

Breastfeeding Module Activities

Introduction Activity

Please print a copy of this study guide for your use.

Introduction



My Goal is to complete this self study packet
by _____ (date)
(estimated total time 9-12.5 hrs)

Complete:
Introduction by _____

— Activities —

Activities for Clerical:
Check box when complete

Locate the Local Agency resource/referral list for Breastfeeding Programs/support groups in your community/area. Become familiar with local resources to assist with referral as needed.

Introduction — Quiz —

(8 possible points)

Fill in the blanks.

- (2 points) 1. WIC strives to achieve the Healthy People Year 2010 Breastfeeding Objective of having _____% of mothers who breastfeed their babies in the early postpartum period and _____% continue to breastfeed for at least 6 months, and breastfeeding at 12 months.
- (2 points) 2. WIC's role is to provide information and education so women can make an _____ decision
- (2 points) 3. If a woman tells me she is not going to breastfeed, I should:
a) discuss other feeding options
b) ask her how she has come to that decision
c) discuss the benefits of breastfeeding
d) respect her decision and discuss formula-feeding
- (2 points) 4. T or F Repetitively providing breastfeeding education has a bigger impact than total amount of time spent discussing a topic.

Introduction Answer Key

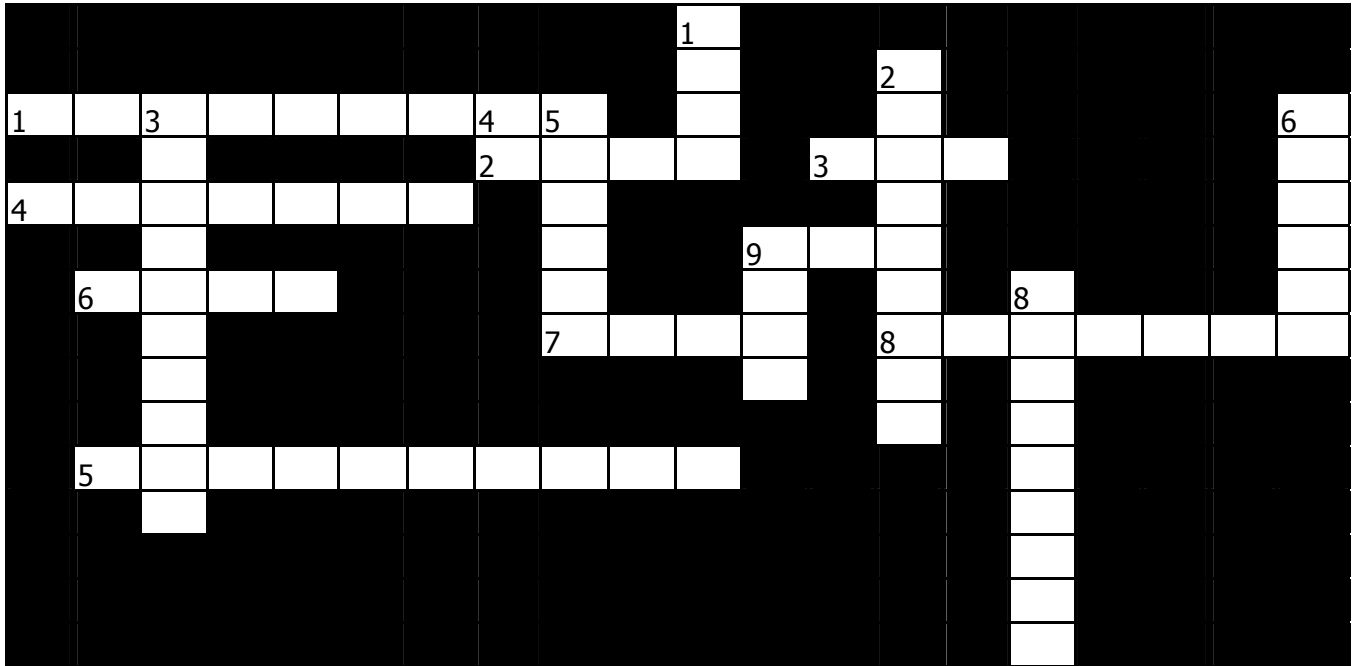
Answers

- 1. 75%, 50%, and 25%**
- 2. informed**
- 3. b**
- 4. T**

Section 1- Activity One

Please print a copy of this sheet before completing.

Crossword Puzzle: Advantages to Breastfeeding



ACROSS

DOWN

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Women who breastfeed have a(n) _____ risk for ovarian and breast cancer. 2. Breastfeeding women have decreased of developing osteoporosis. 3. Breastfed babies have better tooth and development. 4. The physical closeness of breastfeeding helps promote better _____ between babies and their moms. 5. Breastfed babies get sick less often because a mother's _____ are in her breast milk. 6. Breastfeeding is the _____ start for a baby. 7. Breastfeeding saves _____. 8. Breastfed babies are less likely to suffer from _____. 9. Breastfeeding helps mom utilize her stores she accumulated during pregnancy. | <ol style="list-style-type: none"> 1. Breastfed babies are less likely to get _____. 2. Breastfed babies are _____ compared to formula-fed babies. 3. Breastfeeding is more _____, as milk is ready-to-feed. 4. Popular television drama starring Noah Wyle. 5. Breast milk is easier for baby to _____. 6. When a woman breastfeeds, the hormones present help her _____ shrink back to normal size more quickly. 8. Breastfeeding babies have fewer _____. 9. Moms who are breastfeeding are less likely to over_____. |
|--|--|

Section 1 Activity Two

Please print a copy of this sheet before completing.

