babies Welcome Here!* (Childcare Provider's or Mother's version).
- Handout: *Go Back to Work and Continue to Breastfeed? Yes, You Can!* (Medela).
- *Oregon Mother Friendly Employer Project* Packet.
- See also Chapter 7—"Pumping/Expressing Breastmilk."

Objectives

After completing this lesson, you will be able to:

- Assist a mother in exploring her options for returning to work or school while breastfeeding.
- Address a mother's concerns about returning to work or school while breastfeeding.

Overview

How many working mothers do you know? Over half the mothers of young children work outside the home. Many mothers must return to work or school for financial reasons when their babies are less than six weeks old. This can be a difficult transition for a mother that does not want to leave her baby. Combining breastfeeding and working or school is possible with the right support.

Questions to Help a Mother Explore her Options

When a mother expresses concern about returning to work or school, affirm her feelings and help her explore her options.

1. **How soon after the baby is born will she need to return to work? Is the date she returns flexible?**

   - Encourage her to be realistic about her own needs.
   - She will need several weeks to recover from delivery, make family adjustments, and get to know her baby.

2. **Will she start back full-time or part-time? Can her school or work schedule be flexible?**

   - Encourage her to request a reduced, part-time or more flexible schedule for the first few weeks back at work.
   - Starting back mid-week rather than the beginning of the work week can ease the transition.
   - If her work or school schedule is flexible, she may be able to work around the baby's feeding schedule.

3. **Where will she have child care?**

   - If the baby will be close by, she may be able to nurse at breaks or lunch hours.
   - Some mothers have the child care provider bring the baby to work to nurse.
   - The mother should ask how her childcare provider can support breastfeeding. Share ideas from the pamphlet *Breastfeeding Babies Welcome Here!*
   - Your community may have child care assistance programs.

4. Is there a place and/or time to express her milk at work?

- Pumping takes about 15–20 minutes with a double electric pump.
- To allow time to pump, it may be possible to negotiate combining breaks and lunch to have a longer lunch break or two longer breaks.
- Can she use a private office, conference room or supply room to pump?
- Provide information on the *Oregon Breastfeeding Mother Friendly Employer Project*. Information is available by calling 503-731-3155 or ordering it online at http://www.dhs.state.or.us/publichealth/bf.

5. Does she need a breast pump?

- WIC can provide breast pumps. See Chapter 7—"Pumping/Expressing Breastmilk."

6. Does she need information on how to store milk safely?

- Provide milk storage information. See Chapter 7—"Pumping/Expressing Breastmilk."

NOTE

For more suggestions about difficult work situations, see "Counseling Guidelines for Distributing Breast Pumps" in Chapter 7.

Common Concerns about Going to Work or School

Many women have concerns about returning to work or school. Here are some common concerns and the information you can provide.

1.

"I don't want to keep nursing when I go back to work. Nursing and working seem like too much trouble!"

Information to address the concern:

- Breastmilk is the best food for your baby.
- If you can pump with a double electric breast pump or nurse at your normal break times for 10–15 minutes, 2–3 times each day, you can continue to breastfeed and provide breastmilk for your baby when you are away from him.
- Some women breastfeed at home with the baby and formula feed when the baby is at childcare.

2.

"I need to start the bottle right after birth. My friend waited too long and her baby never took a bottle."

Information to address the concern:

- Young babies sometimes get confused if they are given a bottle too early.
- Babies need to learn how to nurse well from the breast first.
- We recommend waiting until the baby is at least 4 weeks old before introducing a bottle.
- After the baby is 4 weeks old, someone else can start offering the bottle occasionally.
- Don't wait until you have to go back to school to try a bottle for the first time. Practice for a few weeks before.

3.

"My baby won't take the bottle."

Information to address the concern:

- There are some babies who don't like bottles as much as they like nursing.
- Most babies will easily take a bottle if it is offered when they are 4 - 8 weeks old.
- If the bottle is offered when they are older, they are more likely to refuse it.
- Have someone other than the nursing mother offer the bottle when she is out of the house.
- Offer the bottle to the baby before he is very hungry.
- Try offering it when he is just waking up and is still relaxed.
- If he cries and resists taking it, stop offering and calm him in some other way. Wait a few minutes then try again.
- Try offering the bottle in a position that is very different from the position he is usually nursed in.
- Try warming the nipple or using a different nipple.
- If a baby strongly refuses a bottle, stop trying. Respect his choice not to take it, and wait for the mother to come home and feed him. Try again another day.
- Once the baby has taken a bottle, offer a bottle every few days so he stays in practice.
- Babies will refuse bottles sometimes for a variety of reasons. Just because he refuses it once does not mean he will never take one again.
- The rare baby that repeatedly refuses a bottle is a good candidate for breastfeeding visits with the mother during her workday.
- Try a cup instead if the baby is at least 6 months old.

4.
"My coworkers and supervisor are not very supportive of breastfeeding."

Information to address the concern:

- Some employers and coworkers don't understand how easy it can be to breastfeed at work.
- Get a packet of information from the *Oregon Breastfeeding Mother Friendly Employer Project* by calling 503-731-3155 or ordering it online at http://www.dhs.state.or.us/publichealth/bf. It has tips on how your employer can support breastfeeding employees.
- Make a plan. Work out an agreement before you return to work for pumping or expressing during breaks and lunch times.
- Many people don't know that breastmilk is healthier than formula. This may be a good opportunity for you to "educate" your coworkers. You can tell them about the benefits of breastmilk and how it benefits employers.

5.
"What if I can't pump at work?"

Information to address the concern:

- It is possible to nurse when you are home and to use formula at childcare.
- To avoid engorgement during your first week of work, partially wean the week before you go back to work by using formula during "working" hours at home.
- If you don't nurse or pump during work hours, your milk supply will decrease. Nurse often when you are with your baby to help maintain it.
- Using powdered formula makes it easier to mix up just the amount you need.

6.
"I feel guilty leaving my baby all day."

Information to address the concern:

- Even though you are away, by nursing your baby you are providing him special nourishment only you can provide.
- Nursing your baby when you are home gives you special time with you and your baby.

Expressing Breastmilk

WIC can help mothers decide which method of milk expression will work best. She can choose from hand expression or different types of breast pumps. See Chapter 7—"Pumping/Expressing Breastmilk" for more information.

Expressing or pumping at least two weeks before starting work or school allows the mother to build a good supply of stored milk. This can reduce the mother's stress while she develops a good pumping routine at work.

Nothing is as gentle and effective in removing breastmilk as a nursing baby. Expressing breastmilk well takes time and practice. It is common to get only an ounce or so the first few times. With experience it will become easier and take less time to express more milk.

Practice Activity

- Review:
  - *Breastfed Babies Welcome Here!*
  - *Go Back to Work and Continue to Breastfeed? Yes, You Can!*
  - *Oregon Breastfeeding Mother Friendly Employer Project* packet

- Underline or highlight the parts that are most helpful.
- Keep copies in your "breastfeeding file."

☑ Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

Amelia is at your clinic for her 6-week postpartum recertification appointment. She wants information on how she can continue to nurse her son, Michael, when she goes back to work next month. She works full-time in an office and her husband will be home watching the baby and her older children.

Lesson Level: 2

6-5 Weaning from Breastfeeding

Objectives

After completing this lesson, you will be able to:

- Help a mother wean her baby from breastfeeding.

Overview

Just as mothers may need help in learning how to start breastfeeding, they may also need help learning how to stop breastfeeding. You will get questions about weaning for babies of all different ages.

Although we encourage all families to breastfeed for one year or more, there is truly no “right” or “wrong” time to wean. Each mother must decide how weaning will affect her and her baby. Any amount of time a mother breastfeeds her infant will benefit them both. All mothers should be praised for breastfeeding, no matter for how long.

Support During Weaning

Breastfeeding can mean much more to mothers and babies than just food. It can mean cuddling and loving and mothering. When weaning, it is important to find substitutes to replace the pleasurable activity of breastfeeding. If the baby is very young, a good substitute is holding and cuddling while feeding a bottle of infant formula. For the older infant/toddler who takes a cup well, a mom might try reading a story while he takes formula, milk or juice from a cup.

Even if a mother initiates the weaning, she may still experience some sadness and depression at the reality of the last feeding. You can be supportive by acknowledging her sadness and helping her to appreciate new ways she can nurture her child.

Ready to Wean?

Some mothers need more information to decide if they are ready to wean. You can help by finding out more about what her plans are.

- "What are your plans for breastfeeding?"
- "How do you feel about weaning?"
- "What helped you decide to wean now?"
- "Have you had problems breastfeeding?"

If she is uncertain about weaning:

- Is there a breastfeeding problem that can be fixed?
- Can she eliminate some breastfeeding sessions, but not all?
- Is there information she can give to family members or friends about breastfeeding older babies?
- Is there an alternate medication she can take?

If she has already decided to wean, accept her decision and provide her with healthy weaning guidelines.

Gradual Weaning

1. Avoid weaning during an illness, while traveling, when guests are visiting or during other stressful times.

2. Drop 1 feeding every few days. Wait until the end of weaning to drop the feeding the baby likes best.

3. Use substitutes for breastmilk like formula, milk, juice or water. Or try an activity the child enjoys like reading, playing or going for a walk.

4. Dad or other family members may need to help with the bedtime routine when the bedtime feeding is dropped.

Weaning Before 6 Months of Age

- Gradual weaning is recommended.
- Breastfeeding should be replaced with formula feeding.
- The mother's breasts may take longer to adapt to weaning.

Weaning Between 6 Months and 1 Year

- Gradual weaning is recommended.
- Weaning is easier because the baby's nursing frequency has already begun to decrease.
- The mother's breasts adapt more easily to weaning.
- Breastfeeding should be replaced with formula feeding.

Weaning After 1 Year

- Weaning is easier because baby is eating a variety of solid foods and drinking from a cup.
- The mother's breasts will adapt easily to weaning.
- Breastfeeding can end more quickly.

Emergency Weaning

Occasionally, a mother may need to abruptly wean her baby because of severe illness in the mother or prolonged separation of the mother and the baby.

If a mother is advised to wean because she needs to take a medication or have a medical procedure, refer her to a lactation specialist to get accurate information about the necessity of weaning. Perhaps she can take an alternative medication, postpone the medical procedure, or "pump and dump" her milk until she can resume nursing.

If emergency weaning is necessary, avoid weaning from all feedings at once to reduce discomfort and the risk of engorgement.

Steps for Emergency Weaning

Day 1: Substitute a bottle or cup (depending on the age of the child) for every other feeding.

Day 2: Wean for the remaining feedings.

Engorgement during Emergency Weaning

- It is important to relieve the tension of engorgement to prevent problems.
- If the mother becomes engorged, express enough milk to relieve pressure without stimulating milk supply.
- Take warm showers or apply warm wet cloths to the breasts.
- Apply ice packs or green cabbage leaves to the breasts.
- Avoid weaning rapidly when she has sore or cracked nipples as this can lead to mastitis or breast abscess.
- If problems occur, refer the mother to her health care provider and/or a lactation specialist immediately.
- Binding the breasts is a potentially harmful way to wean.
- Women are no longer given medication to "dry up" their milk due to health risks of those medications.

Skill Check – Self-Evaluation

Using the *3-Step Counseling Strategy*, practice counseling a client using the scenario below. You can practice aloud to yourself or with a friend or coworker.

> *Patricia is at your clinic today for her child's recertification appointment. Her son, Nikolai, is 12 months old. He is nursing 3 times a day. She wants information on how to wean him.*

Lesson Level: 2, 3

6-6 How Culture Affects Breastfeeding

Objectives

After completing this lesson, you will be able to:

- Counsel women in a culturally appropriate manner about breastfeeding.

Overview

Each person is unique – you are a little different than your neighbors and friends. Although you are different, you share some common practices, beliefs or standards by which you live. This is the "culture" you share with those around you.

People don't have to be from a different country, speak a different language or have a different color skin to have a different culture. There are different cultures within the US, within Oregon and within your city.

We base the decisions that we make about our lives and our children on our cultural beliefs. Sensitivity to other's beliefs is important to breastfeeding education.

Cultural Practices that May Affect Breastfeeding

This lesson will concentrate primarily on cultural differences of clients who have immigrated from other countries. Some of their cultural traditions may affect breastfeeding, both in a positive and negative way.

1. **Postpartum Confinement.**

   Tradition:
   - A time following birth when a mother stays at home (or in bed) with the baby.
   - The length of time varies from culture to culture. Often 30-40 days.
   - "La Cuarentena" (Hispanic) or "Doing the Month" (East Asian and SE Asian).

   Recommendations:
   - Use this time to establish breastfeeding.
   - Avoid bottles, pacifiers, herbal "teas" or broths for baby during this time.

2. **Hot and Cold Foods.**

   Tradition:
   - Foods are classified as "hot" or "cold" by their effect on an illness or health condition.
   - Foods are not classified by temperature or spiciness.
   - "Hot" and "cold" foods vary from culture to culture.
   - "Hot" foods are usually eaten during the confinement, while "cold" foods are usually avoided.
   - Protein foods are generally "hot."
   - Fruits and vegetables are generally "cold."

   Recommendations:
   - Ask if there are any foods she is avoiding for health or other reasons.
   - Respect cultural beliefs during nutrition education.

3. Views about Breastmilk.

Tradition:

- Colostrum is often not fed to babies—it is thought to be old, dirty, stale, bad, spoiled or a "cold" food.
- Outside influences can make milk "bad"—anger, fright, cold air, working in heat.

Recommendations:

- Educate about the benefits of colostrum.
- Follow cultural practices of confinement to protect milk.

4. Views about Milk Supply.

Tradition:

- Teas or other remedies can increase milk supply.
- Alcohol can increase milk supply.
- Herbs and herbal preparations may be used extensively, both for lactating mother and her infant.

Recommendations:

- Know the teas, herbs, and remedies used in your area.
- Find safe alternatives to recommend. Ask people who are seen as leaders in the culture for recommendations.
- Explain risks of alcohol and safe intake (see "Substances to Avoid or Limit While Breastfeeding" in Chapter 4).

5. Family and Spiritual Influence.

Tradition:

- Family may have a strong influence on decisions.
- Postpartum practices may be based on religious beliefs.

Recommendations:

- Respect the influence of family and religion on decisions.
- If appropriate, include key family members in discussions and encourage their support of the breastfeeding mother.

6. Effect of Immigration.

Tradition:

- Some women may come from a country where breastfeeding is the norm, but they choose to use formula in the US because formula is seen as better or healthier.
  - Babies here are healthy.
  - Babies in native country may have been sick.
  - US women are often seen bottle feeding in public, even though they may breastfeed at home.

Recommendations:

- Provide information about how most women in the US breastfeed. In Oregon, almost 9 out of 10 women breastfeed their babies.
- Involve a cultural group's leaders in promotion of breastfeeding.
- Reassure the mother that her milk is best for the baby.
- Provide peer support for breastfeeding.

7. Breast Anatomy and Milk Supply.

Tradition:

- Hispanic women often have flat or inverted nipples.
- Asian women often have large nipples.
- Women from other cultures may have misconceptions about how breastmilk is produced and stored in the breast.

