

Breastfeeding Self Study Packet And Reference Manual

Health Professional



Adapted from Breastfeeding Module and Resource Manual
Developed by the Colorado Department of Public Health
and Environment Nutrition Services/WIC Program

And Loving Support Through Peer Counseling Curriculum

Revised 2008



Preface

As you will soon discover providing breastfeeding education and information can be one of the most rewarding parts of your job. Through providing education, encouragement, and support, WIC staff empower women to make an informed infant feeding choice that will last a lifetime!!

Participants do listen to what you are saying and value the information they receive from WIC. Therefore, it is important that all WIC staff take the time to build their skills in providing breast-feeding education and support.

This breastfeeding self study packet will help you gain the knowledge necessary to educate WIC participants, their families, and friends on the many benefits of breastfeeding, as well as provide information to ensure a successful breastfeeding experience.

This self study packet, was designed to be interactive, fun, and educational! Learning activities include observation, video viewing, reading, completing a crossword puzzle, and many other fun activities.

How to Use This Self Study Packet

Pace yourself—take time to complete all of the activities and to enjoy your learning process. Make a schedule for yourself that is realistic. The self study packet has seven sections with many activities. Depending on your schedule you might set a goal to complete one or two sections a week.



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

Complete:

Introduction by _____

A number of resource materials which are referred to throughout the self study packet as "tools" are also needed to complete this self study packet. At the beginning of each section you will find a list of tools needed for that specific section. The number and types of activities vary from section to section.

At the end of each section, you will find a listing of key points, additional activities, a quiz to test your knowledge, and a list of optional readings. You will also find a list of Breastfeeding handouts and videos that are available and that pertain to the topic covered in that section.

Note: The activities/quizzes (and answer keys) at the end of the sections that are to be printed off and completed are also located in the Breastfeeding Activities folder. For ease of use all the activities can be printed from this folder prior to beginning the module or by section.

Located in WIC Electronic Manual/Staff Training/Self-Study/Breastfeeding/Breastfeeding Activities.
Also in shared drive/wic forms/Training Modules/Breastfeeding Self-Study/Breastfeeding Activities.

Tools needed to complete this self study packet:

- *The Breastfeeding Answer Book* by La Leche League International
- *Breastfeeding Flipchart* by Childbirth Graphics

Optional Tools:

- *Dr. Mom's Guide to Breastfeeding* by Marianne Neifert, MD
- *The Nursing Mother's Companion* by Kathleen Huggins, RN, MS

Introduction



Why Promote Breastfeeding?

Breastfeeding benefits a community!! Breastfed infants are healthier and moms who breastfeed lower their risk for some diseases. Breastfeeding saves health care costs because breastfed babies have fewer illnesses and hospitalizations. Breastfeeding is good for the environment because there are fewer cans, bottles, and nipples to throw away. Breastfeeding saves businesses money because healthier babies mean less absenteeism for working moms. Breastfeeding is the GOLD Standard!

WIC's Breastfeeding History

The WIC Program has always been an avid promoter of breastfeeding. In 1989, the United States Congress strengthened WIC's efforts by allocating funds specific to breastfeeding promotion and support. In addition to funding, Congress included legislation requiring WIC Programs to:

- develop a national breastfeeding definition
- designate a breastfeeding coordinator in each state agency
- train local WIC staff to promote and support breast feeding
- develop standards to ensure all women have access to breastfeeding promotion and support during the prenatal and postpartum periods
- provide materials in languages other than English as indicated by the population served

WIC Makes a Difference

Since 1989, WIC Programs nationwide have implemented numerous activities and programs to increase breast feeding rates among the WIC population. In fact, during the last decade, breastfeeding rates have increased twice as fast among WIC mothers compared to non-WIC mothers.

In 2004, Congress as a part of the WIC Reauthorization Act, designated money for a WIC Breastfeeding Peer Counselor Program to give states an opportunity to enhance an existing Breastfeeding Peer Counselor Program or begin a new one. South Dakota applied and was



awarded a grant to implement a Breastfeeding Peer Counselor Program in three pilot sites. The pilot sites were Beadle, Brookings and Butte-Belle Fourche. As of 2008, South Dakota has 4 Breastfeeding Peer Counselor Sites located in Beadle, Butte-Belle Fourche, Davison and Shannon-Kyle counties.

WIC Can and Does Make a Difference!!

Breastfeeding Rates

National Healthy People 2010 Goal

WIC strives to achieve the Healthy People Year Breastfeeding Objective of having 75% of women who breastfeed their babies in the early postpartum period, 50% who continue to breastfeed for at least 6 months, and 25% who continue to breastfeed until 12 months.

National Rates

Breastfeeding rates are on the rise!! During the 1950s only one-third of all mothers nationwide initiated breast feeding. Rates increased gradually during the 1970s but declined again in the 1980s. Not until the early 1990s did rates start to climb at a steady rate. Today, approximately two thirds of all mothers nationwide initiate breastfeeding!

WIC Breastfeeding Rates

Typically breastfeeding rates are lower among WIC moms. It is known that women who are lower-income, younger (less than 20 years of age), less educated, and of a racial minority are less likely to breastfeed. However, because of the commitment of the WIC Program, breastfeeding initiation and duration rates in the past few years have increased at a faster rate among WIC moms compared to non-WIC moms. Currently, about half of WIC moms nationwide initiate breastfeeding.



Breastfeeding Education and Support

WIC Activities and Responsibilities

Local Agencies provide breastfeeding education and support by various methods across the state. Education is usually provided through individual education sessions and may be complemented by video viewing at one or more of the sessions. Some Local Agencies offer breastfeeding or infant feeding classes.

South Dakota has electric breastpumps assigned to various Local Agencies. It is the hope with the number of electric breastpumps to loan to our WIC participants that the number of WIC participants who choose to breastfeed will increase. Local Agencies can order manual breastpumps from the Forms Catalog to distribute to appropriate WIC participants who choose to breastfeed.

The WIC Program is seen as a valuable source of sound information and support. Many WIC participants report that WIC staff played an important role in their decision to breastfeed.

Staff Responsibilities

To ensure women receive adequate breastfeeding information and support, all WIC staff are responsible for:

- encouraging all women to breastfeed; exception HIV-positive women must be informed not to breastfeed;
- providing education and information at each prenatal visit, including information on the mechanics of breastfeeding, such as "how to breastfeed," positioning, preventing problems, managing breastfeeding when returning to work or school, and expressing and storing breast milk;
- providing education and support during the postpartum period; and
- identifying breastfeeding problems and making referrals, as indicated.

Clerical Staff



It is the responsibility of all staff to promote breastfeeding.

- When a mom calls the Local Agency to report the arrival of a new baby the clerical should ask how the mom is going to feed the baby, which is a breastfeeding supportive question. Do not ask immediately what kind of formula the baby is drinking; this can send the message that WIC supports formula feeding instead of breastfeeding.
- At each visit for food instrument pickup, clerical staff should ask breastfeeding mothers about the status of breastfeeding. The date and information gathered will be recorded on the certification forms.
 - If a breastfeeding mother comes into the Local Agency and reports she wants to stop breastfeeding or has concerns or questions, refer the mother to the Health Professional if one is available.
- The Health Professional can then talk to the mother more to determine why the mother wants to quit breastfeeding. There is a possibility after talking to the Health Professional, the mother will have her questions answered and will continue to breastfeed. If the mother is moved to postpartum status and no counseling takes place by the Health Professional it is likely the mother will not continue to breastfeed.
- Clerical staff should be aware of breastfeeding education and support programs in your community/area. These programs should be listed on your resource/referral list. Participants should be referred to these community resources for further assistance if a Health Professional is not available. It is the responsibility of the Health Professional to refer a breastfeeding WIC participant to breastfeeding resources in the community if they require assistance that WIC is not able to provide.

Breastfeeding Friendly Environment

- Local Agencies will maintain a clinic environment with a positive breastfeeding message.
- All Local Agency staff must exhibit a positive attitude towards breastfeeding to all participants.
- Educational materials, posters, audiovisuals, handouts, notepads, pens, cups, etc. will be free of formula company logos or names. Baby bottles will be used only if pertinent.
- Formula will be stored out of sight.

Feeling Good About Providing Breastfeeding Education

Feeling Good About Education and Support

Getting comfortable with how you feel about breastfeeding is the first step to providing breastfeeding education.

Ask yourself—

- How do I feel when I see a woman breastfeeding in public?
- If I had a child or another child would I breast-feed?
- If a mom says she wants to formula feed would I be afraid of making her feel guilty if I talked about the many benefits of breastfeeding?

Are you uncomfortable with breastfeeding

If you're uncomfortable seeing a woman breastfeed in public, is it because it is something unfamiliar to you or because of your level of modesty?

It's helpful to explore why you feel the way you do and acknowledge that it's okay to feel that way! By understanding your own feelings, you can help your participants who may have the same feelings and apprehensions. Realize that many of us grew up in a bottle-feeding culture—as you gain more knowledge and experience you will become more comfortable with promoting and supporting breastfeeding. If you're comfortable with breastfeeding—great! You can help others by sharing your feelings and gaining more knowledge about helping mom's breastfeed.