Activity Common Myths and Concerns



Concerns and myths about breastfeeding can contribute to poor decision making. Addressing a woman's concern or misinformation by providing accurate and helpful information helps a woman make an informed choice; and increases the likelihood that she breastfeeds.

What kind of myths have you heard about breastfeeding?

-
-
-
-

Do you think these statements are true or false?

___ 1. Breastfeeding mothers have to eat a special diet to make good milk.

___ 2. If a woman is returning to work within the first 3 weeks after her baby is born, it is recommended she formula- feed.

___ 3. If a woman's mother couldn't breastfeed, she will not be able to breastfeed either.

___ 4. Breastfeeding hurts a lot.

___ 5. A woman with small breasts can make enough milk to feed her baby.

___ 6. Breastfeeding ties a mother down and keeps her from having a social life.

___ 7. Breastfed babies cry a lot.

___ 8. Once a mother starts breastfeeding, she cannot formula- feed and breastfeed.

___ 9. In the middle of the night, when a baby is crying, a mom can get her baby and lie back down in bed to breastfeed.

(Answers: 1.F,2.F,3.F,4.F,5.T,6.F,7.F,8.F,9.T)

Please print a copy of this sheet before completing.

Activity

Check box when completed ✓

Using the *Breastfeeding Flipchart and The Breastfeeding Answer Book, Chapter 1*, write out your responses to each of the scenarios below.

Scenario 1

Amy is at your office for her WIC appointment. She is thirty weeks pregnant and has just told you she does not want to breastfeed.

How would you respond? In your own words, write out your response.



Scenario II

Sara is 28 weeks pregnant. She is not sure she wants to breastfeed. This is her first pregnancy. Her mother did not breastfeed, nor did any of her friends.

Write your response in your own words.

Scenario III

Judy is not planning to breastfeed because she will be returning to work 3 weeks after the baby is born.

How would you respond? Write in your own words on the back of this sheet.

Possible Responses to Scenarios

Scenario I: Possible response to Amy

Identifying the myth or concern—

Why have you decided not to breastfeed your baby?

Affirm Amy's answer

Helping mom make an informed choice—

Provide information to resolve the concern or myth.

Provide supportive information—

As appropriate, discuss some of the advantages of breastfeeding.

Scenario II: Possible response to Sara

Tell me what you have heard about breastfeeding.

Affirm Sara's answer.

Using the *Breastfeeding Flipchart*, review the advantages of breastfeeding and sources of support.

Scenario III: Possible response to Judy

"Many moms think they can't work and breastfeed. But did you know that breastfed babies are healthier which means you'll miss work/school less often? There are many options for breastfeeding and working." (Discuss possible options such as pumping milk for her baby, breastfeeding and supplementing with formula, etc.)

Review Employment and Breastfeeding (Chapter 10) in *Breastfeeding Answer Book*.

Possible pamphlets: *Breastfeeding is Best*, *Breastfeeding and the Employer*.

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Activity

At her WIC visit, a woman shares the following conversation she had with her best friend.

Pregnant Woman: "My doctor said it would be best if I breast-feed my baby. He said my baby would be healthier if I do."

Friend: "Are you going to? My mom breastfed for a little while and she said it hurt and it was so inconvenient. I don't know if I would put myself through that."

Pregnant Woman: "Really? I may at least try it. My doctor said that besides being healthy for my baby it is really healthy for me too."

Friend: "I don't know. It sounds like a big hassle to me! Your breasts will hurt and you will be leaking all over the place. Plus, only you will be able to feed your baby! You will have to be there for every feeding!"

How do you think this pregnant woman feels? Do you think her friend's reaction may influence her choice to breastfeed?

Check box when completed ✓

Write down what you would do to help this woman gain support from her friend.

Possible solutions:

Ask the woman to invite her friend to attend a breastfeeding class with her.

Have her bring her friend to her next WIC visit so she can hear more about breastfeeding.

Ask the woman to share some of the breastfeeding educational materials with her friend.

Have the friend visit a friend who is breastfeeding.

Provide suggestions on how others can be supportive.



Often family and friends are not supportive because they are feeling left out. Encourage moms to let others develop their special times with the baby. Provide suggestions for how grandmothers, fathers, relatives, and friends can be supportive including:

- Bringing the baby to mom at feedings
- Bathing the baby
- Changing diapers and clothes
- Holding the baby during non-feeding times

Activity

Check box when completed ✓

What other things might you suggest?

Possible Answers:

Having dad or others feed pumped breast milk from the bottle (after the baby is three weeks old).

Having dad or others help to put the baby to bed.

Having dad or others hold and talk to the baby.

Remind dad or others that feeding is just one part of parenting. There are many other ways to be involved with infants.

Provide women with a breastfeeding resource list and your name and WIC's telephone number.

Make sure that you provide women with a list of breastfeeding resources with telephone numbers and your name and number at their last prenatal visit. Empower women to seek help by giving them the necessary tools.

Please print a copy of this before completing.

Section I — Activities

Check box when completed ✓

Review copies of each of the educational pamphlets listed at the end of Section I.

Watch one of the videos listed at the end of Section 1.

Section I — Quiz
(10 possible points)

Clerical will complete questions 1-4 only

(1 point)

1. Which formula can duplicate breast milk?

(1 point)

2. What is the name of the first milk the baby receives that contains a large amount of the mother's antibodies?



(4 points)

3. List two breastfeeding advantages each for a(n):

(2 points)

4. Name two places a woman can turn to for breastfeeding support.

(2 points)

5. List two breastfeeding options for mom when she returns to work.

Answers:

1. none
2. colostrum
3. any of the advantages listed under key points
4. La Leche League, WIC, Hospital nursery, doctor, family and friends
5. (1) express her milk to leave for the sitter to feed (2) nurse when she is at home and supplement with formula while at work

How Do I rate?