Recommendations:

- Nipple confusion can be more pronounced in women with flat or inverted nipples.
- Avoid bottles or pacifiers until breastfeeding is well established.
- If a woman with large nipples is pumping, provide a larger size breast pump flange (shield).
- Educate about breastmilk production.
- Refer to the lactation specialist if needed for more help.

Culturally Competent Education

Some cultural practices are beneficial to breastfeeding. Some are neutral, or do not change breastfeeding incidence. Some cultural practices may affect breastfeeding in a negative way.

> We should be especially sensitive to cultural practices that could interfere with breastfeeding as we want to respect the family's culture while we provide education.

Providing culturally competent education is similar to using the *3-Step Counseling Strategy*. Follow these steps.

1. **Establish rapport.**
   - Use certifiers or counselors from the culture.
   - Have interpreters available.
   - Be aware of appropriate gestures and expressions.

2. **Assessment.**
   - Ask open-ended questions that do not assume a specific cultural practice.
   - Recognize everyone in a specific cultural group will not have the exact same practices.
   - Identify barriers to breastfeeding.

3. **Affirm positive cultural beliefs and practices.**
   - Affirm practices that are beneficial to breastfeeding.
   - Make recommendations that work with current cultural practices.

4. **Find bridges.**
   - Involve key family members in discussions.
   - Put a new twist on a current cultural practice.
     - Example—expressing a small amount of milk after working in the heat to get rid of the "bad" milk before nursing at night.
     - Eating a variety of foods that meet the cultural practice.

5. **Provide culturally appropriate education materials.**
   - Pictures and wording both are important to be culturally appropriate.
   - If appropriate materials are not available, contact the state WIC office.

Practice Activity

1. Talk to your Training Supervisor or Breastfeeding Coordinator about which cultural groups are most common in your clinic. Discuss the practices that are already in place to provide culturally competent education.

2. Review breastfeeding education materials in your clinic that are available in a different language.

3. Find out if there are interpreters available in your clinic.

Skill Check – Self-Evaluation

What else do you need to know to be familiar with the cultural groups in your area? What steps could you take to learn this information? Write your ideas here.

Lesson Level: 2

Review Activity

With Your Training Supervisor

1. Discuss the lesson "How Culture Affects Breastfeeding."

2. Discuss your questions from Chapter 6.

3. Role-play how you would counsel a mother in the following situation:
   - Returning to work when her baby will be 8 weeks old.

Pumping/ Expressing Breastmilk

Chapter 7

Contents

7-1 Types of Breast Pumps

7-2 Counseling Guidelines for Distributing Breast Pumps

Lesson Level: 2, 3

7-1 Types of Breast Pumps

Items Needed

- *Breast Pump Questionnaire.*
- Handout: *Breast Engorgement (Medela).*
- *Job Aid: Types of Breast Pumps.*
- One of each kind of breast pump available in your clinic.

Objectives

After completing this lesson, you will be able to:

- Identify three of the most common reasons for breast pump use.
- List three concerns about providing breast pumps.
- Assign the appropriate type of breast pump to a client based on type of use and reason for use.
- State two alternatives to using a breast pump.

Overview

Most women, in normal circumstances, can breastfeed to one year or beyond without pumping their breast milk.

Reasons for Pumping Breastmilk

Some women need to use a breast pump to maintain lactation. The following are the most common reasons for breast pump use.

- Mothers of premature infants who are unable to suck adequately.
- Mothers of infants with severe feeding problems.
- Mothers who are having difficulty maintaining an adequate milk supply due to maternal or infant illness.
- Mothers who are separated from their infants due to hospitalization.
- Mothers who return to work or school.
- Mothers of multiple births.

Concerns about Providing Breast Pumps

It is important to note that not all breastfeeding mothers will need a breast pump. Providing breast pumps to women who do not need them can actually interfere with breastfeeding. The following describes some problems that may occur.

- Pumping milk is not as effective as an infant suckling.
- A mom who pumps her milk may believe that she does not have adequate milk and may stop breastfeeding.
- Breast pumps and bottles used too early by mothers who don't need them may result in nipple confusion and refusal of the breast.
- Physical or emotional discomfort with pumping may lead a woman to stop breastfeeding.
- If given a pump before a need is identified, a woman may believe that she needs a pump to breastfeed successfully.

NOTE

According to WIC Policy 712, breast pumps may not be provided to all pregnant or breastfeeding women solely as an inducement to consider or continue breastfeeding.

Assessing for Type of Breast Pump Needed

Each client will have unique needs when separated from her baby. Use the *Breast Pump Questionnaire* to help determine which pump will best fit her needs.

Steps for Assessment

1. Gather more information from the client about why a pump is needed.
2. As appropriate, explore alternatives to pumping.
   - Is the mother's schedule and child care arrangement flexible?
   - Can someone bring her the baby during the day to nurse?
   - Can she go visit the baby during the day to nurse?

3. Choose the most appropriate pump for the client.
4. Refer the mother to a lactation specialist when she has complicated breastfeeding issues.

Types of Breast Pumps

When considering the type of breast pump to use, it is helpful to consider the reason it is needed. Breast pumps can be categorized into three types of use - convenience, return to work/school, and medical need.

Breast Pumps for Convenience

These pumps include manual pumps and hand expression (see the Handout: *Breast Engorgement* (Medela) for information on how to express milk by hand).

Examples:

Medela Harmony manual pump

Ameda One-Hand manual pump

Type of Use:

- Occasional.
- Used no more than 8 times per week.
- Short term use.

Reasons for Use:

- Occasional separation from baby for social events, meetings, etc.
- Working or attending school less than 20 hours per week with flexible schedule.
- Temporary problem. (e.g. engorgement)

Sample Client:

Syria is a stay at home mom. She has requested a breast pump because 3 times a week she will be going to an aerobics class (1 hour long) and will be leaving her 4 month old baby, Marcos, with his father. She wants to pump breastmilk to leave for Marcos in case he gets hungry while she's gone. Syria could use a manual pump or hand expression.

Breast Pumps for Returning to Work or School

These pumps include personal double electric pumps.

Examples:

Medela Pump-In-Style

Ameda Purely Yours

Type of Use:

- Frequent.
- Used 9 or more times per week.

Reasons for Use:

- Working or attending school more than 20 hours per week.
- Working or attending school less than 20 hours per week with an inflexible schedule (unable to pump with manual pump during break time due to time constraint).
- To maintain milk supply in a mother who is separated from her baby or unable to put the baby to her breast for more than a few feedings a day.

Sample Client:

Yvonne is on leave from her job, but knows that when her baby, Ashlee, is 8 weeks old, she'll need to return to work 30 hours a week. She has talked to her supervisor and arranged to have a private place to pump her milk during her breaks and lunch. She has asked for a pump now (at the 6 week postpartum visit) so she can start pumping before returning to work. Yvonne could use a personal use double electric pump.

Breast Pumps for Medical Need

These pumps include hospital grade double electric pumps.

Examples:

Ameda Elite double electric pump

Medela Lactina double electric pump

Medela Classic double electric pump

Type of Use:

- Frequent.
- To bring in or increase milk supply.
- To maintain milk supply
- May need pump short term or long term.

Reasons for Use:

- Mother whose baby is not nursing because of prematurity or other health issues.
- Mother having serious problems with breastfeeding.
- Mother with severe, recurrent engorgement.
- Mother with very sore nipples.
- Mother trying to increase supply.
- Mother that has had breast surgery.
- Mother that is relactating.
- Mother breastfeeding an adopted baby.
- Mother that needs to pump and dump her milk temporarily due to medication use. (See *Medications and Mother's Milk* (Hale) for more information.)

NOTE

These situations are often urgent. If a mother does not receive a breast pump right away, her milk supply may decrease and breastfeeding may end.

Sample Client:

Judy's baby, Carlos, was born 10 weeks premature. She will be released from the hospital tomorrow while Carlos will stay at the hospital. She wants to pump her milk to provide it for him at the hospital. Judy can use a hospital grade double electric pump and an attachment kit.

Practice Activity

Arrange a meeting with your Breast Pump Coordinator to discuss these topics.

- The types of breast pumps your WIC clinic distributes to mothers (use the *Job Aid: Types of Breast Pumps*).
- How breast pumps are distributed in your clinic (documentation needed, where pumps are located, who is authorized to distribute pumps, who cleans pumps).
- If your agency has a breast pump partnership with a local hospital or clinic.
- How each breast pump works, including practice assembling each pump.

Skill Check – Self-Evaluation

Practice assessing the need for a breast pump using the scenario below. Use the *Breast Pump Questionnaire* and *Job Aid: Types of Breast Pumps*. You can practice aloud to yourself or with a friend or coworker.

Joann calls your clinic. She is going back to work and wants a breast pump. Her baby is 4 months old. She will work 5 days a week, from 9:00–3:00 each day. What would you say?

NOTE

When you have completed this lesson, file your job aid and other information in your "breastfeeding file."

7-2 Counseling Guidelines for Distributing Breast Pumps

- Pamphlet: *Breastfeeding and Work or School—Pumping and Storage.*
- *Breast Pump Release Form.*
- *Job Aid: Types of Breast Pumps.*
- *Hospital-grade Breast Pump Loan Agreement*

After completing this lesson, you will be able to:

- Complete a counseling session with a mother who is receiving a breast pump.

When you are learning to do something new, does it help you to practice it hands-on? When we teach mothers how to use a breast pump for the first time, it is important that we show them how to use the pump and have them practice too. In most cases, they won't be able to practice pumping their milk at the clinic, but they can practice putting together the pump, taking it apart, turning it off and on, and adjusting the settings. You can also help the mother plan for returning to work or school.

NOTE

Breast pump company sales representatives are responsible for training each local agency on the specific information about each of their pumps that are purchased by WIC.

While you were assessing the type of breast pump needed by the mother, you gathered some information about the mother's plan for pumping. There may be additional information that will be helpful to know.

- Does she already have plans for going to work/school?
- How often will she be able to pump?
- Where can she pump?
- Where can she store the pumped breastmilk?
- Are her family and employer supportive of pumping?

Putting Together the Breast Pump

Use the package insert as a guide while discussing this with the mother.

1. Take apart and put together the pump for the client.
2. Ask the client to demonstrate taking apart and putting together the pump for you.
3. Assess the client's ability to assemble the pump.

Using the Breast Pump

Use the package insert as a guide while discussing this with the mother.

1. Demonstrate how to control the settings on the pump.
2. Demonstrate on/off controls as appropriate.

Cleaning the Breast Pump

Use the package insert as a guide while discussing this with the mother.

1. Discuss sterilizing the pump by boiling appropriate parts before initial use.
2. Discuss need to clean appropriate breast pump parts with hot water and soap after each use.
3. Discuss storage of clean breast pump parts.

Pumping Breastmilk

These are the steps that are generally used for pumping. This information is taken from the pamphlet *Breastfeeding and Work or School—Pumping and Storage*. It will be helpful to use this pamphlet while talking with the mother.

1. Pump 3–4 hours after you last nursed or pumped.
2. Wash your hands.
3. Use a clean pump.
4. Adjust the pump setting on low to start. Increase it to your comfort level.
5. Wet the flange (or shield) with water or breast milk.
6. Center your nipple in the flange (or shield)—demonstrate how to position the pump on the breast using a balloon or other breast model.
7. Start pumping.
8. Stop and reposition if your nipple rubs on the flange (or shield). If the milk flow is consistently below expectation, consider using a larger flange (or shield).
9. If manual pumping, pump about once every second.
10. Take a deep breath and relax. Think about your baby.
11. First your milk will come in drops - then sprays.
12. Pump 10–15 minutes on each breast.
13. Massage during pumping increases milk flow.

Not all breastmilk looks alike. It generally looks thin and bluish-white. It is normal for the fat to rise to the top during storage.

NOTE

Mothers with preterm babies may have special storage instructions from the hospital.

Storage Containers

DO:

- Use clear, hard plastic (polycarbonate) or cloudy plastic (polypropylene) baby bottles.
- Use breast milk collection bags.
- Use glass containers or bottles.
- Use disposable bottle liner bags - it is recommended that these be double bagged.
- Write the date the milk was collected on each container (writing on tape is useful for bottles).
- If baby is in daycare, write the baby's name and a "use by" date on the container.

DON'T:

- Don't use colored bottles.
- Don't use food "zipper" bags.

Storage Guidelines

Most moms store their pumped milk in a refrigerator or ice chest/cooler bag after they pump at work.

At room temperature (below 78 degrees)	6–8 hours
In the refrigerator	Up to 8 days
In a freezer compartment inside the refrigerator	Up to 2 weeks
In a frost-free freezer	Up to 3–4 months
In a deep freezer (0 degrees or colder)	Up to 6–12 months

NOTE

Do not be concerned if you see storage guidelines that are slightly different in another book or pamphlet. Guidelines may vary depending on the source.

Storage Amounts

- Store milk in small quantities (2–4 ounces).
- Increase quantity stored as baby's intake increases.
- Do not add fresh milk to milk that is already refrigerated or frozen.
- To combine milk from separate pumping sessions, chill both in the refrigerator before combining, then store in the refrigerator or freezer.

Thawing Frozen Breastmilk

To thaw frozen breastmilk:

DO:

- Use the oldest milk first.
- Thaw in the refrigerator overnight.
- Hold the container with frozen breastmilk under running warm water.
- Heat water on the stove and place the container with frozen breastmilk in the warm (not boiling) water.
- Once thawed, breastmilk will keep in the refrigerator for 24 hours.

DON'T:

- Don't thaw breastmilk at room temperature (on the counter).
- Don't use the microwave to heat breastmilk, hot spots will deactivate essential parts of the milk.
- Don't heat breastmilk directly on the stove.
- Don't refreeze thawed breastmilk.

Feeding the Baby

- Breastmilk can be fed to the baby cold or warm. Most babies like it warmed.
- Use a clean bottle or other feeding device to feed breastmilk to the baby.
- Instruct caregiver to hold the baby while feeding.
- Throw away all milk the baby doesn't finish.

- Breast pump counseling that occurs subsequent to and separate from the certification visit may be counted as the mother's second nutrition education contact.
- Breast pump issuance must follow the guidelines in Policy 712.
- The *Breast Pump Release Form* must be completed for each client who received a manual or personal electric breast pump.
- The *Hospital-Grade Breast Pump Loan Agreement* must be completed for each client who is loaned a Lactina.

Back-to-Work Timetable

Recommend that the mother practice her work schedule at home the week before returning to work. This will give her breasts and the baby time to adjust to the new schedule. Review the "Back-to-Work Timetable" in the pamphlet *Breastfeeding and Work or School —Pumping and Storage*.

Provide Referral Information

- Give information on who to call if she needs help with pumping.
- Provide information on the *Oregon Breastfeeding Mother Friendly Employer Project*.

NOTE

See "Going to Work or School while Breastfeeding" in Chapter 6 for more information.

Do you have clients who work in the fields doing agriculture work? Or women who work in factories? These clients may need special help planning to return to work and continuing to breastfeed. Encourage the mom to talk to her work supervisor about her need to provide milk for her baby.