Do you feel inadequate because you have not breastfed?

Some WIC staff have not breastfed and do an excellent job promoting breastfeeding. The knowledge you will gain from completing this self study packet will provide you with a strong foundation for providing breastfeeding education (Health Professionals) and support from all staff. The more knowledge you gain, the more comfortable you will

feel about providing breastfeeding support and education. In addition to your knowledge base, your experiences with your family and friends who have breastfed, no matter how few, can bring a level of understanding and sensitivity to your education sessions.

Do you fear making women feel guilty about not breastfeeding?

Fear of making a participant feel guilty about not breastfeeding is a common feeling among WIC staff. It is important to recognize that WIC's role is to provide information and education so that women can make an **informed** decision.

Information is empowering—it allows women to make the best choice for themselves and their families. If a mother has the information and chooses not to breastfeed, WIC staff can know that it was an informed choice. How would you feel if you didn't provide the information, and the mother later regretted not breastfeeding?

What should you do if a mom tells you she is going to formula-feed?

The answer is simple—Ask mom why she came to that decision. Often moms have decided to formula-feed because of things they have heard about breastfeeding. A friend may have told them that "It hurts horribly to breast-feed!" or their mother told them "I could not breastfeed because my milk was bad and it may run in the family." You can affirm the woman by acknowledging that many women have said the same thing and then share what you know about breastfeeding.

Women also need to know that if they decide not to breastfeed, they have an option of pumping their milk and feeding it from a bottle. Some women are uncomfortable with putting a baby to the breast but will choose to provide breast milk from a bottle. And then there are some women who will choose to formula feed despite your efforts to promote breastfeeding.

If a woman chooses to formula-feed, you can show your support by acknowledging the mother's decision and providing information about other infant feeding practices.

Making the Most of an Education Session (To be completed by Health Professionals only)

Repetition helps a person process the information.

People learn best if information is provided repetitively and in small amounts. **Research has shown that the number of times breastfeeding is discussed can have a bigger impact than the total amount of time spent discussing a topic.** Repetition helps a person process the information. WIC prenatal and early post-partum visits provide an excellent opportunity for staff to repeat information and to provide information in manageable amounts.

Identify the woman's need.

It is important for staff to identify and address the individual needs of the participant. This will prevent you from overwhelming a participant with too much information and shows your interest in all her needs. For example, if a woman has already decided to breastfeed and recognizes the many benefits it may be a better use of time to address the "how-to" of breastfeeding, rather than discussing the benefits of breastfeeding. If a woman has previous breastfeeding experience, does she have any concerns she would like to discuss? If a woman has had an unsuccessful breastfeeding experience, you might discuss options she could try to ensure a successful experience. By tailoring your education contacts, you show your interest in the participant's needs and you save valuable time.

Open-ended or closed-ended questions?



Using open-ended questions can be very helpful in identifying a participant's needs and getting a discussion started. For example, asking a participant "How are you going to feed your baby?" or "How often is your baby nursing?" can help a participant share how she feels about breastfeeding. Using closed-ended questions such as, "Are you planning to breastfeed?" or "How is breastfeeding going?" will elicit a "one word" answer and will shut-down the conversation. By using open-ended questions you can start a discussion with mom which can help you address her particular needs and concerns.

- *The Breastfeeding Answer Book* by La Leche League International is a great resource book. It provides a wealth of information on managing and supporting breastfeeding. Every Local Agency has a copy for staff use.

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)

(2 points)

Fill in the blanks. Clerical will answer questions 1-3 only

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

How Do I Rate?



Section I: Yes, You Can Breastfeed

The decision to breastfeed an infant is a personal choice. Many women have already made a decision about breastfeeding before becoming pregnant. A vital role that you play is to enable each woman to make an **informed choice** about breastfeeding and support her decision. You can help mom by sharing the many advantages of breastfeeding, discussing her concerns, and allowing her to make her own infant feeding decision.

There are many advantages both physically and emotionally that impact a woman's decision to breastfeed.

The following section discusses the many advantages, common myths/concerns and how family and friends can help support a woman to breastfeed.

Advantages of Breastfeeding

Benefits for the Infant

Breastfed infants receive many benefits which last a lifetime:

Nutritionally superior

Breast milk has the perfect composition for babies and changes as the baby's needs change. The amount and proportion of protein, fat, and carbohydrate in breast milk are perfect for meeting the baby's needs. The largest source of calories in breast milk is fat—which is needed for energy for the baby. Breast milk also has a high amount of cholesterol which is needed for brain and nervous system development. The iron in breast milk is in small amounts because it is so well absorbed by the baby. No infant formula can duplicate breast milk. Breast milk is all an infant needs for the first 4 to 6 months of life.

Breastfed babies are healthier

Breast milk contains antibodies which protect the baby from illness and infection. Breastmilk promotes the development of the infant's own immune system. The protective qualities of breastmilk are very important because a child's immune system does not reach full strength until the child is about 5 years old. Colostrum, the mother's first milk is especially rich in antibodies. Breastfeeding lowers rates of diarrhea, ear and respiratory infections, and gastroenteritis and other stomach illnesses. Breast milk also protects children from meningitis, chronic digestive diseases, insulin-dependent diabetes, lymphoma, ulcerative colitis and Crohn's disease. **According to**

research that is being done there is a substantial association of breastfeeding with a lowered risk for SIDS.

Fewer Allergies

Breastfed babies are less likely than formula-fed babies to experience symptoms of allergy, such as, vomiting, diarrhea, malabsorption, eczema, gas, spitting up, and asthma. Food allergies appear to be less frequent in infants who are exclusively breastfed.

Easier to digest

Babies who are breastfed have fewer problems with constipation and diarrhea. The protein in breast milk is easier to digest resulting in a softer and a less pungent-smelling stool. Some of the mother's digestive enzymes, such as lipase and amylase, are present in breast milk which helps with the breakdown of nutrients for the baby.

Better jaw and tooth development

Breastfeeding requires more effort than bottle-feeding so it helps promote jaw and tooth development. Babies who are breastfed during the first four months are known to have fewer cavities as a child.

Higher IQS

Breastfeeding contributes to optimal brain development. Children who have been breastfed have fewer learning disabilities and behavioral difficulties. Breastfeeding also appears to influence intelligence. It has been found that increased duration of breastfeeding is associated with consistent and statistically significant increases in:

- IQ assessed at ages 8 and 9;
- Reading comprehension, mathematical ability, and scholastic ability assessed during the period from ages 10 to 13;
- Teacher ratings of reading and mathematics assessed at ages 8 and 12; and
- Levels of attainment in school-leaving exams.

Less likely to overfeed

Breastfeeding allows a baby to be sensitive to his own satiety cues because the mother can't see how much the baby is taking from a feeding, therefore she is less likely to manipulate the baby's intake.



Benefits for the Mother

Breastfeeding is a wonderful gift a mother can give to her baby and to herself!

Promotes weight loss

Breastfeeding helps a mother's uterus return to normal size faster and utilizes fat stores gained during pregnancy. This helps women return to their pre-pregnancy weight faster than women who formula-feed.

Decrease the risk of breast and ovarian cancer

One in eight women will suffer from breast cancer during her lifetime. Studies have shown decreased incidence of both pre-menopausal breast and ovarian cancer in women who have breastfed.

Offers protection against fragile bones and hip fractures later in life

The risk of developing osteoporosis later in life is measurably less for women who have breastfed. Breastfeeding women have higher concentrations of calcium in their blood and breastfeeding stimulates the absorption of calcium.

Promotes relaxation

Breastfeeding releases a hormone in the mother's body that helps her relax. Breastfeeding also encourages a mother to take the time to sit down and relax with her baby.

Less stress for mom

Breastfed babies are healthier which means less worry for mom, fewer health care expenses, and more time for mom to enjoy her baby, family, and friends.

Increase bonding

Breastfeeding plays an important role in the emotional development of infants. Mother-infant bonding through close skin-to-skin contact, increased mother-infant eye contact during feedings, and the mother's smell and heartbeat contribute to a special bond between mother and infant.

Increases self-esteem

In one study, women who breastfed demonstrated higher self-esteem and assertiveness, became more out-going, and interacted more naturally with their infant.

Convenient

Breast milk is always ready to go. There is no need to take the time to purchase, sterilize, and prepare bottles.

Less expensive

Breast milk is free. When breastfeeding, a woman saves on the costs of bottles, nipples, and formula. Breastfeeding mothers also have healthier babies which means they spend less on doctor's visits, medications, and miss work less often.

Benefits for the Community

When an infant is breastfed the community benefits.

Decreases medical costs

Health care costs are a major portion of the expenses of the U.S. economy. It is estimated if all infants were breastfed exclusively for 6 months in the U.S., health care and other savings would equal approximately \$450 to \$800 per family.

Reduces tax burden

The tax burden on communities and government from providing health care and supplying formula to WIC and welfare infants could be reduced by hundreds and millions of dollars a year if infants were breastfed.