10 points = Expert!

8-9 points = Great Job!

6-7 points = Go Back and Look Over Major Points

<6 points = Review Entire Section

Optional Reading

Dr. Mom's Guide to Breastfeeding by Marianne Neifert, M.D., Chapter 1

Nursing Mother's Companion, by Kathleen Huggins, Introduction



Please print a copy before completing

Activities

Are these open-ended or closed

- Do you work?
- How do you feel about that?
- Have you started feeding your baby solid foods yet?
- Where do you live?
- Are you going back to school?
- Can you tell me more about how that made you feel?
- What's a good plan for you?
- What can you tell me about your pregnancy?
- What has your mother told you about breastfeeding?

Turn the following "closed" questions into "open-ended" questions.

- Closed: Have you talked to your mother about breastfeeding?
- Closed: Are you going back to work after your baby is born?
- Closed: Have you gone to a prenatal class yet?
- Closed: Do you have other children?
- Closed: Are you going to room in with your baby at the hospital?
- Closed: Are you going to breastfeed or bottle feed your baby?

Activities Answers

- Do you work? [*closed*]
 - How do you feel about that? [*open*]
 - Have you started feeding your baby solid foods yet? [*closed*]
 - Where do you live? [*closed*]
 - Are you going back to school? [*closed*]
 - Can you tell me more about how that made you feel? [*open*]
 - What's a good plan for you? [*open*]
 - What can you tell me about your pregnancy? [*open*]
 - What has your mother told you about breastfeeding? [*open*]
-
- Closed: Have you talked to your mother about breastfeeding?
 - Open: What does your mother say about breastfeeding?
-
- Closed: Are you going back to work after your baby is born?
 - Open: What plans do you have after your baby is born?
-
- Closed: Have you gone to a prenatal class yet?
 - Open: What kinds of things are you doing to learn more about pregnancy and parenting?
-
- Closed: Do you have other children?
 - Open: Would you tell me a little bit about your family?
-
- Closed: Are you going to room in with your baby at the hospital?
 - Open: What do you know about rooming in?
-
- Closed: Are you going to breastfeed or bottle feed your baby?
 - Open: Can you tell me your thoughts on how you will feed your baby?

Please print a copy of this before completing

Section II Quiz

(10 points possible)

(possible 4 points)

1. List the 4 types of probes that can be used to find out more information.

a. _____

b. _____

c. _____

d. _____

(possible 3 points)

2. If a mom tells you she does not think she can breastfeed because her mother could not breastfeed, what is one affirming statement you could give her?

(possible 3 points)

3. Using the Best Start 3 Step Counseling Strategy describe how you could counsel a pregnant woman about breastfeeding. Give a brief description of what you would say for each step,

Ask open-ended questions....such as, What are your feelings about breastfeeding (questions that provide answers beyond yes/no)

Affirm-listening to the mother's concerns and giving them the opportunity to discuss feelings. Statements affirming their feelings may include: many women worry about that; it sounds like you've given this a lot of thought....)

Education: Provide short/concise information about the woman's concerns. Provide options/resources and reassurance that you will be there to support her.

Section II Quiz Answers

1.
 - a. Extending Probe
 - b. Clarifying Probe
 - c. Reflecting Probe
 - d. Redirecting Probe
2. "Other women have told me the same thing"
3. Refer to the Best Start 3 Step Counseling Strategy in this section.

How Do I Rate?

10 points = Expert!

8-9 points = Great Job!

6-7 points = Go Back and Look Over Major Points

<6 points = Review Entire Section



Activity

Check box when completed ✓

Video "Breastfeeding Your Baby Positioning".

A woman comes to her second prenatal visit and has decided to breastfeed after having time to think about all you discussed with her at the previous visit. She's really excited about how much healthier breastfeeding is for her and her baby. You assess that she is now ready for more information on the "how-to" of breastfeeding. Using the *Breastfeeding Flipchart*, practice out loud what information you would give mom.

Review each of the education pamphlets listed at the end of Section III.



Please run a copy before completing

Activity Sheet Section III

Using the *Breastfeeding Answer Book*, pages 470-477, what would you tell a mom who tells you she has flat or inverted nipples?

- a. She most likely will not be able to breastfeed.
- b. She may need to use breast shells prenatally or a pump after delivery to help pull the nipples out before each feeding.
- c. She may need additional evaluation after delivery.
- d. Both b and c

Activity

Check box when completed ✓

- 1) The baby is positioned to nurse on the same side of the supporting arm. Which position does this describe?
- 2) Baby and mom are chest-to-chest with baby's head resting in the crook of mom's arm. Baby's lower arm is around mother's waist. Which position does this describe?

This is a number game. Each number corresponds with a letter of the alphabet, but they do not correspond to the position of the letter (i.e., #1 is not necessarily letter A). Read the clue and try to solve the puzzle.