If adequate sanitation is a problem:

- Recommend using hand sanitizer before pumping.
- Some moms purchase a second set of flanges to use for the second pumping of the day if they don't have a facility for washing them.
- Or, the mom can take a larger cooler and store the breast pump flanges and bottles of milk in the cooler. If the flanges are kept cool, they won't need to be washed between pumping sessions.

If a place to pump is a problem:

- A car adaptor may be helpful if she can pump in a car. Moms can create privacy by parking in a quiet corner or using a sun shade.
- Foot pumps or manual pumps do not require batteries or electricity.

If storing milk or getting milk home to baby proves difficult:

- The mom can use a hand pump to express milk for comfort during the day. The milk can be thrown away after pumping.

If pumping at work is impossible:

- Have the mom plan to do more breastfeeding at night and give formula during the day.
- Recommend the mom nurse right before work and right when she arrives home.

Remind the mom that any amount of breastfeeding will still benefit her baby!

1. Review the *Breast Pump Release Form*.

2. Review the pamphlet *Breastfeeding and Work or School—Pumping and Storage*.
   - Underline or highlight the information that is most helpful.
   - Keep a copy of the pamphlet in your "breastfeeding file."

3. Pretend you are issuing a breast pump to a friend or coworker. Show them how to assemble and clean the pump.

Practice counseling a client using this information taken from the previous lesson. Use the *Job Aid: Types of Breast Pumps* and the pamphlet, *Breastfeeding and Work or School—Pumping and Storage*. Practice filling out a *Breast Pump Release Form*. You can practice aloud to yourself or with a friend or coworker.

> *Yvonne is on leave from her job, but knows that when her baby, Ashlee, is 8 weeks old, she'll need to return to work 30 hours a week. She has talked to her supervisor and arranged to have a private place to pump her milk during her breaks and lunch. She has asked for a pump now (at the 6 week postpartum visit) so she can start pumping before returning to work. What would you say to her?*

NOTE

When you have completed this lesson, file your job aid and other information in your "breastfeeding file."

Lesson Level: 2

Review Activity

Self-Evaluation

1. If needed, discuss your questions from Chapter 7 with your Training Supervisor.

2. Notify your Training Supervisor when you have completed your breast pump training.

3. Pretend you are a client who needs a breast pump. With the help of a coworker, walk through the process to check out a breast pump.

Group Breastfeeding Education

Chapter 8

Contents

8-1 Breastfeeding Classes

Lesson Level: 1, 2, 3

8-1 Breastfeeding Classes

Items Needed

- *Job Aid: Breastfeeding Classes.*
- Attachment: *Sample Outline for Prenatal Breastfeeding Promotion Class.*
- Attachment: *Sample Outline for Prenatal Breastfeeding "How-To" Class.*
- Attachment: *Facilitating WIC Discussion Groups.*

Objectives

After completing this lesson, you will be able to:

- Describe 3 types of breastfeeding classes.

Overview

Group classes are a great way to provide breastfeeding education to your clients.

Why Offer Breastfeeding Classes?

Providing breastfeeding classes has many benefits.

- It is cost-effective.
- It is time saving.
- It provides consistent information.
- Clients interact and learn from each other.
- Clients find support and encouragement from others who are having similar experiences.
- Clients hear educational messages reinforced by their peers.

Group education is not appropriate in all situations. Schedule high risk clients and women who are having breastfeeding difficulties for individual education.

Successful group nutrition education requires planning. The Nutrition Education Module gives specific information on how to provide group nutrition education, including assessment and planning, developing a class, implementing a class and evaluation/feedback. It also provides information on working with clients of different cultures.

Prenatal Breastfeeding Promotion Classes

Most pregnant women make the decision about whether or not to breastfeed early in their pregnancy. Discussion about whether or not a woman plans to breastfeed is best addressed individually. (See Chapter 2—"Deciding to Breastfeed").

Providing positive information on breastfeeding during every prenatal and infant nutrition class will reinforce the breastfeeding message.

The class segment could include the following:

- Show a short video (*Loving Support; Yes, You Can!; Breastfeeding: Another Way of Saying "I Love You"*).
- Discuss infant feeding and reference breastfeeding as the norm.
- Discuss the myths about breastfeeding.

Practice Activity

Review Attachment: *Sample Outline for Prenatal Breastfeeding Promotion Class*.

Prenatal Breastfeeding "How-To" Classes

For women who are planning to breastfeed or who are still deciding, "how-to" information is essential. This empowers women and teaches them how to prevent problems that may cause early weaning.

In the *Coach's Notebook: Games and Strategies for Lactation Education*, author Linda J. Smith, recommends always teaching "survival" information before "nice to know" information. Spend the majority of class time discussing "how to" breastfeed topics. In each of these topics, it is important to teach what to do as well as what not to do.

The recommended "survival" topics are:

- How to make milk.
- How to breastfeed comfortably.
- When and who to call for breastfeeding help.

"Nice to know" information can wait until a woman expresses a need for the information, such as:

- Motivational messages
  - If a mother cannot produce enough milk or the process hurts her, it doesn't matter how wonderful her milk is.

- Milk collection and storage.
- Practices that promote long-term breastfeeding (over 2 years).
- Policies and support from prestigious health authorities.

Make breastfeeding "how-to" information fun for your clients to learn. Include games and other interactive activities. Use dolls for clients to practice positioning. Provide simple handouts to reinforce the key information. Make sure each client has information on who to contact for help with breastfeeding after the baby is born.

Practice Activity

Review Attachment: *Sample Outline for Prenatal Breastfeeding "How-To" Class*.

Breastfeeding Support Groups

A breastfeeding support group offers mothers a place to share their issues and concerns about breastfeeding. Mothers learn from each other and the setting provides a creative environment for problem solving.

Breastfeeding support groups can be offered at your clinic and be facilitated by:

- WIC staff.
- Peer counselors.
- Community Lactation Consultant.
- Community breastfeeding support group such as La Leche League or Nursing Mothers Counsel.

Mothers may also be referred to breastfeeding support groups offered by local community groups or hospitals.

Practice Activity

1. Using the *Job Aid: Breastfeeding Classes*, list the breastfeeding classes offered by your clinic.
   - File the job aid in your "breastfeeding file."

2. If you will be facilitating a support group, read Attachment: *Facilitating WIC Discussion Groups* (WIC Nutrition Education: On the Road to Excellence).

Lesson Level: 2

Review Activity

Observation

1. If needed, discuss your questions from Chapter 8 with your Training Supervisor.

2. Observe a breastfeeding class in your clinic or community.

3. Attend a breastfeeding support group in your clinic or community.

Breastfeeding Resources

Chapter 9

Contents

9-1 Breastfeeding Books, Videos, and Pamphlets

9-2 Using the Internet for Breastfeeding Information

Lesson Level: 2, 3

9-1 Breastfeeding Books, Videos and Pamphlets

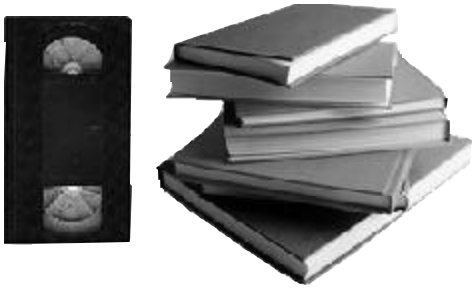
Objectives

After completing this lesson, you will be able to:

- Find the breastfeeding resources in your clinic.
- Know which breastfeeding resources are available to parents.

Overview

The following activity describes just a few of the numerous resources available for parents and staff, including books, pamphlets, and videos.



The star (*) indicates that the book/video should be available at your local agency.

Resources for Parents

Books

Amy Spangler's Breastfeeding : A Parent's Guide
by Amy Spangler.

* *Breastfeeding is Special (Amanmantar es Especial)* coloring book
by Gateway.

Eat Well, Lose Weight While Breastfeeding: Complete Nutrition Book for Nursing Mothers, Including a Healthy Guide to Weight Loss Your Doctor Promised
by Eileen Behan, RD.

* *How Weaning Happens*
by Diane Bengson.

Mothering Multiples: Breastfeeding & Caring for Twins or More
by Karen Kerkhoff Gromada

* *Nursing Mother, Working Mother: The Essential Guide for Breastfeeding and Staying Close to Your Baby After You Return to Work*
by Gale Pryor.

* *So That's What They're For!*
by Janet Tamaro.

* *The Baby Book*
by William and Martha Sears.

* *The Breastfeeding Answer Book, Third Revised Edition*
by Mohrbacher and Stock (La Leche League).

* *The Breastfeeding Book: Everything You Need to Know about Nursing Your Child*
by William and Martha Sears.

The Nursing Mother's Companion
by Kathleen Huggins, et al.

The Nursing Mother's Guide to Weaning
by Kathleen Huggins and Linda Ziedrich.

* *The Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America*
by Jack Newman and Teresa Pitman.

The Womanly Art of Breastfeeding
by Gwen Gotsch, et al.

* *Why Should I Nurse My Baby?*
by Pamela K. Wiggins.

Pamphlets

See the Oregon WIC Policy 425 for the current listing of breastfeeding pamphlets available from the State WIC Office.

Many local WIC agencies purchase additional client education materials. Some recommended catalogs you can view online include the following. Many give significant WIC discounts.

- La Leache League International (www.lalecheleague.org).
- Noodle Soup (www.noodlesoup.com).
- Childbirth Graphics (www.childbirthgraphics.com).
- Best Start (www.beststartinc.org).

Videos

* *Breastfeeding and Returning to Work*
* *Breastfeeding: Another Way of Saying "I Love You"*
* *Breastfeeding, Yes You Can!,* Texas WIC Program
* *Infant Cues*
* *Pump-In-Style Breast Pump Instruction Video* (English and Spanish)
* *Lactina Breast Pump Instruction Video* (English and Spanish)

Resources for Staff

Books

* American Academy of Pediatrics. *Pediatric Nutrition Handbook*, 4th Edition. American Academy of Pediatrics, 1998.

  Auerbach, K. & Riordan, J. *Clinical Lactation: A Visual Guide*. Boston: Jones & Bartlett, 2000.

* Best Start Trainee Workbook. *3-Step Counseling Strategy*.

Continued on page 4

Continued from page 3

Biancuzzo, M. *Breastfeeding the Newborn: Clinical Strategies for Nurses*. St. Louis, MO: CV Mosby, second edition, 2003.

* CDRC/Oregon WIC/Oregon Pediatric Nutrition Practice Group. *Nutrition Practice Care Guidelines for Preterm Infants in the Community.* OHSU/DHS, 2002.

* Jolley & Phillips-Angeles. *The Breastfeeding Triage Tool, 4th Edition*. Seattle-King County Department of Public Health, 1998.

* Miller, Susan. *Bright Futures for Babies*. 2000.

* Hale, Thomas W. *Medications and Mothers' Milk*. Amarillo, TX: Thomas Hale, updated annually.

* Hale, Thomas W. & Berens, Pamela D. *Clinical Therapy in Breastfeeding Patients*. Amarillo, TX: Pharmasoft Medical Pub; 2002.

* Lauwers, J., and D. Shinskie. *Counseling the Nursing Mother*. Sudbury, MA: Jones and Barlett Publishers, third edition, 2000.

Lawrence, Ruth. *Breastfeeding: A Guide for the Medical Profession*. St. Louis, MO: CV Mosby, fifth edition, 1999.

Merewood A. and B. Phillipp. *Breastfeeding: Conditions and Diseases—A Reference Guide*. Pharmasoft Publications, 2001.

* Mohrbacher, Nancy & Stock, Julie. *The Breastfeeding Answer Book, Third Revised Edition*. La Leche League: Illinois, 2003.

* Pipes and Thrams. *Nutrition in Infancy and Childhood*.

* Riordan, J. & Auerbach K. *Breastfeeding and Human Lactation*. Boston; London: Jones & Bartlett, second edition, 1999.

National Academy of Sciences, Institute of Medicine. *Nutrition During Pregnancy and Lactation: An Implementation Guide*. Washington, DC: National Academy Press, 1992.

* Pronsky, Zaneta M. *Food Medication Interactions*.

* Smith, Linda J. *Coach's Notebook: Games and Strategies for Lactation Education*. Sudbury, MA: Jones and Barlett Publishers, 2002.

Stuart-Macadam, P., and Kathryn Dettwyler, ed. *Breastfeeding: Biocultural Perspectives*. Hawthorne, NY: Aldine de Gruyter, 1995.

US Breastfeeding Committee. *Breastfeeding in the United States: A National Agenda.* Department of Health and Human Services, HRSA, Maternal & Child Health Bureau. 2001.

* US Department of Agriculture. *Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs.* USDA/FNS-288, 1993.

* US Department of Health and Human Services, Office of Women's Health. *HHS Blueprint for Action on Breastfeeding.* 2000.

World Health Organization. *International Code of Marketing of Breastmilk Substitutes.* Geneva: WHO, 1981

* Wilson-Clay, Barbara & Hoover, Kay. *The Breastfeeding Atlas.* Austin, TX: LactNews Press, second edition, 2002.

* Worthington-Roberts and Williams. *Nutrition in Pregnancy and Lactation*.

WHO/UNICEF Statement. *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. Geneva, Switzerland: WHO, 1989. [Translated into 22 languages, including German, Italian, French, and Spanish.]

Journals and Newsletters

ABM News and Views. Quarterly newsletter. Available by subscription from the Academy of Breastfeeding Medicine, 191 Clarksville Rd., Princeton Junction, NY 08550. Telephone: (877) 836-9947, Fax: (609) 799-7032 email: abm@bfmed.org website: *www.bfmed.org*

Breastfeeding Abstracts. Quarterly annotated summary of new breastfeeding research. Available by subscription from La Leche League International. website: *www.lalecheleague.org*

Journal of Human Lactation. Quarterly journal. Available by membership in International Lactation Consultant Association (ILCA), 1500 Sunday Dr., Suite 102, Raleigh, NC 27607 USA. Telephone: (919) 787-5181 Fax: (919) 787-4916 e-mail: info@ilca.org website: *www.ilca.org*

Videos

The State Breastfeeding Coordinator can tell you which breastfeeding videos are currently available from the state WIC office.

Practice Activity

1. Ask the Breastfeeding Coordinator or your Training Supervisor where the breastfeeding books and videos are stored in your clinic.

2. Review any additional pamphlets available in your clinic that you do not already have in your "breastfeeding file."

Skill Check – Self-Evaluation

1. Which pamphlet could you use to help these clients?

"I need more information about going back to work or school."

"I'm trying to decide whether or not to breastfeed."

"I want to know how to eat healthier."

2. What are two books that have answers to many breastfeeding problems?

Lesson Level: 2

9-2 Using the Internet for Breastfeeding Information

Items Needed

Attachment: *Helpful Breastfeeding Websites*.

Objectives

After completing this lesson, you will be able to:

- Search the Internet for breastfeeding information.
- Find reputable breastfeeding websites.