Promotes higher productivity in the workplace

Breastfeeding leads to a more productive and healthier work force. Breastfed infants are healthier which means their mothers have fewer absences from work due to baby-related illnesses. Breastfeeding promotes a healthier workforce for the future!

Benefits for the Environment

During this time of environmental preservation, the advantages of breastfeeding on the environment should also be considered.

Breastfeeding reduces global pollution by eliminating the use of resources and energy required to produce, process, distribute, promote, and dispose of material created by artificial baby milk.

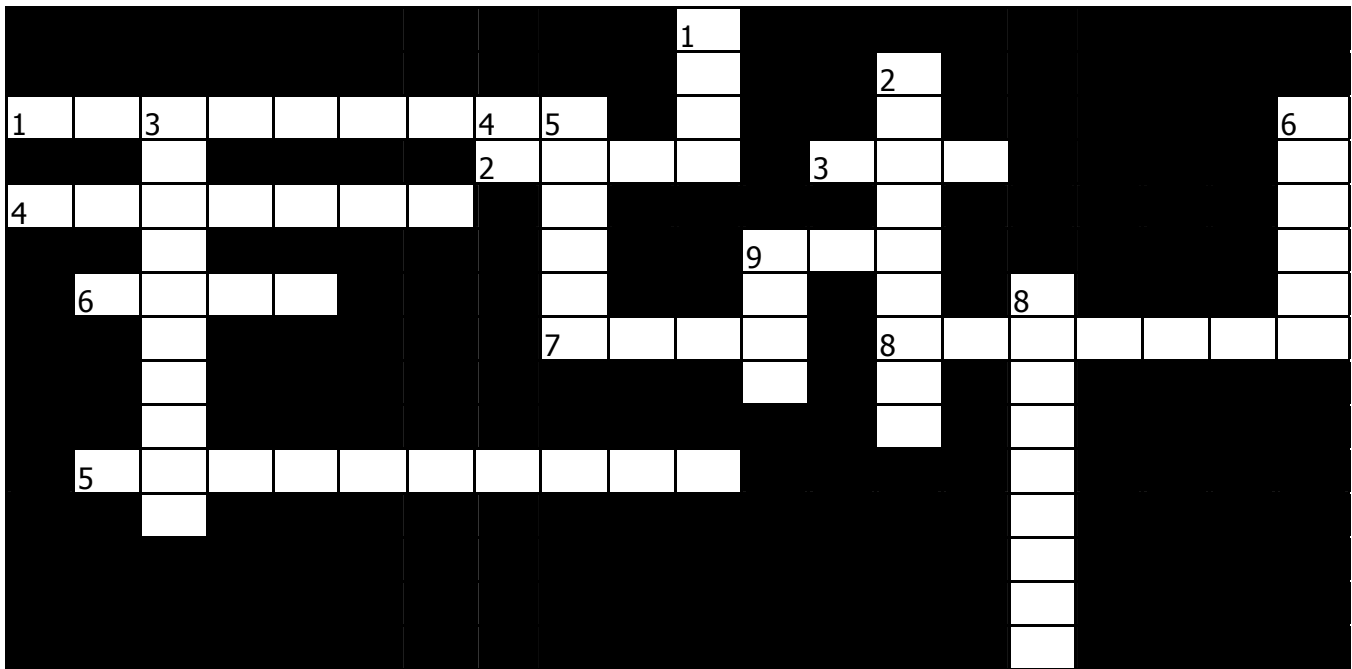
Everybody wins when a mother breastfeeds!



Section 1- Activity One

Please print a copy of this sheet before completing.

Crossword Puzzle: Advantages to Breastfeeding



ACROSS

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.

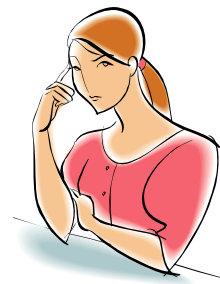
DOWN

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)

What Moms Say!

The following are common myths and concerns you might hear from moms. Possible responses to these myths or concerns are listed to the right. Practice saying the responses out loud in your own words.

Moms Say:

You Respond:

“I can’t breastfeed because I don’t eat very healthy.”

You don’t have to follow a special diet; eat as well as you did while you were pregnant and your baby will grow fine on your milk.

“I can’t breastfeed because I have to go back to work soon after the baby is born.”

There are options for combining working and breastfeeding. You can pump your milk to leave for the sitter to feed the baby or nurse when you are at home and supplement with formula when at work.

“I won’t be able to breastfeed because my mother couldn’t breastfeed.”

Breastfeeding is different for everyone. When our moms were breastfeeding they didn’t have as much information and support. We know so much more about breastfeeding now. WIC will provide you with information at each visit and will be here for you if you have any questions or needs when you start breastfeeding.

“My sister breastfed and she said it hurt.”

It is not uncommon to experience some discomfort during the first week, but it should not be painful. For some moms, there is confusion between pain and tenderness. Pain is usually caused by poor positioning. I can teach you proper positioning and latch on so it isn’t painful.

“I am afraid breastfeeding will tie me down too much.”

During the first few weeks, you will need extra rest and time to recover from birth, adjust to a new baby, and get nursing off to a good start. But after that nursing moms can take their babies with them and don’t have to carry bottles and formula. If you need to leave your baby, you can leave a bottle of your milk.

**"I've heard once you
breastfeed, it is
impossible to stop
because the baby won't
take a bottle."**

Once your baby is about 3 to 4 weeks old, and your milk supply is well established, it's a good idea to introduce a bottle of breast milk so your baby becomes familiar with a bottle nipple.

**"I want my baby's
dad to be able to feed
our baby too."**

After your baby is 3 to 4 weeks old, you can pump your milk and dad can feed breast milk from the bottle. And when your baby gets older he can help feed other foods.

**"I don't want anyone to
see me breastfeed."**

What a lot of moms tell me is that with practice they got so good at breastfeeding no one could tell they were feeding their baby. If you choose to breastfeed in public you can drape a cover or blanket over your breast and no one will see.

**"I heard you leak
all over – how
embarrassing!"**

Not everyone leaks breast milk. If your breasts leak you can wear breast pads. For some women, simply putting pressure on your breast with the palm of your hand or your forearm will stop the leaking.

**"Too much of a
change in my
lifestyle."**

Breastfeeding is easy to learn and easy to incorporate into one's lifestyle. You will have to feed your baby anyway. Breastfeeding is more convenient than bottle feeding.

**"Unsupportive
family and friends"**

Make breastfeeding your own decision. Seek out people who will support your decision and educate those who don't.

**"Breastfeeding
babies cry a lot."**

Babies cry when they are hungry, need to be changed, or need to be cuddled. The closeness with breastfeeding helps babies feel secure and loved. Babies who feel secure usually cry less often.

“Don’t know how to breastfeed or fear it will be complicated”

Breastfeeding may seem complicated, but learning about breastfeeding ahead of time will help it go smoothly.

“Breastfeeding will produce a spoiled, clingy child.”

Breastfeeding builds trust and security. It leads to more confident and independent children.

“Breastfeeding will make my partner jealous.”

Sharing the baby with your partner and having him near during feedings helps everyone. Remind your partner feeding is just one part of parenting. There are many other ways for him to be involved.

“Breasts have to be a certain size.”

Women with any size breasts can breastfeed. Milk supply is determined by frequency of breastfeeding.

“Baby will be allergic to the breast milk.”

Breast milk is made just right for babies. It is nearly unheard of that a baby will be allergic to a mom's milk.

“I have inverted or flat nipples.”

You can still breastfeed. Breast shells worn during the third trimester and after your baby is born, or pumping a little before feedings may help.

“Breast milk won’t be adequate.”

Learning how to breastfeed ahead will help to ensure adequate milk production. The supply of milk is determined by how often the baby is put to the breast, how long the baby nurses and how effectively the baby removes milk from the breast. There are also signs to watch for to determine that your baby is getting enough milk. WIC will teach you about those signs.

**“I can’t
breastfeed if I
have more than
one baby.”**

A mother of multiples can still breastfeed; the body will produce milk according to the need. There is information about positioning and scheduling that is helpful.

**“I will get stretch
marks or my breasts
will sag after
breastfeeding.”**

Whether a woman is breastfeeding or not, there may be a change in the firmness of the breast after having a baby. It is child bearing, not breastfeeding, along with age and heredity that mostly determine the breast's ultimate appearance.

**“Breastfeeding is
inconvenient.”**

Actually it is easier to breastfeed than bottle-feed because no equipment, formula, or preparation time is needed.

**“I have had breast
cancer.”**

If a mother has had a lumpectomy and radiation, she will usually produce little milk due to irreversible damage of the milk-producing glands. A woman can still breastfeed on the unaffected side and some women produce enough milk on that one breast to meet the baby's needs—others need to supplement with formula.