This is another description used to depict how wide an infant's mouth should open before pulling to the breast:

11 6 11 6 2 6 13 4 21 1 11 13 24 13 10 9 5 3 4 11 1 3 4 7

Hint: #6 = B, #4 = R, #11 = A, #1 = W

Answers to activities

Answer: d

Answers:
1. Football hold
2. Cradle hold

A baby bird waiting for a worm



Section III — Quiz

(22 possible points)

- (1 point) 1) T or F The breast excretes natural conditioners that moisten the nipple.
- (3 points) 2) Name the two nipple types that may need an intervention so mom can successfully breastfeed.
- (1 point) 3) What is one of the most common reasons for sore nipples?
- (3 points) 4) Name the three common breastfeeding positions.
- (1 point) 5) What type of hold should mom use to support her breast?
- (1 point) 6) T or F Fingers should touch the areolar tissue when supporting the breast.
- (3 points) 7) List when growth spurts usually occur.
- (1 point) 8) T or F Mom needs to supplement formula during a growth spurt.
- (1 point) 9) What milk contains the most fat and calories?
- (2 points) 10) Name two ways to wake a sleepy baby.
- (1 point) 11) How often should a newborn nurse? Every 1.5-3 hours in 24 hours
- (1 point) 12) How long does a feeding usually last?
- (3 points) 13) What are the three best indicators that the baby is receiving adequate milk?

Answers:

6. T
7. flat nipple or inverted nipple
8. poor positioning or latch-on
9. cradle, football, and side-lying
10. "C" hold
11. F
12. 2 or 3 weeks, 6 weeks, 3 months
13. F; as moms nurse more, their milk supply increases
14. hind milk
15. (any of the two suggestions listed under the section "sleepy baby")
16. every 1 ½ to 3 hours or 8 to 12 times in a 24 hour period
17. 10 to 15 minutes on each breast
18. at least 4 stools and 6 to 8 wet diapers in a 24-hour period and 5 to 7 ounces of weight gain per week once a woman's milk comes in

How Do I rate?

22 points = Expert!

18-21 points = Great Job!

14-17 points = Go Back and Look Over Major Points

<14 points = Review Entire Section



Optional Reading

Dr. Mom's Guide to Breastfeeding, by Marianne Neifert, M.D., Chapters 3 and 4.

The Breastfeeding Answer Book, La Leche League International, Chapter 3: Breastfeeding Basics.

The Nursing Mother's Companion, Kathleen Huggins, RN, MS, Chapter 2: Off to a Good Start: The First Week.

Section III Getting Ready

Participants Handouts

Breastfeeding is Best
Breastfeeding and Employers
Breastfeeding and Returning to Work

Videos

Current Breastfeeding Videos/DVD's in your Local Agency or those available through the Audio Visual catalog.
<http://doh.sd.gov/Resources/AV.aspx>



Please print a copy of this before completing.

Section IV — Activities

Activity

Read pages 492 to 496, "Engorgement" in *The Breastfeeding Answer Book*.

List 2 things you would tell a mom to prevent engorgement.

List 3 suggestions for easing the discomfort of breastfeeding.

Answers

Check your answers with suggestions in *The Breastfeeding Answer Book*.

Nipple Soreness

Check box when completed ✓

Using the *Breastfeeding Flipchart* practice providing an education session.

Work with your Regional Manager/Nurse Consultant to schedule a time when you may observe a breastfeeding class, a lactation consultant in your community, or a WIC breastfeeding education session. Be sure to take notes and list comments or ideas that you can use in your own education sessions.

Scenario I

Janice delivered four days ago. The nurse at the hospital helped her with positioning and Janice feels that she knows how to position her baby on the breast. Breastfeeding was going well the first few days and she

was breastfeeding every two hours. Her milk came in yesterday and her breasts are very full and are becoming painful. The baby is having problems latching on and keeps slipping off the breast during the nursing session. Janice is breastfeeding about every 3 to 3½ hours and is concerned because her nipples are becoming sore.

What do you suspect is the problem?

What recommendations would you give to mom?



Scenario II

Mary delivered six days ago. Breastfeeding seemed to be going well the first two days but now Mary states she is having a lot of problems and is thinking of bottle-feeding. Her breasts are very full, painful, hot, and shiny—even her underarms are painful. The baby can't seem to latch-on to the nipple and becomes frustrated and fussy while breastfeeding.

What do you suspect is the problem?

What recommendations would you give to Mary?



Scenario III

Sue comes to the WIC clinic 10 days after delivery. She reports her baby is such a good baby because he already sleeps through the night at 10 days of age. You weigh him and find he is 5 ounces below birth weight.

How would you respond?

Possible Answers

Scenario I

Janice has symptoms of engorgement which could be caused by infrequent feedings and poor positioning as indicated by her complaint of sore nipples. Janice should be encouraged to increase the frequency of feedings to every 1½ to 3 hours (8 to 12 times a day). Tips for managing engorgement in the *Breastfeeding Flipchart* should also be reviewed with Janice.

Scenario II

Mary has symptoms of severe engorgement or possibly a breast infection. She should be referred to her health care provider immediately for further assessment. You can review with her ways to ease her engorgement as listed in the *Breastfeeding Flipchart*.

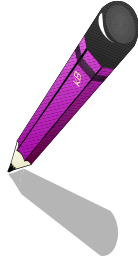
Scenario III

"I know you need the rest though newborns need to feed at least 8-12 times in a 24-hour period. We like to see babies back to their birth weight by 2 weeks of age. To help increase his weight and your milk supply, do you think you could wake him to feed during the night? If you can make sure he feeds at least 8-12 times in 24 hours, his weight should increase so that he gains 1 or more ounces a day." "Would you like to bring him back to the clinic at 2 weeks of age so we can weigh him to make sure he has started to gain weight adequately?"

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Section IV — Quiz

(10 possible points) (1 point each)




1. T or F Colostrum helps a newborn infant eliminate meconium.
2. T or F A newborn should be nursed every 3 to 4 hours.
3. T or F Breastfed infants need a bottle of water every day.
4. T or F It is better for a newborn to nurse for 10 minutes at each breast than for 20 minutes on one breast.
5. T or F A mother's milk comes in between 4 to 6 days.
6. T or F A newborn baby should have at least 4 bowel movements a day if they are getting enough milk.
7. T or F A newborn should nurse at least 8 to 12 times a day.
8. T or F A breastfed baby's stool looks like cottage cheese and mustard.
9. T or F Engorgement should be treated immediately.
10. T or F Colostrum is bluish-white in color.