Overview

The Internet is a powerful tool for finding information about breastfeeding. As with all printed information, be careful to evaluate the accuracy of Internet information. Check out the source and author's professional credentials. Watch for names of respected lactation professionals, and look for other professional opinions on the same topic.

How Can You Use the Internet as a Breastfeeding Resource?

1. **Consumer-oriented medical information.**
   - People can share information about rare medical conditions and feel less isolated. Families are your best teachers. Feeding advice from a parent who has personal experience with a medical problem can be instructive to the lactation professional and other parents in the same situation. You support families better when you have an understanding of what it is like to live with a medical problem.

2. **Internet information for medical professionals.**
   - Learn more about specific pediatric and maternal health problems that affect breastfeeding, including the prevalence of a problem, procedure or treatment.
   - Subscribe free of charge to Medscape for clinical articles and literature reviews for medical specialties.
   - Other sites include Pub Med and Grateful Med.
   - If searching for information in a medical literature site seems difficult at first, review the excellent medical search tutorial for Pub Med provided by W. K. Kellogg Health Sciences Library: http://www.library.dal.ca/kellogg/guides/pubmed/INTROFRM.HTM

3. **Lactation Information.**
   - Websites have been developed by a variety of sources.
   - The most popular site for lactation professionals is LACTNET, a free and unmoderated listserv discussion list for over 3000 lactation professional from all over the world. You can post a question, join a discussion, or just search the archives of past discussions.
   - See Attachment: *Helpful Breastfeeding Websites* for a complete list of recommended websites.

4. **Lactation Education and Resources.**
   - There are distance learning programs and continuing education resources available on the internet or on a compact disc (CD).
   - The Internet has also made it easier to obtain breastfeeding books, videos, and client education materials.

5. **Product/Medication Information.**
   - Breastfeeding mothers seeking advice about the safety of treatments or products should always contact their health care provider.
   - Product sites on the Internet provide ingredient information that can help assess if a breastfeeding mother can use it safely.

6. **Online Support Groups.**
   - E-mail lists, group sites, web sites, and chat rooms make the sharing of information among large numbers of people easy and fast.
   - Information shared this way is effective for formal organizations, informal groups, and breastfeeding families.
   - Mothers can find a virtual support network especially effective in sparsely populated areas, where a breastfeeding support group is not available, and families may feel isolated.
   - Group support is helpful, but sometimes there is questionable breastfeeding advice shared via unmoderated consumer sites and chat rooms. Check with someone with lactation expertise before trying new advice.
   - Families need to contact a lactation specialist if breastfeeding is not going well.
   - Refer families to websites that will meet that family's needs. Some sites designed for professionals may be too clinical. Some sites provide information in more appropriate reading levels, and even in other languages. Routinely check that the site is operational.

> If a family doesn't have a home computer, refer them to a local library or school.

NOTE

The Internet should not substitute for:
- Face-to-face lactation assessment and instruction.
- Lactation reference materials.
- Personal contact with peer professionals or mentoring from an experienced lactation professional.

Practice Activity

1. Review Attachment: *Helpful Breastfeeding Websites*.
2. Visit some websites as time allows.

How to Search the Internet

Searching the Internet involves entering key words into a "search engine" or special search website. The search engine then reviews billions of pages of data available on the Internet to find websites that pertain to your search. Your results will be more specific if your key words are more specific. With experience, you will develop a search process that works for you.

One of the most common and useful search engines is www.google.com. For a list of search engines that are useful when looking up health topics go to: http://www.library.dal.ca/kellogg/internet/searchtools/searchhealth.htm

Practice Activity

1. To practice how you can make your Internet search more specific, follow along with this example on your computer.

   - A pregnant woman with rheumatoid arthritis has questions about breastfeeding.
     - Use "Google" (www.google.com) to search for information.
     - Use breastfeeding as search term. How many hits did you get?
     - Use *breastfeeding arthritis* as the search. How many hits did you get?
     - Use *breastfeeding rheumatoid arthritis*. How many hits did you get?
     - Use *breastfeeding mother rheumatoid arthritis*. How many hits did you get?
     - Review the top ten hits. Is there information that would be useful?

2. If your job will involve researching breastfeeding information, subscribe to LACTNET now. This will allow you to search the archives. E-mail to: LISTSERV@PEACH.EASE.SOFT.COM. In text of message (not subject line) write: Subscribe LACTNET.

Skill Check – Self-Evaluation

Find a reputable website that has information on nursing a toddler.

- Write the website here.

Lesson Level: 2

Review Activity

With Your Training Supervisor

1. Discuss your questions from Chapters 7, 8, and 9.

2. Make plans to take the Posttest.

3. Make plans for your Training Supervisor to observe you providing counseling to a breastfeeding woman during a certification appointment.

Glossary

Glossary

AAP

American Academy of Pediatrics.

Alveoli

A group of small sacks of glandular tissue in the breast where milk is made. Each alveolus is surrounded by tiny blood vessels so that nutrients can be drawn from the bloodstream to make milk. Each one is also surrounded by smooth muscle cells that contract when stimulated by the release of oxytocin during letdown. This action releases the milk into the ductules and down into the ducts.

Areola

The darkened area around the nipple of the breast. The nipple protrudes from the center of this area. During pregnancy the areola darkens and enlarges. It may also develop a bumpy surface due to the growth of the Montgomery glands.

Breast Shells

Also called "milk cups." Breast shells are made of hard, clear plastic and have been used during the last few months of pregnancy to try to correct flat or inverted nipples. Although they are one of the traditional treatments for this problem, they have not been shown to be effective and are no longer recommended. Nor should they be used between feedings to collect leaking milk due to bacterial contamination of milk collected this way. They may be worn after birth to protect sore nipples.

Colostrum

The "first" milk is a clear, yellowish fluid produced by the breasts near the end of pregnancy and after birth until mature milk "comes in." Contains more protein, minerals, and vitamin A than mature milk. Easy to digest, has a laxative effect, and contains antibodies thought to protect against bacteria and viruses. Initially, the baby will take in very small amounts (1 - 2 tablespoons) of colostrum due to the high concentration of nutrients it contains. As the milk matures, feeding quantities increase.

Ductules and Lactiferous Ducts

The branch-like tubules extending from clusters of alveoli. Each ductule empties into a larger lactiferous (mammary) duct. Each duct then narrows into an opening in the nipple.

Engorgement

A fullness and firmness of the breast that can develop 3 - 5 days after birth when the mature milk is coming in. This fullness is partially due to fluids in the breast, including lymph, blood and milk. It worsens when a baby is feeding infrequently or ineffectively. It can harden the areola and make latch on difficult.

Estrogen

During pregnancy this hormone stimulates the ductule system in the breast to grow. Estrogen levels drop at delivery and remain low for the first several months of breastfeeding. This hormone suppresses production of prolactin.

Feeding on Demand

Feeding the baby whenever he appears hungry, following the baby's feeding cues.

Flat Nipples

A condition in which the nipples do not protrude or become erect when stimulated or cold. Some mothers with flat nipples may need help initially with stimulation of the nipple to help it protrude and a proper hold on the breast that makes latch on easier.

Foremilk

The first milk that comes from the breast during a feeding. This milk is higher in protein and lower in calories than hindmilk.

Growth Spurts

Periods of rapid growth, usually occurring at 2–3 weeks and 6–8 weeks. During a growth spurt the baby will nurse more frequently for 1–4 days to increase mother's milk production before returning to a less frequent nursing pattern.

Health Care Provider

A doctor, nurse practitioner or clinic who provides primary health care for a woman or her baby.

Hindmilk

The higher fat milk stored higher in the breast ducts that is squeezed out of the breast during letdown.

Inverted Nipples

A condition in which the breast nipple dimples inward rather than protruding outward. Some mothers with inverted nipples may need help initially with stimulation of the nipple to help it protrude and a proper hold on the breast that makes latch on easier.

Jaundice

A yellow coloring of the tissues, membranes and secretions due to the presence of bile pigments (bilirubin) in the blood. While mild jaundice in a healthy newborn is considered normal in the first week of life, all jaundiced infants should be evaluated and monitored by a health care professional. High bilirubin levels may result from inadequate milk intake or may be an indicator of other health problems.

Lactation

The scientific word for breastfeeding.

Lactation Specialist

A health professional with advanced training in breastfeeding.

Letdown Reflex

The reflex that increases the flow of milk from the breast.

Lobules and Lobes

Lobules are clusters of alveoli that empty into the ductules. Each lobule is made up of 10-100 alveoli. A group of 20 - 40 lobules make up one lobe that empties into one duct and milk sinus. There are 7 - 10 lobes in each breast.

Mature Milk

The "white" milk begins coming in at 3 - 5 days after birth for most first-time mothers. Mature milk has less protein and more fat and lactose than colostrum. It also has a thin consistency and may have a bluish-white appearance.

Meconium

The baby's first stools that are dark black and sticky.

Milk Sinuses

A milk collection area at the end of the ducts, located under the areola.

Montgomery glands

Specialized oil-producing glands that provide lubrication and antibacterial protection for the nipple and areola. The fluid they produce smells like the amniotic fluid, and the baby is attracted to this familiar scent. These glands often become enlarged during pregnancy and give the areola a bumpy appearance.

Nipple

The protruding part of the breast in the center of the areola that becomes firmer upon stimulation. It contains 15 - 25 nipple pores that are the outside openings through which breastmilk flows.

Nipple Confusion

A baby who prefers artificial nipples (pacifiers and bottle nipples) to the mother's breast.

Nipple Shield

A flexible silicone shield that fits over the nipple and areola. The end of the nipple shaft has holes in it to allow milk flow. May be used while breastfeeding to protect the nipple from soreness or assist a mother that has flat or inverted nipples, or has a premature baby with latch on problems. They should only be dispensed by a lactation professional that will provide on-going assessment and support. If proper assessment and follow-up is not provided, they may reduce breast stimulation and inhibit development of an adequate milk supply, resulting in a baby that does not get enough to eat. They are typically used as a temporary tool with a plan to eventually reduce use and eliminate the need for the nipple shield when breastfeeding.

Oxytocin

This hormone is released during suckling or other nipple stimulation. It causes release or letdown of the milk. Oxytocin will also cause uterine contractions, which help the woman's uterus return to its normal size faster.

Progesterone

During pregnancy this hormone stimulates growth in the size of the alveoli and lobes. Levels of this hormone also decrease at delivery and remain low for the first few months after birth.

Prolactin

After birth, prolactin levels increase due to nipple stimulation. This hormone controls milk production.

Red Flag

A cause of concern or a warning sign.

Rooting Reflex

A reflex that each infant develops before birth, which causes baby to turn his head and open his mouth wide when touched on the cheek or lips.

Theory of Breast Milk Supply and Demand

States that the more a baby nurses at the breast, the more milk the breasts will make. Also, reducing the amount of nursing will reduce the amount of milk produced.

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Attachments

Contents

Dear Dad . . .

Promoting Breastfeeding to the Reluctant Woman

Reverse Pressure Softening

Samples of Alternative Feeding Devices

Sample Outline for Prenatal Breastfeeding Promotion Class

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Facilitating WIC Discussion Groups

Helpful Breastfeeding Websites

Dear Dad,

Did you know doctors recommend breastfeeding for at least the first year of life? Why? Because children who are not breastfed are more at risk for:

- Infections and allergies
- Asthma
- Childhood obesity

Children who are breastfed are more likely to have:

- A higher IQ
- Better eyesight
- Straighter teeth

Breastfeeding is healthier for mothers too. Even so, family attitudes, returning to work and formula advertising can get in the way of breastfeeding.

In Oregon, nearly 9 out of 10 mothers start out breastfeeding but most quit before their child reaches six months of age.

Dad, you can help your baby's mother breastfeed longer!

1. Tell her you are proud of her for breastfeeding.
2. If she needs help, call a breastfeeding (lactation) consultant, your pediatrician, a WIC nutritionist or the breastfeeding services at your birthing hospital or **1-800-SAFENET** (723-3638).
3. Encourage her not to use formula in the early weeks. Using formula can cause a lower milk supply. The more the baby breastfeeds, the more milk mom will make.
4. Protect mom from unhelpful comments from "well meaning" friends or family members. For example, if someone says, "Are you still breastfeeding?!", say, **"Yes, isn't she great! It's important to breastfeed for at least one year."**

For dads-page 1
57-773-engl (07/2004)

More Special Ways Dad Can Help Mom . . .

1. Bring baby to mom for the night feedings.
2. Bring her food or something to drink while she is nursing.
3. Encourage her to rest or nap when she can.
4. Do the grocery shopping or other chores.
5. Spend time with the older children.

Remember!
10 out of 10 doctors recommend breastfeeding for at least the first year of life.

Bonding With Your Breastfed Baby

- **Dad, you don't need to feel left out. Babies have many other needs besides being fed.**
- **They have the same needs that all babies have – they need to be cuddled and cared for.**

1. Spend time with your baby on your bare chest. Talk softly or sing to your baby.
2. Give your baby a bath.
3. Cuddle together for a nap.
4. Read out loud to your baby—anything will do, even the sports page!
5. Walk around to calm a fussy baby.

These special times will help the two of you create your own special bond.

DHS
Oregon Department of Human Services

If you need this information in an alternate format, please call 503-731-4022.

For dads-page 2
57-773-engl (07/2004)

Promoting breastfeeding to the reluctant woman

10 tips on how to avoid being pushy

By Chan McDermott, M.P.A.
Breastfeeding Promotion Specialist

1. Find out what your client's objection to breastfeeding is.
Address that, instead of telling her everything you think she needs to know about breastfeeding.

2. Take the time to listen carefully.
What is the woman really telling you? Don't just listen; pay attention.
Don't doodle, interrupt with your comments or tap your pencil.

3. Never tell a mother she is wrong.
And don't tell her that her mother, sister or best friend are wrong. Tactfully help her to see that there may be another way, another solution. If she is nursing and having a hard time, don't tell her she is doing it wrong.

4. Offer to set up a meeting with her partner or mother--whoever she tells you is holding her back from breastfeeding.

5. Don't clutter up your breastfeeding information with rules.
If you make it too hard, she won't even want to try.

6. Accept her reasons.
She may choose not to breastfeed for reasons you can't begin to imagine: abuse, rape or some other emotional issue. Respect this possibility and support her to whatever extent you are able. She may be encouraged to get counseling after the baby is born, and that may impact how she chooses to feed her next baby.

7. Don't spend too much time talking about your own experiences.
This diminishes her feelings and beliefs.

Remember:
- ***Find out*** **her concerns about breastfeeding.**
- ***Reassure*** **her that her concerns are normal.**
- ***Educate*** **her on her concerns.**

8. Do not try harder than the mother to make nursing "work."
She's the one who must make this decision, and she's the one who must nurse this baby day in and day out. Remember, this is not your baby.

9. Respect the woman you are working with--and the decision she makes.
While she may not agree with you, she will appreciate your respect and remember it in the future.

10. Do not badger, cajole or coerce.
If a woman is turned off by you, she may be turned off by WIC. If she's turned off by WIC, we've lost our opportunity to help her and her baby be as healthy as possible--regardless of whether she's breastfeeding this time around.