**“My breasts are
not the same size.”**

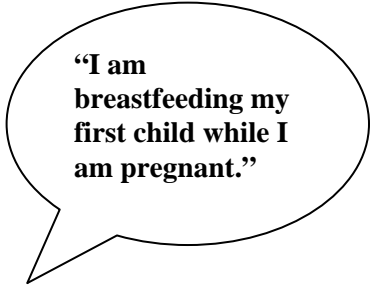
This doesn't mean a woman with unusual breast appearance, such as breast asymmetry or tubular hypoplastic breasts can't breastfeed, but she may be at increased risk for producing insufficient milk.

**“I have had breast
surgery.”**

Women who have had previous breast surgery, such as breast augmentation, reduction, or biopsy may still be able to breastfeed, but she must carefully evaluate her milk production in each breast and may require a special breastfeeding plan.

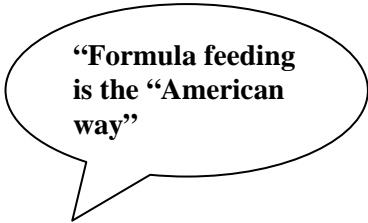
**“I could not
breastfeed with
my first baby.”**

Understanding the reasons for previous failure can improve success with subsequent pregnancies.



**“I am
breastfeeding my
first child while I
am pregnant.”**

Her milk supply will probably decline and her breastfed child may need another source of nutrition.



**“Formula feeding
is the “American
way”**

Some women believe that breastfeeding is for women who live in poor and developing countries. They think formula feeding is “modern.” Women need to be educated that breastfeeding is best for babies because it is made for human babies. It protects babies from infections and allergies. A container of formula never changes, but breastmilk changes to meet the needs of the infant.



**“WIC provides
free formula.”**

Some people believe this reduces the economic incentive to breastfeed and may communicate to women that WIC staff believe that formula-feeding is the best way to feed infants. It is very important that WIC staff work hard to communicate the message that breastfeeding is best. It is also important to remind participants WIC is a supplemental program and provides a limited amount of formula.

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.

Using the Education Materials list at the end of this section which pamphlets (limit to 1 or 2) could you provide to Sara?

☐

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.

What pamphlets could you provide?

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.

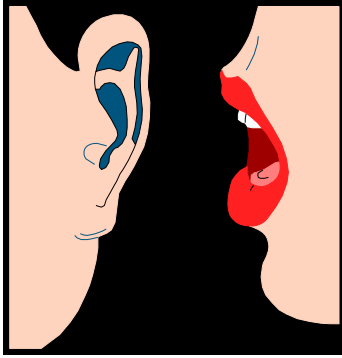
Possible handouts: "Breastfeeding Benefits Our Future"

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*.



Support of Family and Friends

Lack of support is one of the biggest reasons why women don't initiate breastfeeding and why women quit breastfeeding. Women need to know before they deliver what options are available to them. WIC staff play an important role in helping women identify their support systems.

Questions you can ask to assess a woman's support system include:

- Have you talked to your family and friends about breastfeeding?
- Did your mom, sister, or friends breastfeed?
- How does the baby's father feel about your breastfeeding?
- Do you have anyone who can help you at home with breastfeeding questions or concerns?

A friend or family member who has had a positive experience breastfeeding can be an excellent resource to a new breastfeeding mom. Encourage women to talk with friends and family about their interest in breastfeeding and how they can help when the baby comes. There are community resources such as La Leche League, a volunteer organization, which offers breastfeeding information and holds monthly group meetings. Some hospital nurseries have breastfeeding follow-up programs or staff lactation consultants. Encourage moms to tour the hospital where they are planning to deliver and to ask about the lactation services available. Ask women to also discuss their plans with their physician.

WIC plays an important role in a woman's support system.

WIC staff are also an important support system. Share with moms that you are available to them to answer any questions, and if you do not have all the answers, you will direct them to someone who does. Let them know that you want to see them within the first week after the baby is born so you can follow up on any breastfeeding questions or concerns. Tell them you can weigh the baby to see how well the baby is growing on her breast milk. Sometimes WIC is a woman's only support system so it's essential that you tell her that you are there for her if she needs help.

What to do if family and friends are not supportive.

Sometimes friends and family are not very supportive. If a participant expresses her concerns about others not

supporting her decision to breastfeed, encourage her to include them in her WIC visits, breastfeeding classes, and to share any educational materials she receives about breastfeeding. Educating family and friends on how important breastfeeding is can help turn that person into a breastfeeding supporter.

Please print a copy of this before completing.

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 breast-feeding 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.

Key Points



Advantages of Breastfeeding

Infant Benefits:

- Nutritionally superior
- Fewer illnesses and infection
- Fewer allergies
- Easier to digest
- Better tooth and jaw development
- Higher IQS
- Less likely to overfeed

Mother Benefits:

- Weight loss
- Decreased risk for breast and ovarian cancers
- Protection against osteoporosis
- Promotes relaxation
- Fewer health care expenses
- Mother-infant bonding
- Increased self-esteem
- Convenient
- Less expensive

Myths and Concerns

Providing information to clarify misinformation or address concerns is critical in helping a woman make an informed infant-feeding choice.

Support of Family and Friends

Lack of support is one of the main reasons women quit breastfeeding or don't even start. WIC plays an important role in helping a woman identify her support systems and resources.

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.

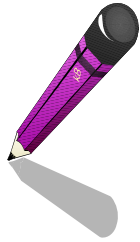
Section I — Quiz (10 possible points)

(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 anti bodies?



(4 points)

3. List two breastfeeding advantages:

(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

Section I: Yes You Can Breastfeed

Participants Handouts

Breastfeeding is Best
Breastfeeding Benefits Our Future

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>



Section II: Counseling

Techniques

The role of WIC Staff is to provide information about breastfeeding in a positive, non-threatening, and non-judgmental way so mothers can make an informed choice that is best for them and their families. Some of the mothers you may talk to will not choose to breastfeed.

Non-Verbal Cues

Non-Verbal Cues

People use non-verbal cues, or communication, to show what they are thinking or feeling.

Non-verbal communication can be:

- The way the body is held
- Tone of voice
- Eye contact, however some mothers may avoid eye contact because they are embarrassed, lack self confidence or it is a cultural custom of their's to avoid eye contact. It is important to listen and observe mothers carefully to catch all the cues.

Best Start's 3-Step Counseling Strategy©

Best Start's 3-Step Counseling Strategy©

Best Start's 3-Step Counseling Strategy© provides you with a way to quickly determine a mother's concern and provide suggestions to help her deal with worries in a way she can hear the information.

We all do things in a particular order because that seems to work for us. In the same way, the counseling strategy works best when it is done in a particular order.

The three steps are:

1. Ask open-ended questions.
2. Affirm feelings.
3. Educate mother.

Step One: Ask Open Ended Questions

Step One: Ask Open Ended Questions

Open-ended questions are always the best way to start a conversation with a mother. A big difference exists between an open and a closed question.

Closed Questions

Closed Questions

Closed questions can usually be answered with "yes" or "no" or a very short one or two word answer. Closed questions give you very little information with which to continue the conversation.

Some examples of closed questions:

- What time is it?
- What color is your shirt?
- How many children do you have?
- Do you take medication?
- Are you going to breastfeed or bottle feed your baby?

Closed questions can make people feel that they have been interrogated. They may tell you the answer they think is the “right” answer whether they believe it or not.

Open-ended Questions

Open-ended Questions

Open-ended questions draw more information out of the mother. There are no right or wrong answers in a response to an open-ended question. Most open-ended questions begin with who, what, why, or how.

Some examples of open-ended questions:

- How do you feel about breastfeeding?
- What do you know about breastfeeding?
- What has your mother told you about breastfeeding?
- Can you tell me why you feel that way?

Open-ended questions show the mother you are listening to her and that you are interested in her. This helps her share her thoughts and feelings with you.

Probes

Probes– Digging for More Information

Probes are a follow-up to your open-ended questions. Most people do not give complete answers to the questions they are asked. You must find out more information to effectively choose the education that you will use for each particular mother.

What are some possible things “I can’t do it” could mean? Some ideas are:

- Her partner won’t let her.
- She is going back to work.
- She doesn’t think she will be able to make enough milk.
- Breastfeeding will be too hard.
- Her breasts are too small.

Four probes are available that can help you find out more information.

Extending Probe

Extending Probe

An extending probe asks the mother to tell you more. Some extending probe examples are:

- What else have you heard about that, Ann?
- How did you feel when he said that?
- Tell me more about that.
- Why do you feel you can't breastfeed?
- Can you tell me why you feel that way?

Clarifying Probes

Clarifying Probes

The clarifying probe is used to be sure that you understand what the mother has told you. The word "or" is often found in the middle of this probe, but not always.

Some clarifying probe examples are:

- Are you afraid that breastfeeding will make you tired or that breastfeeding will make the baby more dependent on you?
- When you say, "It's too hard," do you mean it will be too hard to learn to breastfeed?
- When your mother says she wants you to bottle feed, does that mean she is worried about taking care of the baby, or she thinks you won't make enough milk?
- When you say you can't do it, do you mean you are afraid you won't make enough milk or breastfeeding will be too hard to learn?
- What part of breastfeeding seems hard to you?