Answers:

- 19. T
- 20. F; every 1 ½ to 3 hours
- 21. F; breast milk is all the infant needs
- 22. T
- 23. F; between 2 to 4 days
- 24. T
- 25. T
- 26. T
- 27. T
- 28. F, yellowish to clear

How Do I Rate?

- 10 points = Expert!
 - 8-9 points = Good Job!
 - 6-7 points = Go Back and Look Over Major Points
 - <6 points = Review Entire Section
- 

Optional Reading

Mom's Guide to Breastfeeding, by Marianne Neifert, M.D.,
Chapter 5

Nursing Mother's Companion, by Kathleen Huggins,
Chapter 2: Off to a Good Start: The First Week.

The Breastfeeding Answer Book, by Le Leche League
International, Chapter 3: Breastfeeding Basics

Please run a copy before completing

Section V – Activities



Refer to Activity Sheet on page 89

Check box when completed ✓

Review *Breastfeeding Flipchart* pages on Nutrition (choices).

Review resources listed at the end of this activity

Review and assess the Nutrition and Health Assessment form Breastfeeding/Nutrition Section (questions 19-26) that a Health Professional has filled out while discussing with a participant and answer the following questions:

- 1) Looking at the answers mother mentioned on questions 19-26 what concerns do you think mother has?
- 2) How would you address the concerns mother has about her diet and concerns you have as a health professional?

2) What other recommendations would you give her?

Optional Activity:

Visit a friend or relative who just delivered or accompany a public health nurse on a home visit of a new breastfeeding woman and provide assistance and support as needed.

Answers:

(Will vary with Health Professional but sample suggestions include)

- 1) Mothers concerns seem to include:
 - Does she need to follow a special diet when breastfeeding
 - Feels she can't find time to eat and
 - Want to be sure she is eating enough to breastfeed baby.

- 3) Discuss with mother that for most women there are no foods that must be eaten or avoided by the nursing mother. Rarely some foods can cause fussiness or allergic reaction. If mom suspects a food is causing problems for the infant discuss with a physician or health professional.

Discuss with mother need to eat enough to provide nutrients for breastfeeding. Discuss the need to eat to hunger when breastfeeding. Discuss some ways that mom thinks she can fit in small, frequent meals or snacks. Provide mother with tips for quick meals and snacks.

Remind mother that Breastfeeding requires extra calories to produce milk. The fat stored during pregnancy and additional calories consumed in the diet are used for milk production. To ensure a woman rebuilds her own nutrient stores and meets the calorie demands of breastfeeding, dieting is not recommended in the early weeks postpartum.

- 3) Could give mother ideas on how to increase fluid intake as well like drinking a glass of water or milk before nursing. Discuss with mother ways she thinks she could include more fluid in her diet.

Resource:

Quick and Easy Food Fixes for Mom – find in WIC Electronic Manual/Nutrition and Health Assessment Counseling Tools/PostPartum Healthy Mother’s Daily Food Guide

Breastfeeding/Postpartum Nutrition and Health Assessment

South Dakota Department of Health

Participant Name:	Family ID:	Date Completed:
Receives Ongoing Preventive Healthcare:		
Risk Codes	Getting healthcare is important for you even after your baby is born.	
	1. Who is your doctor or clinic? _____ <input type="checkbox"/> Referral _____	
	2. When is your postpartum checkup scheduled? _____	
	3. Have you been to the dentist in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral _____	
381	4. Do you have any dental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify: _____	
Achieves Normal Growth Pattern		
	Many women have concerns about losing weight after pregnancy.	
	5. What are your plans for losing weight gained during pregnancy? Specify: _____	
Remains Free from Nutrition or Food-Related illness, Complications or Injury		
361	Having a baby can come with many different feelings.	
	6. Using the following words or your own, can you describe how you are feeling: <input type="checkbox"/> Happy <input type="checkbox"/> Ok <input type="checkbox"/> Depressed <input type="checkbox"/> Sad <input type="checkbox"/> Stressed <input type="checkbox"/> Tired Other: _____ <input type="checkbox"/> Referral _____	
	7. How are you feeling physically? _____ _____ _____	
	8. Did you have any complications or special conditions with this pregnancy or birth? <input type="checkbox"/> None <input type="checkbox"/> Cesarean section (359) <input type="checkbox"/> Gestational diabetes (303) <input type="checkbox"/> High blood pressure/Hypertension (345) <input type="checkbox"/> Infant born with Spina Bifida, cleft lip or cleft palate (339) <input type="checkbox"/> Multifetal gestation (335) _____ number of babies <input type="checkbox"/> Miscarriage or neonatal Loss (321) (most recent pregnancy) <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Premature delivery (311) _____ weeks gestation Other: _____	
312	9. Did your baby weigh 5 ½ pounds (5 lbs. 8 oz.) or less at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
337	10. Did your baby weigh 9 pounds or more at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
332	11. Was there less than 16 months between your two pregnancies, if pregnant before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