Texas WIC News: May 1993

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REVERSE PRESSURE SOFTENING

K. Jean Cotterman RNC, IBCLC, (mellomom@juno.com)

(This is intended to be a two-sided one-page instruction sheet.)

What is it?
REVERSE PRESSURE SOFTENING is a new way to soften the **circle around your nipple (the a-re-o-la)** to make latching and getting your milk out easy while your baby and you are learning. **LATCHING SHOULDN'T BE PAINFUL.** If your **areola** is soft enough to **change shape** while feeding, it helps your baby **gently extend your nipple deep inside his mouth,** so his tongue and jaws can press on milk ducts under the **areola. (These motions differ from those which artificial nipples force a baby to use.)**

This new method is **NOT THE SAME** as removing milk with your fingers. **DON'T EXPECT MILK TO COME FROM YOUR NIPPLE** while you soften your **areola** this way. (But it's OK if some milk does come out.)

When is it helpful?
Try REVERSE PRESSURE SOFTENING in the early days after birth if you begin to notice firmness of the **areola,** latch pain or breast fullness. (This full feeling is **only partly due to milk.** Delayed or skipped feedings may also cause **the tissue around your milk ducts** to hold extra fluid much like a sponge does. **This fluid never goes to your baby.) Intravenous (IV) fluids,** or drugs such as **pitocin** may cause even more retained tissue fluid, which often takes **7-14 days** to go away. **Avoid long pumping sessions and high vacuum settings on breast pumps to prevent extra swelling of the areola itself.**

Feel your **areola and the tissue deeper inside it.** Is it soft and easy to squeeze, like **your earlobe or your lip?** Or does it feel **FIRMER and harder to compress, like your chin?** If so, it's time to try **REVERSE PRESSURE SOFTENING** just before each time you offer your baby your breast. (Some mothers soften their **areola** before feeding, for a week or longer, till swelling goes down, baby can be heard swallowing milk regularly, and latching is always painfree without softening first.)

Why does it work?
REVERSE PRESSURE SOFTENING briefly moves some swelling **backward and upward into your breast** to soften your **areola** so it can change shape and extend your nipple. It sends a **special signal to the back of your breasts to start moving milk forward (let-down reflex)** where your baby's tongue can reach it. It also makes it easy to remove milk with your fingertips or with **SHORT PERIODS OF SLOW GENTLE PUMPING,** combined with gentle forward massage of the upper breast, if you need to remove milk for your baby.

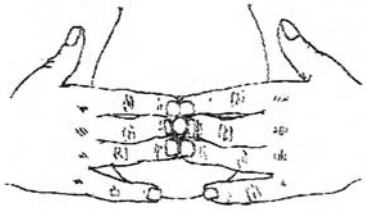
Where should I press?
It is most important to soften the **areola** in the whole **one-inch area all around where it joins your nipple.** Soften even more of the **areola** if you wish. You may also want to soften a place where your baby's chin will be able to move easily against the breast. **REVERSE PRESSURE SOFTENING** should cause **NO DISCOMFORT.** **(OVER)**

How do I do REVERSE PRESSURE SOFTENING?

K. Jean Cottennan RNC, IBCLC (mellomom@juno.com)
lIllustrations by Kyle Cottennan, Dayton, Ohio

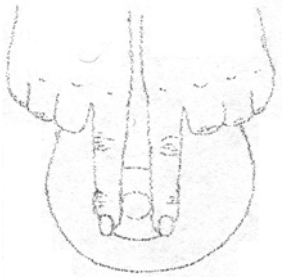
- You (or your helper, from in front, or behind you) choose one of the patterns pictured.
- Place the fingers/thumbs on the circle **touching the nipple.**
- (If swelling is very firm, lie down on your back, and/or ask someone to help by pressing his or her fingers on top of your fingers.)
- Push **gently but firmly** straight inward toward your ribs.
- Hold the pressure **steady** for a period of **1 to 3 full minutes.**
- Relax, breathe easy, sing a lullaby, listen to a favorite song or have someone else watch a clock or set a timer. To see your **areola** better, try using a hand mirror.
- It's OK to repeat the inward pressure again as often as you need. Deep "dimples" may form, lasting long enough for easy latching. Keep testing how soft your **areola** feels.
- You may also press with a soft ring made by cutting off half of an artificial nipple.
- Offer your baby your breast promptly while the circle is soft.

One handed "flower hold" Fingernails short, Fingertips curved, placed where baby's tongue will go

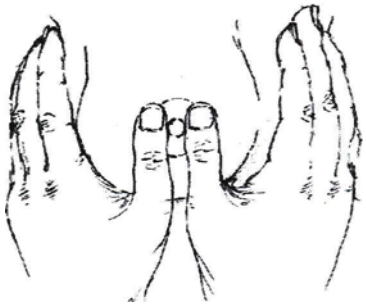


Two handed, one-step method
Fingernails short,
Fingertips curved,
Each one touching the side of nipple

(You may ask someone to help press by placing fingers or thumbs on top of yours.)



Two step method, two hands using straight index fingers, base of knuckle touching side of nipple. Move ¼ turn and repeat above & below nipple



Two step method, two hands, using straight thumbs, base of thumbnail even with side of nipple. Move ¼ turn, repeat, thumbs above & below nipple

Soft ring method.
Cut off bottom half of an artificial nipple to place on areola to press with fingers

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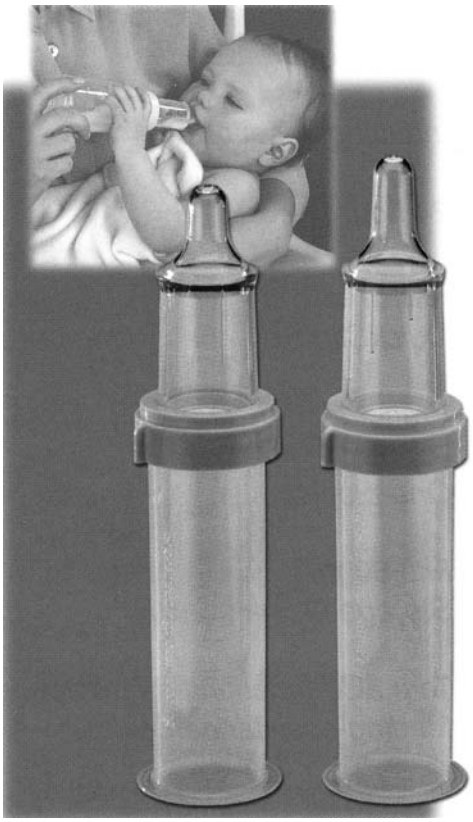
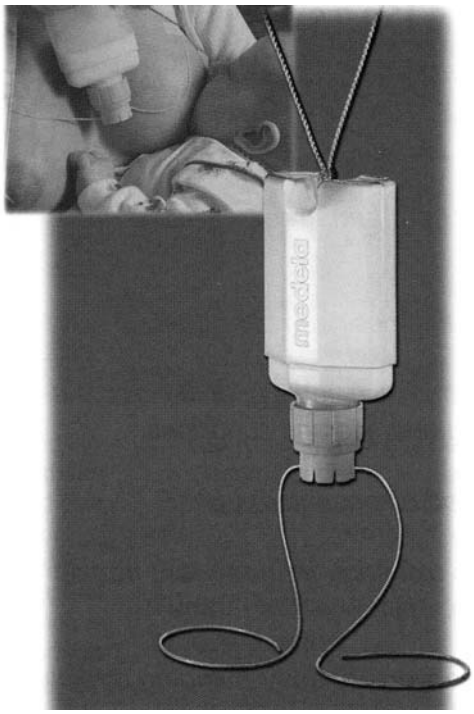
Samples of Alternative Feeding Devices

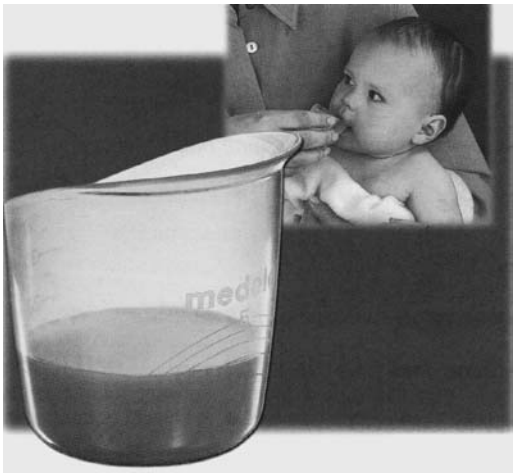


Haberman Feeder



Supplemental Nursing System

Finger Feeder



Cup Feeder

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Sample Outline for Prenatal Breastfeeding Promotion Class

Infant Feeding Choices

Introduction

In the next 20 minutes we will be talking about infant feeding choices, what influences breastmilk production, and the pressures that exist in this culture on breastfeeding women to supplement with formula.

Part #1: Warm-up
Personal Experience with Infant Feeding

Women have many different experiences with infant feeding. We will begin today with the opportunity to share your experience.

A. If you have other children, remember how you fed your last baby and why you chose that method. If this is your first baby, think about how you were fed as a baby and why. Turn to the person next to you, and share your thoughts with that person.

B. *(Flip Chart page* #2: *Directed to entire group)* There are 3 ways that women can feed their babies: Breastfeeding, formula feeding, and both. What are your thoughts and feelings about these three infant feeding choices?

Flip Chart #2

Infant Feeding Choices

- **Breastmilk**
- **Formula**
- **Both**

What are your thoughts and feelings about these three feeding choices?

Thank you for sharing your thoughts and feelings with the group.

Part #2:
Breastmilk and Formula

We will be looking at information on two handouts. The *yellow handout* (Producing Breastmilk) has information on maintaining a good breastmilk supply. The *blue handout* (Infant Formula Interferes with Breastmilk) has information on what happens to a mother's breastmilk when she gives formula too.

(Divide the large group into 2 equal smaller groups. Give one group the yellow handout, and the other group the blue handout. Turn to Flip Chart page #3.)

A. Who in your group would like to read the handout out loud to the others in your group? After reading it, each of you circle one or two things on the handout that are most interesting to you. Then, share those things that you found interesting with the others in your group.

Flip Chart #3

Breastmilk and Formula

What are the things you found most interesting on your handout and why?

(Give time for reading and discussion in the groups.)

B. Which group would like to share first? What were some things on your handout that you found most interesting, and why? *(Repeat with the other group)*

Part #3: When More is Less

(Stay in small groups)
Many women who breastfeed decide to also give formula. We're going to see why this can be a problem.

(Flip Chart page #4)

A. Listen to this short description on "When More is Less"

Flip Chart #4

When More is Less

Breastfed infants need to suck often at the breasts so that the breasts know that they need to keep making milk. Breastfed babies may need to suck 10-12 times a day and even at night. This is what tells the breast to keep increasing the milk. If a baby sucks less at the breasts the breasts start decreasing the milk supply.
The more formula you give, the less breastmilk there is for the baby.

B. What questions do you have about what was just read?

C. (*Pass out one set of **boards/smaller cards** to each grou**p)*** **Each group has 2 boards and 6 smaller cards with information on them. One board reads: Decreases breastmilk production. The other board reads: Increases breastmilk production. Use the information you just heard about "more infant formula means less breastmilk". Put 3 of the smaller cards onto one board, and 3 cards onto the other board.**

D. Who would like to share which cards your group placed on the board that reads "Decreases breastmilk production"? Who would like to share which cards your group placed on the board that reads "Increases breastmilk production"? What surprises you about this? What are your questions?

Part #4: Handling the Pressure

It is common in our culture for breastfeeding women to feel pressure from other people to give formula. Many women start to breastfeed only to find out that people close to them are not supportive of their decision to breastfeed. We will explore ideas for dealing with people who may not support a woman's decision to totally breastfeed.

***(Flip Chart page* #5,** *everyone in large group)*

A. Of the people you know, who would be most likely to say to you, "I don't think your baby is getting enough. I think you should give formula."? Who would like to share?

B. The experience from many WIC mothers is that this comment sometimes comes from very unexpected sources. Sometimes it's the nurse in the hospital who thinks your baby is her baby. Sometimes it's your best friend who wasn't able to breastfeed.

After having learned a few things today about breastmilk and formula, think of how you could respond to that person.

Who would like to share how you might answer someone who says, "I don't think you are feeding your baby enough. I think you need to give formula"?

Flip Chart #5

Who might say this to you?

"I don't think you are feeding your baby enough. 1 think you need to give formula."

Flip Chart #6

MY RESPONSE:

_____

_____

Part #5: Wrap up
Keep them thinking

Pass out the other ***handouts (blue and yellow)*** so *that all participants have both handouts.*

A. Who would like to share one thing from this session that stands out to you or that you want to remember?

B. Thank you for sharing your time with me and with each other today. I am available after the session to answer other questions that you may have.

Source: Public Health Foundations Enterprises WIC Program, Irwindale, California

Sample Outline for Prenatal Breastfeeding "How-To" Class

Infant Feeding:
Common Questions and Positioning

Objective:

After attending this session, 90% of the participants will describe a position used for holding the baby while breastfeeding.

Props:

Easel and Flip chart with markers
Laminated Cards – BF Common Questions
Baby Doll
Baby Blanket (supplied by WIC Center staff)
Pillow
Baby Sling

- Handout: "You and Your Baby Deserve the Best: Breastfeeding… The Gift of Love"
- Videos: Texas WIC "You Can Breastfeed." Part 2 (6 min.)

Evaluation Question:
Describe one way to hold a baby while breastfeeding.

Introduction:

Good morning/afternoon! My name is _____ . Welcome to this discussion about infant feeding. How many of you have been to one of our other discussions on infant feeding?

(Wait for response and affirm the response.)

Let's take a moment to review. Please help me answer these questions.

Who can tell me one benefit of breastfeeding for mother?
Who can tell me one benefit of breastfeeding for the baby?
What is one concern about using artificial baby milk (formula)?
What is colostrum?
When is breastmilk breastmilk?

Allow audience adequate time to respond. They already know these answers and will provide them if you give them enough time. Possible responses include the following:

Benefits of breastfeeding for mother:

Free	Faster postpartum recovery
Convenient	Lower risk of breast/ovarian cancer
Lower risk of osteoporosis	

Benefits of breastfeeding for the baby:

Bonding	Less allergies
Easy to digest	Higher IQ
Sick less often	Fewer hospitalizations

Concerns about using artificial baby milk (formula):

More ear infections	More diarrhea, vomiting, constipation
More allergies	More colds, flu, asthma, bronchitis, pneumonia
More chance of getting other childhood illnesses	

Colostrum is:
Colostrum is the first milk the breast produces. It is thick, yellowish, and full of antibodies. It works as a laxative to help the baby pass the first black tarry stools.

Breastmilk is breastmilk:
It is breastmilk as soon as the baby is born.

Acknowledge how much the participants have learned, and congratulate them.

Common Questions:

Today, we will begin by answering questions you have about infant feeding. Then we will watch a short video about Mary and the choice she made about feeding her baby.