Reflecting Probes

Reflecting Probes

This probe reflects the mother's words back to her so she can hear what she said. Most women like to hear that they are being heard and using this probe will encourage her to tell you more. Be careful not to overuse this probe.

Some reflecting probe examples are:

- So you are saying that you don't think you can breastfeed.
- You think your mother won't approve of breastfeeding.
- You feel that he is possessive of you and will not like the attention you have to give the baby.
- So you are saying that you are worried that your milk won't be good enough for your baby.
- So you are saying that you don't think you'll be able to breastfeed.
- So you are saying that there are some things that make breastfeeding impossible for you.

Redirecting Probe

Redirecting Probe

The redirecting probe helps you change the subject or direction of your conversation with a mother. It can help you get back to the subject of breastfeeding if she has wandered off topic.

Some redirecting probe examples are:

- Susan, besides the issues with your boyfriend, what other concerns do you have about breastfeeding?
- Heather, other than the shape of your breasts, is there anything else that worries you about breastfeeding?
- Besides getting back to your social life, do you have other things you would like to discuss with me about breastfeeding?
- What other concerns about breastfeeding do you have other than the number of people that live in your house?
- Are there other concerns you have about breastfeeding?

Padding

Padding

Padding puts extra words or pauses into our responses to make them softer and friendlier.

Unpadded answers might sound like:

- How come?
- Why not?
- What do you mean by that?

Padded answers make mothers feel safe and secure when responding. Ways to pad your responses are:

- Use the mother's name in your response.
- Repeat the mother's words.
- Add extra words. For example instead of "Why not?" say, "Tell me more about why you feel that way."
- Pause a few seconds before responding.

Examples of how to use padding:

- "I could never do that."
 - What part of breastfeeding seems hard to you?
 - Tell me more about why you feel that way.
 - Are you saying it would be embarrassing, or are you afraid you won't make enough milk?
- "I want the baby's father to help, too."
 - Tell me more about what he says about breastfeeding.

- Are you saying you want him to feel close to the baby, or do you feel you will need a lot of help with the baby?
- “It would just be too embarrassing, especially if you are out at the mall.”
 - Are you worried that your breasts will be exposed, or are you worried other people might be uncomfortable?
 - Tell me about people you have seen breastfeeding in public.
- “My mother would freak out.”
 - Tell me what you mean by “freak out.”
 - Are you worried your mother will not help you take care of your baby if you breastfeed?
 - So you’re saying you think your mother would be upset.
- “I heard babies get too attached if they are breastfed.”
 - Are you concerned about going out with friends or returning to work?
 - Tell me a little more about that.
 - So you’re saying you think your baby will be too dependent on you.

Affirm Feelings

Step Two: Affirm Feelings

Step two, affirmation, is the most important step. It puts the mother at ease and lets her know she is safe in telling you personal information. A mother may feel uneasy after she shares with you her true concerns about breastfeeding. She may think she is the only person who has ever felt this way, or wonder if you think she is being silly.

Affirmation reassures her that her feelings are not unusual and that you are not shocked to hear them. Affirmation builds her confidence and self-respect. Affirmation is a short, simple statement that lets a mother know that she is okay.

You do not have to agree with what she says to affirm her feelings. Affirmation builds trust in you and your information. After she is affirmed, she will be ready to hear the education that you want to share with her. Affirmation is the most important step and takes the least amount of time. Experience tells us that this is the step

that takes the most practice. It's tempting to rush ahead and tell her all we know about her problem. Remember that mothers are not ready to hear your information until they feel you have heard their opinions.

Examples of Affirming Statements

Examples of Affirming Statements

- I've heard other women say that, too.
- Other mothers have told me they experienced that.
- I felt that way, too.
- My mother told me the same thing.
- It sounds like you want to be a good mother.

Examples of how to use Affirming Statements

- My breasts are too small. The baby will starve.
 - I felt that way too.
 - All women worry about the size of their breasts.
- I'd be too afraid to breastfeed since I smoke.
 - It sounds like you have been thinking about this.
 - It sounds like you are already thinking like a good mother.
- I don't want my father to see me breastfeed.
 - Most women worry about that.
 - I felt the same way.
- I'm afraid breastfeeding will be too painful.
 - I've heard other women say that.
 - I talk to lots of mothers who have that concern.
- I have to go back to work right after my baby is born.
 - It must be hard to think about leaving your baby so soon.
 - It sounds as though you have been giving this a lot of thought.
- My mom says the baby will be too hard to take care of if I breastfeed.
 - My mother told me the same thing.
 - Sounds like your mother wants to be a good grandmother.

Step Three: Education

Step Three: Education

Once open-ended questions have been asked and the mother has been affirmed, she is ready to be educated. Remember, however, that nobody wants to hear a long lecture.

Here are some tips that help adults learn best.

- Focus the information on the mother's concern or interest. Adults tune out people and information they aren't interested in. If you keep your discussion focused on the subjects the mother revealed in your counseling, she will be more likely to remember the information she has asked for.
- Feed information in small bites. Giving a large number of facts overwhelms new mothers. Address only the concerns she has mentioned. Give her just two or three simple ways to handle her concerns.
- Give her options. Offering a couple of options may help her fit the solution into her lifestyle. Options let her know more than one way is available to resolve issues.
- Keep it simple. Complicated instructions make breastfeeding sound difficult and unmanageable.
- Have repeated conversations. Record the mother's concern in the chart, and review it in a follow-up call or interview. Appropriate documentation helps you re-establish your relationship and gives you a good way to begin your next conversation.
- Give resources. You can recommend WIC pamphlets, simple breastfeeding books, or videos to reinforce your own teaching. You can also give her information about breastfeeding classes in your area.

Best Start 3-Step Counseling Principles

Best Start 3-Step Counseling Principles

The Best Start 3-Step Counseling principles can be effective if you handle more challenging counseling situations. For mothers who are not interested in talking about breastfeeding:

- Ask open-ended questions about her breastfeeding concerns.
- Show empathy in affirming the mother's decision to do what is best for her family.
- Be sensitive to the mother's decision. Remind her that WIC is here to help every mother make an informed decision and to provide support for feeding her baby,

however she chooses to do that.

- Ask the mother if you can check on her periodically to see how her pregnancy is progressing. This is important in building a relationship of trust that allows the mother to consider changing her mind later in the pregnancy.

Mothers From Other Cultures

What About Mothers From Other Cultures?

Sometimes you will have mothers from cultures and ethnic backgrounds that are different from yours. Using the 3-Step Counseling Principles can help you relate well to mothers who have different experiences and beliefs than yours. Although practices might differ between cultures, remember that even mothers within the same cultural or ethnic group have different beliefs.

- Some Spanish-speaking mothers believe that colostrum is “dirty” and won’t breastfeed their infants until their mature milk comes in.
- Many other Spanish-speaking mothers do not share that belief.
- Some Asian or Native American women are not comfortable with direct eye contact. Others are perfectly comfortable looking eye to eye with you.

Be careful not to make assumptions about women from various cultural groups. It is better to listen to each mother individually and allow her to tell you her beliefs. Respect her beliefs, even if they seem different from your own; they are important to her and remember to affirm each mother.

Utilize language translation services available through the Local Agency for mothers who do not speak the language of the Health Professional.

Key Points

Best Start's *3-Step Counseling Strategy*© is an useful method to quickly determine a mother's concern, and provide suggestions to help her deal with worries in a way she can hear the information.

The 3 steps are:

- Ask open-ended questions
 - It is important to ask open-ended questions
 - Probes can be used to obtain additional information
- Affirm feelings
 - Using affirming statements will put the mother at ease and she will feel safer telling you personal information.
- Educate the mother





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



Tools needed for Section III:

- The *Breastfeeding Answer Book* by La Leche League International
- *Breastfeeding Flipchart Childbirth*

Section III: Getting Ready

For most moms, breastfeeding is a learning experience. It may be natural, but it is not instinctive. The women you will see at WIC will have varied experiences and knowledge about breast-feeding. Teaching good breastfeeding technique can help women have an enjoyable and successful time breastfeeding.

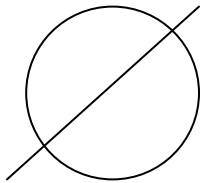
In this section you will learn about the anatomy of the breast, breast preparation, positioning, latch-on, and length and frequency of feeds. Building your knowledge in breastfeeding technique will enable you to provide helpful and accurate information to the woman who has decided to breastfeed.

Breast Preparation

Many women believe that nipple preparation is necessary to "toughen up" their nipples for breastfeeding. Some women may reveal astounding and completely unnecessary practices that will make you wince in pain. These practices may include rubbing a dry wash cloth on their nipples, pulling and stretching the nipples, or even rubbing their nipples with sandpaper. Believe it or not, these techniques used to be taught to moms to help prevent nipple soreness.