	<p>12. Do you currently have any medical conditions, illnesses or disabilities?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> None <input type="checkbox"/> Asthma (360) <input type="checkbox"/> Celiac's Disease (354) <input type="checkbox"/> Depression (361) <input type="checkbox"/> Diabetes Mellitus (343) <input type="checkbox"/> Gastrointestinal Disorders (342) <input type="checkbox"/> Hypoglycemia (356) <input type="checkbox"/> Inborn Errors of Metabolism (351) <input type="checkbox"/> Lead Poisoning (211) <input type="checkbox"/> Renal Disease (346) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cancer (347) <input type="checkbox"/> Central Nervous System Disorder (348) <input type="checkbox"/> Developmental Delays (362) <input type="checkbox"/> Eating Disorder (358) <input type="checkbox"/> Genetic/Congenital Disorders (349) <input type="checkbox"/> Hypertension (345) <input type="checkbox"/> Infectious Diseases within 6 months (352) <input type="checkbox"/> Nutrient Deficiency Diseases (341) <input type="checkbox"/> Thyroid Disorders (344) </td> </tr> </table> <input type="checkbox"/> Other Medical Conditions _____(360) Other/Specify: _____	<input type="checkbox"/> None <input type="checkbox"/> Asthma (360) <input type="checkbox"/> Celiac's Disease (354) <input type="checkbox"/> Depression (361) <input type="checkbox"/> Diabetes Mellitus (343) <input type="checkbox"/> Gastrointestinal Disorders (342) <input type="checkbox"/> Hypoglycemia (356) <input type="checkbox"/> Inborn Errors of Metabolism (351) <input type="checkbox"/> Lead Poisoning (211) <input type="checkbox"/> Renal Disease (346)	<input type="checkbox"/> Cancer (347) <input type="checkbox"/> Central Nervous System Disorder (348) <input type="checkbox"/> Developmental Delays (362) <input type="checkbox"/> Eating Disorder (358) <input type="checkbox"/> Genetic/Congenital Disorders (349) <input type="checkbox"/> Hypertension (345) <input type="checkbox"/> Infectious Diseases within 6 months (352) <input type="checkbox"/> Nutrient Deficiency Diseases (341) <input type="checkbox"/> Thyroid Disorders (344)										
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357	<p>13. Do you take any prescriptions or over the counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ _____ _____</p>												
427a 427d	<p>14. Do you take any vitamins, minerals, herbs or herbal supplements? <input type="checkbox"/> None <input type="checkbox"/> Herbal supplements/tea <input type="checkbox"/> Iron <input type="checkbox"/> Multivitamin <input type="checkbox"/> Prenatal vitamin <input type="checkbox"/> Other: _____ Specify: _____</p>												
427c	<p>15. Do you eat non-food items like clay, starch, ice or baking soda? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____</p>												
Breastfeeding – If not breastfeeding go to #19													
	<p>16. Are you currently breastfeeding, pumping or both? <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Pumping <input type="checkbox"/> Both</p>												
	<p>17. How long do you plan to breastfeed? _____</p>												
	<p>18. Do you have any concerns related to breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____</p>												
Consumes a Variety of Foods to Meet Energy and Nutrient Requirements													
	<p>Eating a variety of nutritious foods is important.</p> <p>19. Do you have any concerns about your diet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify: Worried that she should not eat certain foods now that breastfeeding and about not eating enough.</p>												
427b 353 354 355	<p>20. Are you following a special diet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Food allergy (353)</td> <td style="width: 25%;"><input type="checkbox"/> Gluten-Free</td> <td style="width: 25%;"><input type="checkbox"/> Low calorie</td> <td style="width: 25%;"><input type="checkbox"/> Low carbohydrate</td> </tr> <tr> <td><input type="checkbox"/> Low fat</td> <td><input type="checkbox"/> Lactose intolerance (355)</td> <td><input type="checkbox"/> Vegetarian</td> <td><input type="checkbox"/> Vegan</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> <td colspan="2">If yes, specify: _____</td> </tr> </table>	<input type="checkbox"/> Food allergy (353)	<input type="checkbox"/> Gluten-Free	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low carbohydrate	<input type="checkbox"/> Low fat	<input type="checkbox"/> Lactose intolerance (355)	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Other _____		If yes, specify: _____	
<input type="checkbox"/> Food allergy (353)	<input type="checkbox"/> Gluten-Free	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low carbohydrate										
<input type="checkbox"/> Low fat	<input type="checkbox"/> Lactose intolerance (355)	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan										
<input type="checkbox"/> Other _____		If yes, specify: _____											
	<p>Describe your eating and meal habits.</p> <p>So busy with baby has trouble finding time to eat. Will eat when baby is sleeping.</p>												