- What questions do you have about breastfeeding?

As the participants generate questions, list their questions on the flip chart. You may abbreviate the questions as you write them. Here is a list of commonly asked questions, and suggested ways to abbreviate them:

- Can I breastfeed while taking medication? Meds?

- If I breastfeed do I have to follow a diet? Diet?

• Can I breastfeed while on birth control pills?	BC?
• Can I breastfeed if I go back to work?	Back to work?
• Can I breastfeed if my breasts are too large or too small?	Breast size?
• Can I breastfeed and give formula at the same time?	BF and Formula?
• Can I breastfeed outside?	BF in public?
• Can I breastfeed if I am sick?	Illness?
• Do I have to give my baby colostrum?	Colostrum?
• How do I know if I have enough milk?	Enough milk?
• How do I prepare my breasts for breastfeeding?	Breast preparation?
• Can I breastfeed if I have inverted nipples?	Inverted nipples?
• What are the stools of a breastfed infant like?	Stools?

These are great questions. We will be able to answer many of them during the course of this discussion.

Now, I'm going to pass out some cards. These cards have on them the questions you have asked, and the answers are on the back.

Distribute the cards among the participants. If the class is small you may pick out their particular questions from the pile and distribute those questions first.

Look at the first question listed on the flip chart. Ask if anyone has that question. Tell them it may not be worded exactly the same way, but it's close to the meaning. Ask the participant who has that question if she would like to read the question out loud. (If anyone is too shy to read, you can read it aloud for her.)

Ask if anyone knows the answer, or if anyone has experience with that issue.

Each question may result in discussion on the part of the clients.
Keep the discussion focused as close to the question as possible. There may be times of having to bring the discussion back to the main points.

Repeat the process of having the participants read the questions off the cards that relate to the original questions listed on the flip chart.

Time availability and interest will determine the length of time spent on any one question.

That was a good discussion about common questions asked about breastfeeding.

Look for opportunities this week to share some of what you have learned about infant feeding with family and friends.

Positioning for Breastfeeding:

Now we will see a very short video about a woman who just had a baby. While you watch, notice what decision the mother makes about infant feeding and notice how she starts after the baby is born.

Show the video, Texas WIC "You Can Do It" – Part 2.

How did Mary decide to feed her baby?
(answer: breastfeeding)

What was Mary told about positioning her baby?
(answer: good positioning of baby, wide mouth, no pain)

Demonstrate the cradle hold, the cross-cradle hold, and the football hold, using the baby doll. Pass the doll to the participants, and ask the participants to do the 3 feeding positions. Let the participants know that pillows can be VERY helpful when feeding a baby, to help get the baby in position.

Conclusion:

Before we end today's session, I invite you to turn to a person sitting next to you, and share one thing you learned today.

Who would like to share with all of us what you learned, or what your partner learned?

Remember, if you have any questions or concerns about breastfeeding, you can call the WIC Office. Our phone number is on your WIC ID card. After your baby is born, you can bring your newborn here to the WIC Center for help with positioning. WIC is committed to helping you with breastfeeding.

As you leave, you may take a pamphlet that gives helpful hints for starting to breastfeed.

Thank you for coming today, and I will be happy to stay and answer any questions you have.

Source:
Public Health Foundation Enterprises WIC Program
April 2002

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FACILITATING WIC DISCUSSION GROUPS

Guidelines, Concepts And Techniques Which Encourage Clients To Participate In mc *Nutrition Education Discussions*

Providing discussion sessions for WIC participants is an attempt to provide them with a more meaningful nutrition education experience that involves interactive learning. As the WIC Nutritionist or paraprofessional, you will be the facilitator and moderate a group conversation style discussion.

The WIC participants take on an active role in this learning process by letting you know what information they need at this stage of their life (or their childrens'), and by sharing with you and other members of the group what they have experienced. Learning becomes more effective when they learn from each other as well as from the information you can share with them, especially since it is information relevant to their needs. Sessions will vary in content and style, depending on the session objective(s), the specific topics that the participants bring up, and personalities of the participants involved.

Here are some specific guidelines and techniques to help your facilitation of WIC Discussion Groups:

Build Your Group From Within.

Assure the members that this is their group, and that it will be structured to fit their needs and concerns.

Establish Group Norms or "Ground Rules."

For example, set the time, agenda and length of sessions; establish rules on confidentiality and sharing of group responsibilities; and clarify procedural issues, especially listening to others and respecting ideas or comments of others. Allow the group to establish its own norms, which need to be acceptable to all members of the group.

Begin Each Session with an Icebreaker.

This is not a rigid rule, but often useful in many groups. For example, you could use an "icebreaker" where every member of the group shares-perhaps a brief statement of who you are, the child's name and age, any special needs of the child, and anything new that has happened over the last month. The main objective is to help participants feel comfortable and safe in expressing their concerns.

Delivering the Opening Question.

Silence and hesitancy are normal in the early stages of a discussion. Before or after delivering your first open-ended question (see below), you can prepare the group for this usual period of silence by telling them it's okay to take a moment to think of their response. If the silence continues past what you would consider to be normal, you can ask or guess aloud about what it may mean. Also, you can voice the fact that "it's sometimes hard to be the first to respond," or pick someone you know will be comfortable answering the question.

Ask Open-Ended Questions.

This is a skill that gets people involved in describing their own experiences as they relate to the session objective(s). A conversation should then develop that flow naturally and spontaneously. Asking open-ended questions is the most direct way to find out what is that particular WIC participants need to talk about. These questions must be worded so that people do not feel they are being interrogated. yet should enable you to find out important and specific information.

An open-ended question is one that cannot be answered by a "yes" or "no" which would only give you only minimum of information and close the conversation. There are no right or wrong answers to open-ended questions. Open-ended questions require more informative answers and are the same questions a good news reporter asks: Who, What, When, Where, Why, How, How Much, How Often.

In asking open-ended questions, you must take care not to pose too many questions in sequence which can make people feel they are being interrogated. If you set up a friendly atmosphere from the beginning, this will encourage participants to talk on a conversational level rather than just answering a series of questions. Also, balance your use of open-ended questions with the other facilitating skills such as clarifying or focusing.

Guide the Discussion.

To facilitate means to allow things to happen and make them easy. The facilitator is moderator, allowing others to speak and then bring topics to a conclusion. At the same time, you must stay in control of the discussion and avoid it becoming a "free for all." If that happens, the quieter people will not have the opportunity to be heard, and no one will learn anything. Here are some specific points to bear in mind when guiding the discussion:

Guide the discussion by suggesting topics to be discussed, so that it doesn't lose momentum, and keep the topic focused on the session's objective(s).

Actively encourage participants to give more information and better define their situations, as well as focus on specific concerns. The conversation will need to be "directed" in order to better pinpoint issues and feelings on which the participants would like to concentrate.

Recognize fears, prejudices. and disagreements, and bring them out into the open.

Look for feedback - yawns, stretching and other feedback, which indicates whether or not people are listening.

Avoid letting group members monopolize "air time." To someone dominating the discussion, you can say "your points are really interesting, but we also need to discuss some other issues. Why don't you catch me after the session, or call me tomorrow, and we can talk some more" - or however you can say this with out embarrassing the person.

Avoid strong agreement or disagreements over a subject that leaves the impression that there's no sense discussing it.

Find ways to limit continual complaining or blaming of others.

Encourage Participation.

Ways to reinforce the importance of each participant's contribution and encourage him or her to take part are:

Focus on the person who is speaking; pay close attention to her (or him).

If someone speaks too softly, repeat their question and/or comments to the group before replying.

Give positive reinforcement and feedback to every person who speaks; a nod of the head or word of praise will encourage that person to speak again.

Watch for non-verbal signs that may indicate someone else's desire to respond or ask a question.

Use words that are familiar to everyone; avoid technical or medical terms.

Check the seating arrangement to make sure the circle will include everyone.

Focus On Topics.

Focusing emphasizes a particular subject that you think would be helpful to the group to explore (or rather, the group has made it obvious to you that they want it to be further explored). Commonly, a specific topic (or topic area) repeatedly surfaces in the flow of the conversation, in which case it may seem natural to further discuss and clarify it. This may happen spontaneously, or as the facilitator, you may need to ask more open-ended questions relating to the specific issue. The purpose of focusing the conversation in this case would be to help everyone better understand then further express their feelings about an issue that they have shown is relevant to them.

Another reason to focus the discussion would be to help make sense of conversation that has ended up rambling, jumping from topic to topic without any sense of clarification, or has become unrelated to the session's objective(s). When the conversation seems to have confused both yourself and the participants, it is time to get things back in focus. To do this, you could select one particular point to repeat or condense a number of points into a selective summary in order to concentrate on how the participants are feeling, how their babies or children have been acting, etc.

Focus On Feelings.

Place primary emphasis on the feelings or experiences of each group member. Avoid debating ideas; this is a place for support and information sharing.

Practice Active Listening.

Some people tend to speak more than listen. Listening is a technique that can be developed beyond the everyday practice we are all familiar with. It means that you must be silent and allow the participants to talk. We are all guilty of sometimes listening with half an ear to the. speaker while busily figuring out what to say next, or how to change the subject to something we would rather talk about.

However, in order to help someone, you must listen carefully to what they are saying and avoid the temptation to intervene with your own thoughts and interests. Many times someone has mixed feelings or several concerns, and may need more time to talk before you can be sure of how they really feel. Listening skills can give you this time. Encourage group members to listen to and understand what other group members are saying.

Clarify.

This simply means making a point clear. To do this, you will first need to use your listening skills to help gather enough information about what a person has said to clearly understand their message and to restate what you heard. This involves becoming an "active" listener, encouraging people to respond to your interpretation of their statements and then showing acceptance of what they have said.

Stay With the Speaker.

When one person is speaking, stay with that person until they are finished, rather than allowing other members to interrupt or take the floor. Discourage side conversations.

Accept People as They Are.

Effective learning and comfortable communication can only occur when there is an atmosphere of acceptance. The point here is to learn to accept and respect someone's feelings without necessarily agreeing with their point of view. Respond to the feelings that are behind the comments being made; realize that you don't have to "teach" something, but are here to listen to, talk with and learn something the participants and their experiences.

Dealing With Strong Feelings, Doubts and Disagreements.

Effective learning and comfortable communication can only occur when there is an atmosphere of acceptance. The trick here is to learn to accept and respect someone's feelings without necessarily agreeing with their point of view. Respond to the feelings that are behind the comments being made; realize that you don't always have to "teach" something, but are here to listen to, talk with and learn something from the participants and their experiences.

Dealing With Erroneous Information.

When someone's input to the group discussion includes incorrect information, you can make a statement that emphasizes the worth of their experience and your respect for their decision, whether you agree with it or not. Some possible responses, which avoid embarrassing the person, are:

I'm very glad that worked for you. Other people have found that worked better for them."

"I'm very glad that worked for you, but all the references we've seen do not recommend it".

"I'm glad you brought that up. That used to be what was generally recommended, but new research has found that..."

"You've brought up a really interesting issue. Let's look it up in and see what they say about that."

"That's too bad. What could you have done differently if you had all the information we have talked about today?"

Summarize the Discussion.

As much as possible, bring ideas together, highlight certain conversations or repeat relevant points, and complete one topic before going on to another. Some groups find it helpful to end the session with each participant sharing what the session has meant to them, and what they learned or discovered during the session. This way, the group can see that their input and shared experiences helped everyone to learn something. It can be particularly valuable for them to realize that they even helped you, the facilitator, learn something new!

Assist Members in Gaining Resources.

Provide sources of additional information such as pamphlets, videos, or by referral.

Above All- Have Fun!

Remember that it takes time for a group to grow and develop trust. Be patient and never define success by the number of people attending the session. Enjoy yourself and the group members. and encourage them to do the same.

Source:
WIC Nutrition Education on the Road to Excellence
Southwest Region Teleconference
April 26-27, 2001

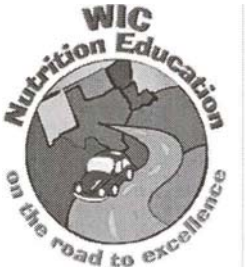
Cooperative Extension
Bringing the University to You

Continuing on the Road to Excellence Newsletter **Issue 1** **June 2001**

Facilitated Discussions

Introduction

Welcome to the first issue of **Continuing on the Road to Excellence**. During the next six months you will receive this monthly newsletter. Each issue will feature highlights from the teleconference presentations as well as answers to the questions posed during and after the broadcast. We hope that these will inspire and support your personal decision to adapt new delivery techniques and a new nutrition education philosophy. In each of the upcoming issues, we will ask for your feedback on the materials presented in the previous newsletter. Our hats are off to you all for your enthusiasm and interest to ***continue on the*** **Road to Excellence in WIC Nutrition Education**.



Facilitated Discussions

This conference topic drew the most interest. **The Road to Excellence** teleconference notebook has an excellent overview of this technique (pages 94-98). Rather than repeat that information, this newsletter focuses on answering the specific questions asked during and after the teleconference. Thanks to Deanna Torres, Nutrition Education Coordinator for New Mexico WIC for providing assistance in answering specific questions.

Facilitated Discussions: Specific Questions and Answers

Describe the typical characteristics of a facilitated discussion?

What is the typical class size?

Normally 8 and 10 persons per group is the best size.

How much time do you allow for the facilitated discussion?

Follow your typical class schedule. Some clinics run classes daily, others only have classes on special days. New Mexico WIC classes are scheduled every 30 minutes for 10 people. You figure the math-this technique actually **saves** 70 minutes (10 minute/person*10 persons = 100 minutes).

Who leads the discussion-dietitians or paraprofessional staff?

Nutritionists should always be available to answer difficult questions or handle problem situations, but are not required to lead the discussions. However, any person leading the group must undergo extensive training in the techniques of initiating, maintaining, reflecting and summarizing the discussion in order to maintain the group and keep within the allotted time. And, naturally, they must be trained in the discussion content as well.

What if the group takes the conversation to sensitive areas?

If the area is truly outside the realm of WIC, refer the participant to agencies or persons with the knowledge and skills to assist. If the entire group is interested, arrange for a guest speaker on the topic.

What should be done if the group wants to keep on talking and you have to start another class?

Find other space in the clinic or just outside so they can continue. If the participants are at a critical point in the discussion, start the next group in another spot.

What happens if mothers bring their children to the discussion?

Young children can be placed in the center of the circle of parents and staff. Have blocks, books and other safe items available for the children. In this way, children are safely contained and within parents' view while participants can still talk. Older children can be given simple tasks to do while their mother is busy, such as help prepare a snack, arrange materials, etc. They also can entertain the smaller ones.

When are facilitated discussions done, e.g. for certifications or as a second contact?

Facilitative discussion is an interactive education technique that can be used in any situation. Facilitated discussions can be scheduled to coincide with voucher and farmer's market pick-ups. It is applicable during class times, high-risk counseling, and even at certifications. The key concepts of facilitative discussions are to allow learners (e.g. WIC participants) to suggest topics to be addressed and share their knowledge about the topics with other group members through discussion. These discussions are coded (documented) as a nutrition education contact.