Fortunately, research has shown that the breast prepares for the experience naturally and taking part in these practices does not prevent nipple soreness (good positioning and attachment does). The Montgomery glands, tiny darker bumps on the areola, secrete oils and antibodies to keep the nipple moist and to fight infection. The use of soaps, lotions, and creams can remove these protective conditioners and can result in cracked nipples. Encourage women to just use plain water when washing their breasts in the later weeks of their pregnancy and while breastfeeding.

The Montgomery glands, tiny darker bumps on the areola, secrete oils and antibodies to keep the nipple moist and to fight infection. They give off a scent that helps baby find the breast.

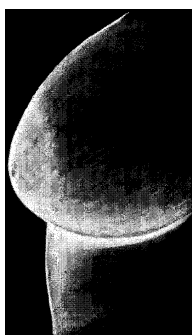


Practices to Avoid

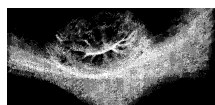
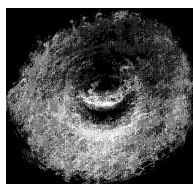
- 1) Using soap or other drying agents on the nipple
- 2) Rubbing nipples with a towel or washcloth or pulling and stretching the nipple
- 3) Expressing colostrum prenatally
- 4) Using a pump prenatally

- 5) Wearing tight or restrictive clothing
- 6) Using lubricants on the nipple
- 7) Exposing the breast to the sun or a hair dryer
- 8) Using breast pads with plastic liners

Encourage women to have a breast exam by their physician.



Flat nipple



Breast Type

Breasts come in all shapes and sizes. It is very unlikely that the size or shape of a woman's breast will affect her ability to breastfeed. Some women may believe there is not enough room in their tiny breasts to store milk and others who are well-endowed believe they will smother their babies if they attempt to breastfeed. Reassure women that the size of the breast will not affect milk production or supply. Breast size is determined by the amount of fat in the breast. The size of a mom's breast is not related to the mom's ability to make enough breastmilk to meet the needs of the baby. Most moms can make enough breastmilk no matter the size her breasts. During pregnancy the breasts will increase in size and the areola darkens. Inform the well-endowed woman that positioning can help her infant successfully breastfeed. And encourage all women to have a breast exam by their physician or nurse practitioner, or conduct a self-exam to identify flat or inverted nipples or any breast anomalies. The size of the breast may not have an effect on breastfeeding, however, having a flat or inverted nipple can make breastfeeding more challenging for the infant, especially if it is not identified prenatally.

"Pinch Test"

Women can conduct a self-exam for flat or inverted nipples by doing a simple "pinch test." Instruct mom to gently squeeze just behind the nipple with her thumb and forefinger. This imitates the motion her baby will make while nursing.

Normal nipples

Normal nipples protrude outward and remain protruded when pinched.

Flat or inverted nipples

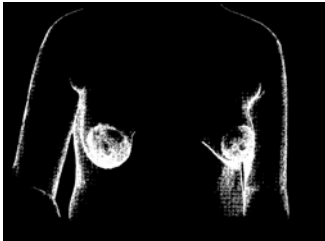
Flat or inverted nipples do not become erect when stimulated; an inverted nipple may have a central

indentation or retract when compressed. Although some infants have difficulty latching on correctly to flat or inverted nipples, with proper guidance and perseverance, babies can learn to nurse successfully from a wide range of nipple configurations. Wearing breast shells over flat or inverted nipples is a passive treatment that may be initiated in the last trimester of pregnancy by women who choose to do so. Another alternative is to pre-pump prior to each breastfeeding in the early days postpartum.

Breast surgeries

Women should also be asked if they have had any breast surgeries. Breast surgery, including breast augmentation, reduction, or biopsy, does not prevent a woman from breastfeeding, but the mother requires careful evaluation of her milk production in each breast. The woman should be referred to their primary care physician for a full evaluation.

Unusual breast appearance



© Marianne Neifert, M.D. Reprinted with permission.

Unusual breast appearance, such as marked breast asymmetry or tubular hypoplastic (incompletely developed) breasts, does not necessarily mean a woman will be unable to breastfeed successfully. However, women with such breast variations may be at increased risk for producing insufficient milk and should be referred to their primary care physician for a full evaluation.

Activity

Refer to Activity sheet on page 60

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

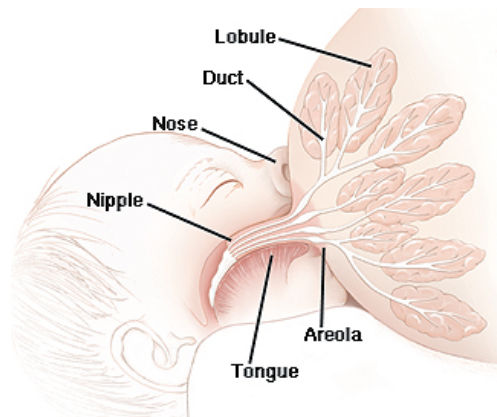
Answer: d

Anatomy of the breast

Understanding the anatomy of the breast can assist you in teaching moms how important correct positioning is to successful breastfeeding.

Activity

Read pages 15-18 in *The Breastfeeding Answer Book* before proceeding. Review the following parts of the lactating breast



Milk Supply

Milk Supply

Many new breastfeeding mothers are concerned about their milk supply and their ability to make adequate milk for their baby. The more you can do to reassure her and educate her about how breastmilk is produced, the more successful her breastfeeding will be. Concern over breast milk supply is a key reason, mothers wean their babies from the breast in the first six months.

Role of Baby

Role of the Baby in Milk Supply

The baby plays a role in the production of breastmilk through sucking and removing the milk from the breast. When a baby is latched on correctly so that he/she has a mouth full of breast, the special nerve endings that signal the brain to release the milk producing hormones are stimulated.

The baby also helps by removing the milk from the breast.

The more milk the baby removes, the more milk the mother will produce. The length of time at the breast is not the only indicator that the baby is removing milk. Some babies are very efficient at removing milk quickly, while others take longer. If the baby is latched on incorrectly, he/she will not remove as much breastmilk.

Frequent breastfeeding or milk removal by pumping helps the mother maintain a good milk supply.

Hormonal influences

**There are two main hormones:
prolactin and oxytocin**

Hormones play an important role in milk production and milk ejection. There are two main hormones: prolactin and oxytocin. Prolactin is the hormone that stimulates milk production. Prolactin levels rise with nipple stimulation during feedings and goes down in between feedings. Prolactin makes mom calm and brings on those motherly feelings. Cells in the breast tissue respond to these higher levels by making milk when the baby suckles at the breast. The more frequent the nursing the higher the baseline levels of prolactin and the more milk producing potential.

Breastmilk supply is based on the law of supply and demand. The more a baby breastfeeds the more breastmilk is produced.

Oxytocin helps with milk ejection or milk let-down. Oxytocin is released into a mother's blood stream when the baby sucks on the breast. Milk ejection or let-down makes the milk available to the baby. The milk ejection reflex is conditioned over time. Oxytocin causes the uterus to contract and helps mom have warm loving feelings which helps with the mother/infant bond. Between feedings, it is very important for the mother to smell, touch, hear the baby and develop response. Relaxation helps the mother develop the stimulus response reaction.

Colostrum

Colostrum (also known as liquid gold) is the first milk produced. It comes in small amounts and is all the infant needs for the first few days of life until a mother's mature milk comes in at 2 to 4 days. It is high in protein, especially the immune proteins and it has lower concentrations of fat and lactose. Sometimes leaking of colostrum occurs prenatally; this is normal. Women should be instructed not to express colostrum prior to giving birth as this can cause premature labor.

On the first day of life, the baby only needs about 1 teaspoon of colostrum per feeding. By the 2nd & 3rd days, the baby needs about 1 tablespoon of colostrum per feeding. The fore milk is designed to satisfy the baby's thirst, then later the hind milk is thicker and contains more fat and is designed to satisfy a baby's hunger. A mother's

milk comes in between the 2nd & 5th day. A mom will notice that her breasts have become heavier and fuller.

Positioning

Poor positioning and latch-on is the number one cause of sore nipples. You can help women prevent soreness by teaching them the correct technique. Good positioning means getting mom and baby into comfortable effective body positions. The mom's body needs to be in a position where she can hold the baby tucked in close and breast does not pull away from the baby's mouth as he feeds.

Activity



Cradle hold

© Medela, Inc. 1999. Reprinted with permission.



Football hold

Use a doll (if available) to practice the following holds.

Cradle hold: This is the most common hold used by mothers. The baby's head should rest in the crook of mom's arm or forearm. The forearm supports the baby's back and mom's hand holds the baby's buttocks or thigh. Instruct mom to have her baby in close so that her infant's chest touches her chest while the baby's lower arm comfortably rests around mom's waist. The baby's mouth is in line with the mom's nipple.

The cradle hold is the most common hold used by breastfeeding women and is easy and convenient.

Football hold: Baby's bottom rests on a pillow on mom's lap and his back rests on her forearm. The body is tucked under mom's arm along her side while baby faces mom. Have mom support baby's neck with her hand. The mom may need a pillow behind her back so the baby's feet do not push against the back of the chair or bed.