Name: _____ Family ID# _____ Date: _____

	21. How many times a day do you usually eat:	1-2 meals/day 1 snacks/day
	22. In a typical week, how many meals do you eat from a restaurant, including fast food?	1 meals/week
	23. What kinds of foods do you typically snack on?	
	<input checked="" type="checkbox"/> Breads, cereals <input type="checkbox"/> Chips <input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/> Candy, cookies, cakes, rolls <input checked="" type="checkbox"/> Crackers <input type="checkbox"/> Ice cream/frozen yogurt
	<input checked="" type="checkbox"/> Cheese, yogurt, pudding <input type="checkbox"/> Fruits <input type="checkbox"/> Meat, fish, eggs, nuts	<input type="checkbox"/> Vegetables
	Other _____	
427d	24. Are there any foods you don't think you eat enough of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Bread, cereal, rice and pasta <input checked="" type="checkbox"/> Milk, yogurt, cheese	<input checked="" type="checkbox"/> Fruits <input checked="" type="checkbox"/> Vegetables
	<input type="checkbox"/> Meat, fish, eggs, beans <input type="checkbox"/> Other _____	
	25. What do you drink in a typical day: <i>(Optional to list amounts/frequency)</i>	
	<input checked="" type="checkbox"/> Milk (type) <u>1</u> glass <u>8oz</u> <input type="checkbox"/> Beer _____ <input type="checkbox"/> Regular pop/soda _____ <input type="checkbox"/> Other alcoholic drinks _____	<input checked="" type="checkbox"/> Water <u>2</u> glasses <u>8oz</u> <input type="checkbox"/> Coffee/tea _____ <input type="checkbox"/> Sports/Fruit drinks _____ <input type="checkbox"/> Other: _____
		<input checked="" type="checkbox"/> 100% Juice <u>1</u> glass <u>8oz</u> <input type="checkbox"/> Diet soda _____ <input type="checkbox"/> Wine _____
	26. Is there anything you would like to change about your eating habits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Eat more.	
Safety and Security		
	27. Do you have working kitchen appliances for making and storing foods such as a refrigerator, a stove, and storage free from pests and cleaning supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant Other: _____ Specify: _____ _____	
	28. What is your main source of drinking water? <input type="checkbox"/> Bottled water <input type="checkbox"/> City <input type="checkbox"/> Private well <input type="checkbox"/> Rural water system If a private well, has it been tested for bacteria or nitrates? <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> Don't know <input type="checkbox"/> Referral	
	29. Is the water fluoridated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
	30. In the past month did you or anyone in your household not get enough to eat because there wasn't enough money for food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Refuses	
	31. Are you participating in any food and nutrition programs? <input type="checkbox"/> None	
	<input type="checkbox"/> Commodity Program	<input type="checkbox"/> EFNEP/FNP
	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Food Stamps
	<input type="checkbox"/> Other: _____	
371	32. Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> chewing tobacco <input type="checkbox"/> smoke tobacco If yes _____ #of cigarettes/packs/other per day/week/year	

	33. Are you exposed to smoke in the home, car, at work, etc? If yes; specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
372	34. Do you drink alcohol? (beer, wine, or liquor) If yes, specify: _____ times per day/week/year/month	<input type="checkbox"/> Yes <input type="checkbox"/> No
372	35. Are you using any street drugs? If yes _____ times per day/week/month/year	<input type="checkbox"/> Yes <input type="checkbox"/> No
901	36. Do you have any concerns about your personal safety? Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resources			Other Resources Discussed:	
	Informed	Using		
Blood Lead Screening			Baby Care	Family Planning
Food Stamps			Child Care Services	Head Start
HIV / AIDS Testing			Child Protection	Mental Health
Medical Assistance (CHIP/Medicaid/Low Income Families)			Child Support	Rehabilitation Services
Temporary Assistance to Needy Families (TANF)			Children's Special Health Services	Services to Blind / Visually Impaired
WIC Follow-Up Nutrition Counseling			Community Health Services	Tobacco Control
			Energy Assistance / Weatherization	

Please print a copy before completing



Section V– Quiz
(10 possible points)

(2 points)

1. List two suggestions you would give a mom to help her during the early weeks postpartum.

(2 points)

2. What recommendations would you give to a woman who is unable to stop smoking?

(1 point)

3. T or F It's best for the nursing mom to limit her consumption of caffeine to no more than 2 cups per day.

(1 point)

4. T or F If the nursing mom smokes, she should be told not to breastfeed.

(1 point)

5. T or F There are no fluid quantity recommendations. Moms should be told to drink to thirst.

(1 point)

6. T or F A breastfeeding mom needs to follow the mypyramid precisely in order to produce enough milk.

(1 point)

7. T or F Hormonal-type contraceptives should be started immediately after delivery.

(1 point)


8. T or F Breastfeeding is a good method of contraception if a mother's menstrual period has not returned.

Answers:

1. Any of the suggestions listed under the section "Support for Mom."
2. Try to cut back on the number of cigarettes smoked; always smoke away from the baby after a feeding.
3. T
4. F; the benefits of breastfeeding outweigh the risks of smoking.
5. T
6. F; women should be encouraged to eat a variety of foods, using mypyramid as a guide.
7. F; hormonal contraceptive methods should not be started until lactation is well established – wait until at least 6 weeks postpartum.
8. F; breastfeeding should not be used as a method of contraception.

How Do I Rate?

10 points = Expert!
8-9 points = Good Job!
6-7 points = Go Back and Look Over Major Points
<6 points = Review Entire Section



Optional Reading

"A Review of the Medical Benefits & Contraindications to Breastfeeding in the United States," Ruth A. Lawrence, Maternal & Child Health Technical Information Bulletin, October 1997.

Dr. Mom's Guide to Breastfeeding, Marianne Neifert, M.D. Chapter 6, "Daily Life While Breastfeeding."

The Breastfeeding Answer Book, La Leche League, Chapter 18, "Sexuality, Fertility and Contraception."

Medications and Mother's Milk, Thomas W. Hale, PhD.

**Please print a copy before completing
Section VI— Activities**



Check box when completed ✓

Talk with a co-worker or friend who combined working and breastfeeding. Ask her to share some tips for making breastfeeding and working a positive experience.

Record those tips here:

Activity

Use Breastfeeding Section in the WIC Electronic Manual under Storage of Breastmilk to complete the recommendations of the South Dakota WIC Program.

Complete the chart below according to South Dakota WIC recommendations for the storage of breast milk.

Breast milk storage:

Room temperature _____.

Refrigerator _____

Freezer (compartment inside refrigerator)_____

Freezer (compartment separated from the refrigerator compartment)_____

Upright or chest freezer (deep freeze) _____



Section VI — Quiz

(8 possible points) (1 point)

1. T or F Moms are encouraged to talk to their employers during their pregnancy about their decision to return to work breastfeeding.

(1 point)

2. T or F Moms who work full-time will need to express their milk at least 5 times a day.

(1 point)

3. T or F Moms returning to work before 6 weeks post-partum may need to express their milk more frequently to maintain their milk supply.