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Facilitated Discussions

How do you evaluate participant learning at the end of the facilitated discussion?
How are these contacts documented?

At the end of each discussion, the group summarizes what they learned. Although New Mexico does not maintain a written record of the summary, they do record the session as an educational contact. A staff person is responsible for recording attendance. Evaluations at recertifications should provide insight into the effect of the facilitated discussion on knowledge, attitude and/or behavior change.

How do you account for facilitated discussions in your annual nutrition education plan?

- The sessions can be organized in a coding system by category (pregnancy, lactation, post-postpartum women or anemic, overweight, or dental caries children) or age (infants in 3 month groupings, toddlers, preschoolers).
- A facilitators' guide must be developed for each topic. This guide provides substantive information to correct any misunderstanding. Each topic has a curriculum outline to aid in stimulating and continuing discussion.
- NOTE: Lecture-style lesson plans can be converted into facilitated discussion format.
- Even high risk clients can participate in these discussions by scheduling those with similar risk together and generating the subjects around the risk issues.

How are participants involved in the discussion?

What can be done to motivate WIC participants to come to classes?

During the transition from lecture style to facilitated discussion, notify participants at certification that there will be a change coming. Provide them with a menu of potential classes appropriate for them. Explain it will be to their benefit to attend THEIR classes. Explain there will not be a lecture, but WIC staff and other participants will answer their specific concerns. By making the classes relevant and allowing clients to choose their group, participants should view nutrition education differently. In addition, facilitated discussions have been shown to decrease no-show rates.

What are some strategies to get client participation during nutrition education classes?

- Ice-breakers-are activities that create a safe environment, generate interest and make the group members feel comfortable. For some ideas, see **Getting to Know You**.
- Open-ended questioning is another technique used to stimulate and continue discussion. For more information see **Critical Thinking and Questioning**.
- Grouping together participants who have mutual concerns, special interest, or unique needs will generate communication.
- Some people are more comfortable writing down their thoughts. Use of pen and paper activities will be beneficial with this type of learner.

How can you teach or get through to someone with an attitude problem, that no matter what type of teaching you use she will just not respond?

- You can't. Facilitated discussion is not a magic bullet in dealing with difficult clients. Explaining the benefit of their participation to the health of their children may be tried, but in all likelihood will not be very effective.
- Encourage the difficult person to participate because there are others who might benefit from her perspective and experience.
- Instead of the staff having to deal with the person, allow the group to take over the role of disciplinarian.
- Assigning a role (e.g. time keeper) to the difficult participant may help her redirect her focus.

How can we market the idea of facilitated discussion?

- **to WIC staff** -Begin retooling nutrition educators. As a group activity, take present lecture-style materials and work together to revise these into motivating questions. Stick with the general curricula, but restructure it to include and involve participants by choosing key words listed in the **Critical Thinking and Listening** section in this newsletter. Besides retraining nutrition education, teaching and certification staff, include clerical and other support staff in training. Since clerical staff persons make appointments, they need to be involved in how to assist the participant in making her choice of classes. Other WIC staff needs training in why this technique appears to get high ratings on client satisfaction.
- **to WIC participants** - before making the change, place posters announcing the change. Deanna suggested something along the lines of: *It's Coming! CREATE YOUR OWN NUTRITION EDUCATION.*
- **Remember, Motivate do not Intimidate.** When change occurs, some people will jump whole-heartedly onto the bandwagon, while others stay way behind. Be patient with both participants and staff. Your agency may wish to incorporate facilitated discussions for class time only. After a trial time period, reevaluate how these are working from both the clinic and the participants' perspectives. Adjust accordingly and then try to expand the concept for other client contacts

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ICE-BREAKERS*

Use ice breakers to stimulate conversation, relax the group, and encourage each participant to speak out.

1. Getting to Know You (Use this activity when a group first gets together.)

Process: This takes about 5 minutes.

- Have participants form a small circle.
- Tell them that you wish to share with them a special way to learn the names of all the others in the group.
- Have someone volunteer to go first.
- Tell participants to think of a positive, playful or childlike word that begins with the first letter of their first name. For example, Magical Madeleine.
- Next have participants silently think of a distinctive movement or gesture that somehow expresses their new name. For example, for Magical Madeleine, waving a wand could be the movement.
- Have the volunteer step into the circle, state their two-word name, make their special movement, and then step back into the circle.
- Standing where they are, together everyone repeats the first person's two-word name and gesture.
- This process continues with the next person to the right of the first person. However, after the next person is done, the group repeats that person's two-word name and gesture AND that of the first person.
- From then on, every time a new person says her name and performs a movement, everyone repeats that person's name and movement and those who went before.

2. Children's Food Groups

Process: This takes about 10 minutes.

- Have participants form a small circle.
- Ask participants to name the food groups.
- Then ask participants what they think their children would list as the food groups.
- Have each participant name one food that belongs to the children's list.
- Have each participant name one food from each of the groups from the adult list that their child will eat.

Critical Thinking and Questioning

For people to navigate through their environment, they need to make one decision after another. Some make spontaneous decisions while others carefully deliberate their choices. Some people base decisions solely on knowledge (the lowest level of thinking). Others thoroughly evaluate information. To assist participants in your facilitated discussions, consider using the key words listed below to construct your questions around the topic of interest. Initially you may need to start by asking simple knowledge and comprehension questions. As the group adjusts to working together, you will be able to lead them to the higher order thinking levels such as application, analysis and synthesis. At some point in time, persons may reach the highest levels of thinking: synthesis and evaluation.

Key words	Levels of Thinking
who what why when where which choose select find how define label list show match name relate tell recall	*Knowledge* – exhibit memory of previously learned material by recalling facts, terms, basic concepts and answers.
compare contrast show demonstrate interpret infer summarize explain relate illustrate outline rephrase	*Comprehension* – demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions and stating main ideas.
apply construct build develop interview model make use of utilize organize experiment with plan identify	*Application* – solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.

**See the books listed in the reference list for more examples.*

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Critical Thinking and Questioning *continued...*

Key words			Levels of Thinking
analyze dissect inspect distinguish test for theme inference	categorize divide simplify list assumption conclusion relationships	classify examine survey take part in discover function	*Analysis* – examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.
build create predict imagine	choose make up change happen	combine propose elaborate invent	*Synthesis* – compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.
criticize judge recommend opinion	defend assess value justify	determine rate dispute measure	*Evaluation* -- present and defend opinions by making judgments about information, validity of ideas or quality of work based on a set of criteria.

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Playful Activities for Powerful Presentations. Bruce Williamson. 1993. ISBN 0 938586 77 7 Whole Person Associates Inc. Duluth MN.
Games Trainers Play. Edward Scannell. 1980. ISBN 9 780070 464087. McGraw-Hill, Inc.
Quick Flip Questions for Critical Thinking. Linda Barton. 7 65515 00504. Edupress, Inc.
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NEXT ISSUE
How to Work with Adult Learners

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Helpful Breastfeeding Websites

Name	Website	Description
AAP - Breastfeeding and the Use of Human Milk	www.aap.org/policy	American Academy of Pediatrics policy paper on breastfeeding.
Academy of Breastfeeding Medicine	www.bfmed.org	The Academy of Breastfeeding Medicine is a worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation.
Adoptive Breastfeeding Resource Website	www.fourfriends.com/abrw	
Baby Friendly USA	www.babyfriendlyusa.org	The Initiative recognizes hospitals and birth centers that have taken steps to provide an optimal environment for the promotion, protection and support of breastfeeding.
Breastfeeding.com	www.breastfeeding.com	Information, support, and breastfeeding products.
Breastfeeding Information	www.4woman.gov/breastfeeding	Breastfeeding information from the US Department of Health and Human Services' Office on Women's Health.
Breastfeeding after Breast Reduction	www.bfar.org	
Bright Future Lactation Resource Center	www.bflrc.com	Supports breastfeeding with articles, education and motivation resources for healthcare professionals including doctors, nurses, lactation consultants, peer counselors, peer helpers and others providing parents with infant feeding information.

Name	Website	Description
CDC - National Center for Chronic Disease Prevention and Health Promotion Breastfeeding	www.cdc.gov/breastfeeding/	CDC's website on breastfeeding.
Economic Benefits of Breastfeeding: A Review and Analysis	www.ers.usda.gov/publications/fanrr13/	Economic Research Service, Food Assistance and Nutrition Research, Report No. 13. 20 pp, March 2001
Dr. Jay Gordon's website	www.drjaygordon.com	
Dr. Jack Newman's breastfeeding articles	http://www.breastfeeding.com/helpme/helpme_newman_index.html	Numerous articles on breastfeeding topics written by Dr. Jack Newman.
Dr. William Sears' website	www.askdrsears.com	
Healthy People 2010	www.healthypeople.gov	The most recent information on Healthy People 2010.
Human Milk Banking Association of North America, Inc.	www.hmbana.com	Information on human milk banks in the US.
International Lactation Consultants Association (ILCA)	www.ilca.org	ILCA is the professional organization for IBCLCs.
Lactnet	http://www.together.net/~kbruce/kbblact.html	Lactnet is an online lactation information and discussion group.
LactNews On-Line	www.lactnews.com	Links breastfeeding advocates with information about educational materials and breastfeeding courses.
La Leche League International	www.lalecheleague.org	La Leche League was founded to give information and encouragement, mainly through personal help, to all mothers who want to breastfeed their babies.

Name	Website	Description
Maternal Child Health Library	www.mchlibrary.info	The MCH Library is part of the National Center for Education in Maternal and Child Health (NCEMCH), at Georgetown University. The MCH Library is funded under a cooperative agreement with the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.
Medications and Mother's Milk	http://neonatal.ttuhsc.edu/lact/	Dr. Hale's website on drugs and breastfeeding.
National Alliance of Breastfeeding Advocacy (NABA)	www.naba-breastfeeding.org	NABA is a national advocacy group that supports breastfeeding.
National Healthy Mothers, Healthy Babies Coalition (HMHB)	www.hmhb.org	HMHB focuses attention on raising public awareness of the basic components of prenatal care—early care, good nutrition, avoidance of drugs, including not drinking and not smoking, and promotion of breastfeeding.
Oregon Breastfeeding Home Page Oregon	http://www.dhs.state.or.us/publichealth/bf/index.cfm	Breastfeeding information and promotion materials from the Oregon Department of Human Services.
Breastfeeding Mother Friendly Employer Project	http://www.dhs.state.or.us/publichealth/bf/working.cfm	You can order a packet of information on how to help employers become breastfeeding friendly.
Promotion of Mother's Milk, Inc. (ProMoM)	www.promom.org	Promotion of Mother's Milk, Inc. (ProMoM) is a nonprofit organization dedicated to increasing public awareness and public acceptance of breastfeeding.
UNICEF	www.unicef.org/programme/breastfeeding/	Information from UNICEF on breastfeeding issues.

Name	Website	Description
United States Breastfeeding Committee (USBC)	www.usbreastfeeding.org	The mission of USBC is to protect, promote and support breastfeeding in the U.S.
Vietnamese Breastfeeding Materials.	http://nutrition.berkeley.edu/extension/ vietnamese.html	Myths associated with breastfeeding and problems seen during breastfeeding, as well as factors that might deter Vietnamese women from breastfeeding, were concluded to be the major issues to be addressed in the materials.
WIC Works	www.nal.usda.gov/wicworks	Provides nutrition service tools for health and nutrition professionals.
World Alliance for Breastfeeding Action (WABA)	www.waba.org.my	WABA is a global network of organizations and individuals who believe breastfeeding is the right of all children and mothers and who dedicate themselves to protect, promote and support this right

Job Aids

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Types of Breast Pumps

Breastfeeding Classes

Job Aid Breastfeeding Roles in the WIC Clinic

Special Staff Designations:

Staff in Your Clinic:	Job Title:	Description of Duties:
	Breastfeeding Coordinator	Coordinates breastfeeding promotion and support activities for your local agency.
	Breast Pump Coordinator	Acts as the primary contact for breast pump orders and maintains breast pump inventory.

Level 3 Staff: ("Lactation Specialist" who handles difficult breastfeeding problems):

Staff in Your Clinic:	Job Title:	Description of Training:
	IBCLC ◆ International Board Certified Lactation Consultant	A trained health care professional who has completed a certification process, which includes extensive experience, education and lactation training.
	Health Care Professional with Advanced Lactation Training ◆ Registered Dietitians (RD) ◆ Registered Nurses (RN) ◆ Certified Health Educators (CHE)	A trained health care professional who has completed a minimum of 45 hours classroom lactation instruction or an equivalent individual training. Depending on the Health Care Professional's training, he/she may also be able to do the tasks that are starred (*). Also may be called a Lactation Specialist or Certified Lactation Educator (CLE).

Level 2 Staff: (Handles breastfeeding education, breastfeeding support and basic breastfeeding problems).

Staff in Your Clinic:	Job Title:	Description of Training:
	Health Care Professional with completion of WIC Breastfeeding Module ◆ Registered Dietitians (RD) ◆ Registered Nurses (RN) ◆ Certified Health Educators (CHE)	A trained health care professional who has completed the WIC Breastfeeding Module.
	Paraprofessionals with Advanced Lactation Training ◆ CPA ◆ Nutrition Assistant ◆ Certifier	A WIC certifier who does not hold a health care degree but has completed a minimum of 45 hours classroom lactation instruction or an equivalent individual training. May also be called a Certified Lactation Educator (CLE).
	Paraprofessionals with completion of WIC Breastfeeding Module ◆ CPA ◆ Nutrition Assistant ◆ Certifier	A WIC certifier who does not hold a health care degree but has completed the WIC Breastfeeding Module.

Level 1 Staff: (Handles breastfeeding promotion).

Staff in Your Clinic:	Job Title:	Description of Training:
	Clerk with completion of WIC Breastfeeding Module ◆ Clerk	A WIC clerk who has completed the WIC Breastfeeding Module.

	Level 3	**Level 3**	**Level 2**	**Level 2**	**Level 2**	**Level 1**
	IBCLC	Health Care Professional-Adv Lactation Training	Health Care Professional-BF Module	Paraprofessional-Adv Lactation Training	Paraprofessional-BF Module	Clerical Staff
Provides info about the breastfeeding benefits and services that WIC provides	X	X	X	X	X	X
Refers clients to other WIC staff for breastfeeding information and support						X
Refers clients to WIC lactation specialist or IBCLC			X	X	X	
Refers clients to other community breastfeeding resources	X	X	X	X	X	X
Refers clients to appropriate staff for breast pump					X	X
Assesses type of breast pump needed. Instructs on proper use, including collection and storage	X	X	X	X		
Educates clients about the benefits of breastfeeding	X	X	X	X	X	X
Provides general breastfeeding info	X	X	X	X	X	
Assesses and provides counseling on common breastfeeding problems: ◆ Sore nipples ◆ Latch problems ◆ Weaning	X	X	X	X	X	
Assesses and provides counseling on more complex breastfeeding problems: ◆ Thrush ◆ Cracked and bleeding nipples ◆ Persistent sore nipples ◆ Mastitis (breast infection) ◆ Flat or inverted nipples ◆ Recurrent plugged ducts ◆ Failure of milk to come in by 4 days postpartum ◆ Severe breast engorgement ◆ Tandem nursing	X	X*				

	Level 3	**Level 3**	**Level 2**	**Level 2**	**Level 2**	**Level 1**
	IBCLC	Health Care Professional-Adv Lactation Training	Health Care Professional-BF Module	Paraprofessional-Adv Lactation Training	Paraprofessional-BF Module	Clerical Staff
Provides services in special situations: nursing a premature infant or breastfeeding after surgery	X	X*				
Instructs on the use of special breastfeeding tools such as a supplemental nursing system	X	X*				
Assesses clients using medications, alcohol, illegal drugs or cigarettes	X	X*				
Conducts breastfeeding education for clients	X	X	X	X		
Conducts breastfeeding education for staff and peer counselors	X	X		X		
Provides continuing education for health care providers	X	X				
Develops special programs or projects related to breastfeeding	X	X				
Develops breastfeeding care plans	X	X				
Conducts research on breastfeeding topics	X					

*May be qualified to do depending on previous training.