If the bottoms of the baby's feet are against a chair or bed, the baby will "push off." Many moms misinterpret this natural reflex to mean that the baby does not like her or does not want to breastfeed. She should tuck the baby's feet up, either under her arm or up the back of the chair or bed. This will keep the bottoms of the baby's feet from touching the chair or bed.

The football hold is a good position for women with large breasts or flat or inverted nipples; moms who have had cesarean birth; and moms who are nursing twins or small or premature infants.



Side-lying hold

© Medela, Inc. 1999. Reprinted with permission.

Side-lying hold: Have mom position herself on her side with pillows under her head, behind her back, and under the knee of her upper leg. The baby faces mom with a pillow, towel, or blanket supporting baby's back. The baby is facing mom with his mouth in line with the mom's nipple.

Side-lying hold is good position for women who have had a cesarean birth or want to rest while nursing.

Remember, there is no single correct position for breastfeeding. A mom can use any position as long as she and baby are comfortable, supported and she is not experiencing any pain or sore nipples.

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?

Answers:
1. Football hold
2. Cradle hold

Latch-on

Proper latch-on is essential for successful breastfeeding and preventing sore nipples. An infant who does not correctly latch-on to the mother's breast is at risk for not receiving adequate nourishment. At the same time, if the infant does not remove the milk from the breast, mom is at risk for inadequate milk production. Poor latch-on can lead to an unsuccessful breastfeeding experience, even in the most determined moms, if it is not corrected. The following information can help you help moms correctly latch-on their infants and consequently prevent serious feeding problems, including nipple soreness.

A



© Marianne Neifert, M.D. Reprinted with permission.

Instruct mom to hold baby "chest to chest" to help line up the infant's mouth perpendicular to the breast.

The breast should be held in a "C" hold. Mom's hand should curve like a "C" to support her breast. The mother's fingers should not touch the areola tissue (figure A).

Note: Did you know that the "cigarette hold" or "scissor hold" (holding the breast between the middle finger and index finger) is no longer recommended? It can result in the mother offering only the nipple instead of the areola, reducing the amount of milk taken by the baby and increasing the risk for plugged ducts in the mother.

B



© Marianne Neifert, M.D. Reprinted with permission.

Having the baby open his mouth wide before putting him on the breast is key to successful latch-on. Think of a baby bird waiting for a worm. This can be accomplished by having mom tickle the baby's lower lip with the nipple. Once the baby opens his mouth, instruct mom to wait until he opens wide—like a yawn—and then pull him quickly on to the breast (figure A). Mom needs to be patient to make sure her baby's mouth is opened wide before pulling the baby onto the breast. (figure B)

Signs of a good latch-on (figure C)

- baby's chin should be pressed into the mother's breast
- the baby's nose may rest on the breast but is not compressed
- the baby should have an inch or more of the areola in its mouth
- the lower jaw should be pulled far from the nipple



© Marianne Neifert, M.D. Reprinted with permission.

C

- the baby's lips are flanged out
- Other than a brief pain during the first few sucks on the first few days, breastfeeding should not hurt. If it hurts, positions or latch-on is usually not right. The mom should stop and start over.

Removing the infant correctly from the breast can minimize soreness. The feeding should be ended by mom placing her small clean finger in the corner of the baby's mouth to break the suction. The baby should be burped and the other breast offered. Air drying the breast after each feeding can help prevent soreness.

Length and Frequency of Feedings

The amount of time a baby breastfeeds greatly affects milk production and, consequently, growth and development. Many moms receive conflicting information about whether they should feed on demand or by the clock.

Feed on demand

Newborns nurse frequently—8 to 12 times in a 24-hour period.

It is recommended that babies be "fed on demand" rather than feeding according to a set schedule (by the clock). By feeding on demand babies learn to feed according to their hunger and satiety needs. Newborns (less than one month old) will usually feed every 1½ to 3 hours (8 to 12 times in a 24-hour period) and have no more than one 4 hour sleep period in 24 hours. A feeding will take approximately 10 to 15 minutes on each breast once a mother's milk has come in. Feedings that last for 40 to 50 minutes should be evaluated—the infant may have a weak or poor suck or poor positioning and latch-on.

Hindmilk is richer and higher in fat.

A hungry baby will begin feeding with rapid sucking and swallowing. When swallowing substantially slows down, the baby should be burped and switched to the other breast. This assures the infant receives adequate hindmilk. Hindmilk is the milk towards the end of the feeding which is richer and higher in fat. If a baby does not receive the hindmilk they may gain weight slowly or fuss between feedings or at the breast because they are not getting the higher calorie milk.

Signs a newborn is getting enough milk:

- at least 4 stools per day
- 6 to 8 wet diapers per day
- gaining 5 to 7 ounces a week

Referrals

Refer to the Health Care Provider

Some babies experience weight loss in the first few days of life but they should not lose excessive weight. A baby will typically start gaining weight once a mother's milk comes in. A referral should be made to the baby's doctor immediately for further evaluation if a baby:

- is not back to birth weight by 2 weeks or has lost ½ pound or more in the first 2 weeks
- is not gaining 5 to 7 ounces each week during the first 2 to 3 months of life
- has inadequate stooling or wet diapers (for age)

Sleepy baby

Sometimes a baby is sleepier than normal—delivery was hard on him and he is tired. If a baby is sleepy it is important for mom to wake the baby to feed. It becomes a concern when a baby sleeps through feedings or doesn't stay awake long enough during a feeding. A newborn who does not nurse frequently can become dehydrated and malnourished very quickly. The following suggestions can help a mom wake her sleepy infant.

- ☐ Remove or loosen the baby's blanket
- ☐ Remove clothes, have skin to skin contact with mother
- ☐ Talk to and make contact with the baby
- ☐ Rub baby's hand's feet, back, and bottom
- ☐ "Walk" fingers up spine
- ☐ Change diaper
- ☐ Give the baby a bath or massage
- ☐ Express milk onto the baby's lips
- ☐ Burp the baby
- ☐ Use a cool, damp cloth on baby's head and hands
- ☐ Manipulate baby's hands
- ☐ Put baby's nose next to nipple



Growth spurts usually occur at 2 or 3 weeks, 6 weeks, and 3 months.

Growth spurts

Moms will often express their concern about not having enough milk because their baby is nursing all the time. Increased frequency and duration of feedings is often the result of growth spurts. Growth spurts usually occur at 2 or 3 weeks, 6 weeks, and 3 months though they may occur every two weeks. During these spurts of growth, moms may feel like all they do is breastfeed. Moms need reassurance that if she nurses liberally and on demand during these growth spurts, her milk supply will increase to meet the baby's needs. It is very common for a mom to start supplementing formula during this time if she does not understand her infant is going through a growth spurt. Supplementing with formula will result in a decrease in her milk supply.

The older baby

The older baby is more efficient at feeding and may void and stool less frequently.

The length and frequency of breastfeeding will naturally decline as the baby gets older (around 4 to 6 weeks of age). The baby gets more efficient at feeding and is able to consume more milk in a shorter amount of time. The older baby may also void and stool less frequently. It is not uncommon for the older breastfed baby to have only one stool a week without signs of constipation (hard, dry stools).

Growth Rates

There are differences in growth rates between breastfed and formula fed infants. Formula fed infants usually gain weight at a steady rate, as indicated by the smooth height and weight curve on their growth charts. Breastfed infants, however, are different. They usually gain weight more quickly during the first three months of life and more slowly during the next three months. Even though weight gain differs in the two groups, head growth is the same.

Offering solids

As moms start to introduce solids at 4 to 6 months, she should be advised to breastfeed prior to offering solids. Solids in the first year of life should complement a breastfeeding, not replace feedings. However, after one year of age the opposite should occur — solids should be offered before a breastfeeding.

Key Points



- Breast/nipple preparation is not necessary.
- Women with inverted or flat nipples may benefit from wearing breast shells prenatally or pre-pumping before feedings.
- Colostrum comes in small amounts and is present in the first days postpartum and is all the newborn needs for nourishment.
- Common breastfeeding positions include: cradle hold, football hold, and side-lying hold.
- Proper latch-on is essential for successful breastfeeding and preventing sore nipples.
- Newborns should feed every 1½ to 3 hours (8 to 12 times in a 24-hour period).
- A feeding should last 20 to 30 minutes.
- Signs of successful breastfeeding in a newborn include:
 - at least 4 stools per day
 - 6 to 8 wet diapers
 - infant gains 5 to 7 ounces a week
- Growth spurts usually occur at 2 or 3 weeks, 6 weeks, and 3 months.

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.

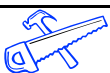
Section III Getting Ready

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>



Tools needed for Section IV:

Section 4

- The *Breastfeeding Answer Book* by La Leche League International

Section IV: Off to a Good Start— What to Expect in the First Two Weeks

During the first few weeks after delivery a mom experiences many new feelings both physically and emotionally. She is learning about being a mother, caring for her infant, and balancing the many new demands placed on her. Physically her body is recovering from pregnancy and delivery, adjusting to hormone changes, and her breasts are now showing signs of milk production.