(1 point)

4. T or F A battery-operated or small electric pump is the best type of pump for a mom who is returning to work full-time.

(1 point)

5. T or F SD WIC advises that breast milk can be stored in the refrigerator up to 4 days.

(1 point)

6. T or F Moms wanting to provide supplemental formula should wait until 4 weeks postpartum as not to interfere with their milk production.


(2 points)

7. A mom requests to receive supplemental formula and reports her 4-month-old baby is taking two 8-ounce bottles a day. How many cans of powdered formula would you provide?

Answers:

1. T
2. F; at least 3 times a day
3. T
4. F; ideally moms returning to work full-time should use an electric or pedal pump.
5. F; according to SD WIC guidelines breast milk should not be stored in the refrigerator more than 48 hours.
6. F; ideally formula should not be introduced until the infant is at least 6 weeks of age.
7. 5 cans of 16 or 14 oz. cans of powdered formula

How Do I Rate?

- 8 points = Expert!
 - 6-7 points = Good Job!
 - 4-5 points = Go Back and Look Over Major Points
 - <4 points = Review Entire Section
- 

Optional Reading

Dr. Mom's Guide to Breastfeeding, by Marianne Neifert, MD, Chapter 8: "Working Without Weaning" and pages 162-168 "How Can I Express Some of My Breast Milk?"

Nursing Mother's Companion, by Kathleen Huggins, Chapter 5: "Traveling Together, Being Apart."

The Breastfeeding Answer Book, by La Leche League International, Chapter 10: "Employment and Breastfeeding," Chapter 9: "Expression and Storage of Human Milk."

Please print a copy of this before completing

Section VII—Activities

Review references listed at the end of Section VII

Moms will have many questions about breastfeeding.

Answer the following questions using The Breastfeeding Answer Book.

A mom tells you that her baby is refusing to nurse. What are some of the possible causes and solutions? (Possible causes and solutions are addressed in Chapter 5 of the Breastfeeding Answer Book.)

A mom is concerned because her baby is spitting up frequently. What are some possible causes? (Possible causes located on pages 46 & 47 of the *Breastfeeding Answer Book*.)

Mom reports her breasts are lopsided because her baby refuses one breast. What are some possible causes? (Possible causes and solutions located on pages 140 to 143 of the *Breastfeeding Answer Book*.)

Please print a copy before completing

Section VII—Quiz

(15 possible points)



- (2 points) 1. How would you respond to a woman who reports she is nursing her one-week-old baby every 4 to 5 hours?
- (1 point) 2. T or F A woman abusing alcohol should be told not to breastfeed.
- (1 point) 3. T or F A woman who has hepatitis should be referred to her health care provider to determine if she can breastfeed.
- (1 point) 4. T or F Women using any medication while breastfeeding should be told not to breastfeed.
- (2 points) 5. A breastfeeding infant appears jaundiced at his WIC appointment. What should you do?
- (2 points) 6. You just weighed a 1-week-old breastfeeding baby at his certification visit and the baby has lost 9 ounces from birth weight. What should you do?
- (2 points) 7. You are reviewing the Infant Nutrition and Health Assessment form and you note that a baby who is 2 weeks old is breastfeeding 8 times in 24 hours, is having 4 bowel movements, and 7 wet diapers. The baby's weight is 4 ounces above birth weight. What should you do?

(2 points) 8. You are in the process of certifying a pregnant woman and she tells you that she is breastfeeding her 18-month-old. What would you do? (Hint: refer to Breastfeeding Complications or Potential Complications Reference Section)

(2 points) 9. A breastfeeding mom complains to you that her nipples are cracked and bleeding. What would you do?

Answers:

1. Possible Response: "Can you tell me at what times your baby nursed in the last 24 hours?" If the Nutrition and Health assessment discussion actually indicates the woman is breastfeeding every 4 to 5 hours, you will need to probe further to see if the baby is a sleepy baby, or if mom is trying to feed on a schedule, or if other problems are present. Discuss the importance of feeding a newborn every 1 ½ hours and provide mom with strategies for increasing the number of feedings.
2. True
3. True
4. False, most medications are safe while breastfeeding, though further evaluation of the specific medication needs to be made by the Health Professional or the participant's health care provider.
5. Refer the participant to their health care provider. Additionally, you would want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this self study packet.
6. Assign the infant the risk code 1-135-1, Inadequate Growth. Additionally, you would want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this self study packet.
7. Congratulate mom on what a great job she is doing breastfeeding. Her baby is really thriving on her milk!
8. Assign the risk code 1-338-2, Pregnant Woman Currently Breastfeeding, and explain that her milk supply probably will decrease and that her breastfed baby will need other sources of nutrition. If she plans to continue to nurse throughout her pregnancy, refer her to her obstetrical care provider who may discourage the practice for high-risk pregnancies.
9. Assign the risk code 1-602-2, Breastfeeding Complications or Potential Complications Woman. You may want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this self study packet.

How Do I Rate?

15 points = Expert!
13-14 points = Good Job!
11-12 points = Go Back and Look Over Major Points
<11 points = Review Entire Section



Optional Reading

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Dr. Mom's Guide to Breastfeeding, Marianne Neifert, M.D.

The Breastfeeding Answer Book, La Leche League.

Medications and Mothers Milk, Thomas W. Hale, PhD

Section VII:

Breastfeeding Your Twins
Nursing Your Baby with A Cleft Palate or Cleft Lip
Nursing Your Baby with Down Syndrome
Nursing Your Neurological Impaired Baby
Nursing Your Premature Baby