Job Aid Breastfeeding Services in Your Community

Resource	Name in Your Community:	On TWIST?	Contact Info:
La Leche League			
Nursing Mothers Counsel			
Other Peer Support Group			
Community IBCLC			
Hospital IBCLC			
Hospital Nurses			
Hospital Lactation Clinic			
Breastfeeding Task Force or Coalition			
Lactation Association			
Doula			
Midwife/Doctor			

Resource	**Name in Your Community:**	**On TWIST?**	**Contact Info:**
Community / Home-Visiting Nurse			
Other			
Other			

Job Aid Calculating an Infant's Percent Weight Loss

Before You Begin:

1. Find the infant's birth weight and current weight.
2. If the birth weight and current weight are in pounds/ounces, convert them to grams.
   - Use the chart on the back of this page or TWIST to convert the weights to grams.

Infant's birth weight (BW): _____grams

Infant's current weight (CW): _____ grams

Calculate Percent Weight Loss:

BW in grams – CW in grams = weight loss (WL) in grams*

(WL ÷ BW) x 100 = % weight loss

Example:

Corrie weighed 8 pounds 3 ounces at birth. At 10 days old, she now weights 7 pounds 7 ounces.

Corrie's birth weight (BW): 3714 grams

Corrie's current weight (CW): 3374 grams

3714 grams – 3374 grams = 340 grams (WL)*

(340 ÷ 3714) x 100 = 9% weight loss

***Note**: If the "weight loss" is a negative number, then the baby has gained, not lost weight.

Converting Pounds and Ounces to Grams

1 lb. = 453.59237 grams; 1 oz. = 28.349523 grams; 1000 grams = 1 kg.

	Pounds													
Ounces	0	1	2	3	4	5	6	7	8	9	10	11	12	13
0	0	454	907	1361	1814	2268	2722	3175	3629	4082	4536	4990	5443	5897
1	28	482	936	1389	1843	2296	2750	3203	3657	4111	4564	5018	5471	5925
2	57	510	964	1417	1871	2325	2778	3232	3685	4139	4593	5046	5500	5953
3	85	539	992	1446	1899	2353	2807	3260	3714	4167	4621	5075	5528	5982
4	113	567	1021	1474	1928	2381	2835	3289	3742	4196	4649	5103	5557	6010
5	142	595	1049	1503	1956	2410	2863	3317	3770	4224	4678	5131	5585	6038
6	170	624	1077	1531	1984	2438	2892	3345	3799	4252	4706	5160	5613	6067
7	198	652	1106	1559	2013	2466	2920	3374	3827	4281	4734	5188	5642	6095
8	227	680	1134	1588	2041	2495	2948	3402	3856	4309	4763	5216	5670	6123
9	255	709	1162	1616	2070	2523	2977	3430	3884	4337	4791	5245	5698	6152
10	283	737	1191	1644	2098	2551	3005	3459	3912	4366	4819	5273	5727	6180
11	312	765	1219	1673	2126	2580	3033	3487	3941	4394	4848	5301	5755	6209
12	340	794	1247	1701	2155	2608	3062	3515	3969	4423	4876	5330	5783	6237
13	369	822	1276	1729	2183	2637	3090	3544	3997	4451	4904	5358	5812	6265
14	397	850	1304	1758	2211	2665	3118	3572	4026	4479	4933	5386	5840	6294
15	425	879	1332	1786	2240	2693	3147	3600	4054	4508	4961	5415	5868	6322

Job Aid Signs Breastfeeding is Going Well in the First Two Weeks

Days 1–4

	Day 1	Day 2	Days 3-4
Mother's Breasts & Body	◆ Mother starts producing colostrum. ◆ Mother's breasts feel soft and don't change after feeding. ◆ Mother will feel uterine cramps when breastfeeding baby.	◆ Mother's nipples may feel tender and sensitive.	◆ Mother's breasts begin to feel fuller and firmer. ◆ Breasts may become engorged. ◆ Mother begins producing white milk.
Nursing Frequency & Length	◆ Baby nurses for the first time. ◆ Baby is offered breast at least 8 times in 24 hours. ◆ Nursing may last 10–45 minutes.		◆ Baby may feed very frequently (cluster feeding) then have a period of deep sleep. ◆ Nursings may be shorter. ◆ Feeding should not take more than 45 minutes.
Number of Wet Diapers & Stools	◆ Baby's stools will be black and tarry (meconium). ◆ Baby should have 1 wet diaper and 1 stool in 24 hours.	◆ Baby will have about 2 wet diapers and 2 stools in 24 hours.	◆ Baby should have about 3 wet diapers and 3 stools in 24 hours. ◆ Baby's stools should be lighter in color and runnier.
Baby's Weight Loss & Gain	◆ Baby at birth weight.	◆ Baby may lose some weight.	◆ Baby may lose up to 8% of birth weight before white milk comes in. ◆ After mother's white milk comes in, baby should begin to gain ½ to 1 oz per day.
Baby's Behavior	◆ Baby's need to suckle is most intense in the first hour after birth. ◆ After initial feeding, baby may be sleepier for the rest of the day ◆ Baby will display feeding cues such as rooting, sweeping and bringing hands to mouth.	◆ Baby will be increasingly wakeful. ◆ Baby may have several feedings in a row (cluster) followed by a period of deep sleep.	◆ Baby may be fussier and wake up more often to nurse. ◆ Baby should be relaxed and sleepy at the end of a feeding.

Job Aid Signs Breastfeeding is Going Well in the First Two Weeks

Days 5–14

	Day 5	Days 6-13	Day 14
Mother's Breasts & Body	◆ Milk will drip or leak from breasts especially around feeding time. ◆ When breastfeeding on one side, mother's other breast will leak milk (letdown reflex).	◆ Mother's breasts will feel full before a feeding and softer after a feeding. ◆ Mother's nipples may start to feel better, less tender and sensitive.	◆ Continued nipple soreness and pain may be an indication that something is wrong. ◆ Mother's nursing for the first time may begin to feel letdown sensation in the next week.
Nursing Frequency & Length	◆ Continue to nurse 8–12 times in 24 hours. ◆ Feedings may take 10–40 minutes.		
Number of Wet Diapers & Stools	◆ Baby will have 6– 8 wet diapers in 24 hours. ◆ Baby will have 3+ stools in 24 hours. ◆ Baby's stools will be yellow and soft like mustard. May contain little curds.		◆ Baby should continue to have 6–8 wet diapers in 24 hours. ◆ Baby should continue to have 3+ yellow stools in 24 hours per day until baby is 3–4 weeks old.
Baby's Weight Loss & Gain	◆ Baby should gain ½–1 oz. per day.		◆ Baby will weigh the same as or more than birth weight. ◆ Baby should continue to gain ½–1 oz for the first 3 months of life.
Baby's Behavior	◆ Baby may be more content.		
	◆ Baby will begin to have one long sleep period of 4–5 hours in 24 hours.		

Job Aid — Breastfeeding Red Flags in the First Two Weeks

NOTE: Any "Red Flag" requires a referral to a lactation specialist and/or health care provider as soon as possible within 24 hours.

	Day 1	Day 2	Days 3-4	Day 5	Days 6-13	Day 14
Mother's Breasts & Body	◆ Cracked and bleeding nipples. ◆ Severe nipple pain. ◆ Severe engorgement for more than 12 hours.					
				No mature (white) milk.		
Nursing Frequency and Length	Baby not nursing or not showing feeding cues.	Baby nursing less than 8 times in 24 hours.				
Number of Wet Diapers & Stools	Fewer than 1 urine & 1 stool in 24 hours.	Fewer than 2 urines & 2 stools in 24 hours.	Fewer than 3 urines & 3 stools in 24 hours.	◆ Stools still meconium (dark, sticky). ◆ No stools or very little stool in 24 hours. ◆ Fewer than 3 stools in 24 hours. ◆ Red crystals or "brickdust" urine. ◆ Fewer than 6 wet diapers in 24 hours.		
Baby's Weight Loss & Gain		Baby loses more than 7% of birth weight.				
			Baby continues to lose weight after Day 3.			
				Baby has no weight gain.		
						Baby has not regained birthweight.
Baby's Behavior	◆ Baby repeatedly wants to nurse for more than 1 hour continuously.					
	◆ Baby is consistently hungry and discontent. ◆ Cannot hear baby swallowing milk during feeding.					
			Difficulty waking baby to feed.			

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Job Aid Types of Breast Pumps

Type	Examples:	Type of Use:	Type Available in Your Clinic:
Convenience	◆ Hand Expression ◆ Manual Pumps	◆ Occasional separation from baby. ◆ Used no more than 8 times per week. ◆ Temporary or short term use.	
Work or School	◆ Personal-use Double Electric ◆ Medela Pump-in-Style ◆ Ameda Purely Yours	◆ Frequent. ◆ Used 9 or more times per week. ◆ Plans to pump for a few months. ◆ Attending school/work more than 20 hours per week or less frequently with an inflexible schedule. ◆ Mothers with a well-established milk supply.	
Medical Need	◆ Hospital Grade Double Electric ◆ Ameda Elite ◆ Medela Lactina ◆ Medela Classic	◆ Frequent use. ◆ To bring in or increase milk supply. ◆ To maintain milk supply. ◆ Long or short term use. ◆ Mother whose baby is not nursing. ◆ Mother with severe, recurrent engorgement. ◆ Mother with very sore nipples. ◆ Mother that has had breast surgery. ◆ Mother that is relactating. ◆ Mother that needs to pump and dump.	

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Job Aid Breastfeeding Classes

Prenatal Breastfeeding Promotion:

Title	Times/How Frequently Offered	Language

Prenatal Breastfeeding "How-To":

Title	Times/How Frequently Offered	Language

Breastfeeding Support:

Title	Times/How Frequently Offered	Language

Breast Pump:

Title	Times/ How Frequently Offered	Language

Other Classes with Breastfeeding Information:

Title	Times/How Frequently Offered	Language

Posttests

Contents

Posttest—Level 1

Posttest—Level 2

Lesson Level: 1

Posttest—Level 1

True or False?

Circle whether the statement is true (T) or false (F).

T F Breastfeeding protects a baby's health.

T F Breastfeeding protects a breastfeeding mom's health.

T F During the first six months of life, breast milk is all most babies need to eat/drink.

T F There are a few women who cannot or should not breastfeed.

T F All WIC staff in my agency should promote breastfeeding.

T F I feel confident in my ability to talk to women about breastfeeding.

Lesson Level: 2

Posttest—Level 2

True or False?

Circle whether the statement is true (T) or false (F).

T F Breastfeeding protects a baby's health.

T F Breastfeeding protects a breastfeeding mom's health.

T F During the first six months of life, breast milk is all most babies need to eat/drink.

T F There are a few women who cannot or should not breastfeed.

T F All WIC staff in my agency should promote breastfeeding.

T F I feel confident in my ability to talk to women about breastfeeding.

T F Most moms will breastfeed even if their family and friends think they shouldn't.

T F The best way to prevent engorgement is to breastfeed frequently.

T F "Normal" nipple soreness shouldn't last through the whole feeding.

T F Rocking is a good way to calm a fussy baby.

T F A woman can stop milk from leaking from her breast by pressing on her nipples with her forearms.

T F A baby with jaundice should be evaluated by the baby's health care provider.

T F Some preterm babies may need to drink human milk fortifier in addition to breastmilk.

T F Breastfed babies who do not get enough sunlight may need vitamin D supplements.

T F It is okay to breastfeed a baby past their first birthday.

T F Some babies are “slow to gain” weight and are still normal.

T F It is best to wean babies from the breast gradually.

T F Different cultural practices may have a positive influence on breastfeeding.

T F All breastfeeding women need breast pumps.

T F Breastfeeding classes should always cover “how-to” information.

T F I know where to find the breastfeeding pamphlets and videos in my clinic.

T F A woman who smokes should not breastfeed.

T F A breastfeeding mom can have an occasional alcoholic drink.

T F There are certain foods that all breastfeeding moms should avoid eating.

T F A mom who is breastfeeding should not take birth control pills.

T F A breastfeeding woman needs to eat well to make good quality breastmilk.

T F Going back to work usually means a mother will need to stop breastfeeding.

T F Breastfeeding is embarrassing for some women.

T F It is OK for a woman to breastfeed in public.

T F I feel prepared to respond to breastfeeding concerns.

T F I would like more breastfeeding training.

T F I feel I am able to help women breastfeed.

Fill in the Blank

Fill in the blank with the correct answer.
Moms should breastfeed _____ times in 24 hours.

A baby who is getting enough breastmilk should have _____wet diapers and _____poopy diapers a day.

A breastfeeding woman with flu-like symptoms may have _____.

A sleepy newborn should be woken up to nurse every _____ hours.

Short Answer

Describe how a baby should look when properly latched on.

List 2 early feeding cues.

Case Study

Read the following scenario and answer the questions that follow.

> *You have been talking with Svetlana, a new prenatal client. She is not sure if she wants to breastfeed. Because her mom couldn't breastfeed, she is not sure if she will be able to either.*

What questions would you ask Svetlana?

What information would you give her?

Training Module Evaluation

Training Module Evaluation

For the first four questions, circle the answer that best reflects your opinion.

1. Overall, I think the Training Module was (circle number):

A waste of time		Okay		Very valuable
1	2	3	4	5

2. This training gave me... (circle number):

No new information		Reinforced information		New information
1	2	3	4	5

3. This training gave me... (circle number):

No new skills		Reinforced skills		New skills
1	2	3	4	5

4. I found the format of reading, practice activities, skill checks, and review activities to be (circle number):

Not useful		Okay		Very useful
1	2	3	4	5

5. The part of the training module that was most useful/helpful was...

6. If I could add to or change any part of the training module, I would...

7. The time it took for me to complete this module was _____ hours.

8. I started working on this training module _____ (days/weeks/ months) ago.

9. Check all that apply:
   _____I am a new staffperson.
   _____I am an existing staffperson. Years in WIC/MCH _____