Educating women prenatally on what they can expect in the first two weeks can mean the difference between success and failure in a mother's breastfeeding experience. Women need to hear that breastfeeding in the first few weeks takes time and adjustment as mom and baby get to know each other.

Breastfeeding is a learning experience for both mom and baby.



As breastfeeding educators we must **be careful not to portray the first weeks as being "easy" or coming naturally**. Breastfeeding is a learning experience for both mom and baby—it takes time to feel comfortable and time to develop routines. If moms are told breastfeeding is "easy," they may feel like failures if breastfeeding is not so easy for them. Be positive and encouraging while being realistic about the challenges during the first few weeks.

Moms may feel clumsy the first couple of times they try to breastfeed. Remind moms how they felt the first time she rode a bike or skated. They felt clumsy but got better as they practiced. It is the same with breastfeeding; the more they do it the more comfortable they will feel. Mothers and babies sometimes need to practice until they have perfected their skills.

Success is often determined within the first few days of breast-feeding. Therefore it is important to encourage women to ask questions of their doctors and the hospital regarding what breast-feeding support services are available to them at the time of delivery.

A woman can request that her doctor place orders in her baby's chart requesting no supplement be given unless medically necessary. If mom can visit the hospital nursery

prior to delivery she should inquire about their breastfeeding support practices. Is there a lactation consultant on staff? Does the hospital allow rooming-in? Are the nursery staff supportive of breastfeeding? Will the nurse bring her baby to her to breastfeed around-the-clock if there is no rooming-in? Is mom able to put the baby to breast immediately after delivery? Women need to express their desire to breastfeed and ask for the support to do so.

The first milk—Colostrum

A mother's first milk is colostrum. High in antibodies, colostrum gives an infant his first "immunization" against illness and infection. Colostrum, despite its small quantity (teaspoons per feeding), is all the infant needs for the first few days of life.

Colostrum is the perfect food for newborns.

Many new mothers quit breastfeeding within the first few days under the false pretense that they do not have enough milk. It's true that colostrum comes in very small amounts, however, a newborn's stomach capacity is also small. Colostrum is the perfect food for newborns and is often called "liquid gold" because of its color and nutritional value. Its appearance is often thick and yellowish but it may be clear. Antibodies and protective white blood cells found in colostrum are capable of attacking harmful bacteria. It also coats the inside of the newborn's intestines preventing the invasion of harmful bacteria.

Colostrum is the ideal food for the first days of life because it is easily digested, low in sugar, and high in protein. It also has a laxative effect, helping the newborn eliminate meconium (infant's first bowel movements which are black and tarry in appearance). Meconium contains bilirubin which can lead to jaundice if not eliminated from the body. Frequent breastfeedings can help reduce the incidence and severity of jaundice.

The first feeding

Breastfeeding should take place as soon after delivery as possible, preferably within the first hour when the mother and newborn are most alert. Early breastfeeding is important because it helps:

- mom and infant bond
- the mother's uterus to contract

- prevent infant jaundice
- build a mother's milk supply

Feeding Cues

Feeding Cues

Instead of trying to put baby on a schedule, it is important for the mother to learn her baby's feeding cues to know when to feed the baby. Some of the common cues that indicate the baby is ready to eat include:

- Smacking lips
- Sucking on the hand
- Moving head around
- Rooting or turning the head to search for the breast
- Crying is a late sign of hunger. If a mom waits for this cue, some babies are so upset at this point, it is difficult to get them to calm enough to latch on correctly.

Breastfeed often

Newborns should be nursed 8 to 12 times in 24 hours.

Frequency of feeding is very important to help build a mother's milk supply and get breastfeeding off to a good start. A newborn's stomach is about the size of his fist and breastmilk is quickly digested. Newborns should be nursed 8 to 12 times in 24 hours, about every 1½-3 hours or whenever the baby is showing early hunger clues. One four- to five-hour span without feeding in a 24-hour period is okay. A sleepy baby may need to be awakened to feed this frequently. After the first few days, most babies will begin to wake on their own to feed. Breastfed babies often feed more frequently than a formula-fed baby because breast milk is easily digested. Supplemental water or formula is not necessary and should not be given because it can interfere with an infant's need to breastfeed. Water may also cause overhydration.

Infants should be nursed on both breasts at each feeding, alternating the breast a feeding is started on. Nursing on both breasts ensures that infants get enough nourishment and stimulates an adequate milk supply.

Duration of feedings

A newborn should feed for approximately 10 to 15 minutes on each breast.

Nursing long enough to empty the breast ensures an infant receives the hind milk (the milk highest in fat and calories) and it helps build a mother's milk supply. Once a mother's milk has come in, a newborn should feed approximately 10 to 15 minutes on each breast. Limiting nursing times can cause milk supply problems and inadequate weight gain for the newborn.

Milk Transfer

How can you tell if the baby is actually getting any milk while nursing? Teach the mom to recognize the signs of milk transfer. These include listening for the sounds of swallowing (in a newborn, this will be a little “ah” sound), watching for milk dripping out of the baby’s mouth or leaking from the other breast, and watching for a rhythmic suckling as opposed to a fluttery or quivery suckling.



No artificial nipples

Bottle nipples and pacifiers can interfere with the success of breastfeeding. Every time the newborn sucks on a bottle or pacifier, the breasts are not receiving the stimulation needed for building a mother's milk supply. It is also less work to get milk from a bottle compared to the breast, therefore, if a bottle is introduced too early, a baby will prefer the bottle nipple over his mother's nipple. Refusal of mom's breast can be devastating to a new mom. It is recommended that infants not be given any bottles or artificial nipples until they are 3 to 4 weeks of age.

When mom's milk comes in

Engorgement often occurs when mom's milk comes in—this is a natural occurring process.

Colostrum is replaced with breast milk between 2 to 4 days after delivery. Breast milk is more abundant and bluish-white in color and resembles skim milk. As colostrum is replaced with milk, the breasts will become larger, somewhat firm, and slightly tender. This natural occurring process is called engorgement. Engorgement will normally last a few days until the body adjusts to making and releasing milk. Frequent nursing and emptying of the breasts is the key to the prevention of severe engorgement and building an ample milk supply. Infrequent feedings will cause breasts to become full and hard, putting pressure on the milk ducts, causing them to produce less milk. **Severe, painful engorgement** is a breastfeeding emergency and a mother should be assessed and treated.

Activity

Refer to Activity Sheet on page 73

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

Nipple discomfort varies from woman to woman. Typically most women experience some mild discomfort in the first week of breastfeeding. Usually the discomfort is at the beginning of a feeding until a mother's milk lets-down.

Severe nipple pain during the entire feeding, or pain persisting beyond one week, probably means the baby is poorly positioned or is not properly latched-on to the breast or may indicate a breast infection. If the baby is not latched on correctly, not only will the mother experience pain with feedings but the baby is also at risk of not getting enough milk. And if milk is not removed from the breast, mom's milk supply will decrease. **Severe sore nipples** require the woman to be evaluated.

Activity

Read pages 456 to 470, "Sore Nipples" in *The Breastfeeding Answer Book*.



© Marianne Neifert, M.D. Reprinted with permission.

How to know if a breastfed baby is getting enough

(Adapted from "How Do I Know My Baby Is Getting Enough Milk?" by Neifert, M., and Seacat J., 1989)

Frequency of feedings

More frequent, shorter nursings, 8 to 10 times a day (at least 20 to 30 minutes), build and maintain a mother's milk supply more effectively than less frequent but longer nursings! The following patterns are typical of well-nourished breastfed babies during the first month of life, once a mother's milk has come in.

Milk comes in

Mature breast milk should "come in" at 2 to 4 days postpartum. Milk is then present in larger quantities and is whitish-bluish in color.

Many wet diapers

A newborn infant should urinate at least 6 to 8 times a day. The urine should be colorless, not yellow. A red or pink "brick dust" appearance on the diaper suggests the newborn is not getting enough milk.

Many bowel movements

A breastfed baby should have multiple bowel movements each day. Many breastfed infants pass a stool with every nursing during the first 3 to 4 weeks of life. If the newborn baby is having fewer than four stools each day, it might mean he is not getting enough to eat. A breastfed baby's stool is softer and lighter in color. Its appearance is often referred to as cottage cheese and mustard.

Rhythmic suckling

A newborn should suck rhythmically for at least 10 minutes on each breast. He may pause periodically, but he should nurse vigorously throughout most of the feeding. A baby will get more milk from nursing at both breasts than nursing from one side only. If the newborn typically falls asleep and will not take the second breast, you should suggest to mom to divide the baby's effective suckling time between the two breasts rather than

Colostrum is replaced by milk by 2 to 4 days postpartum.

Signs the newborn is well-nourished:

- 6 to 8 wet diapers
- 4 stools per day
- Nursing for at least 10 minutes on each breast
- Breasts feel full before feedings and softer after feedings
- Baby gains 1 ounce per day after a mother's milk comes in

A baby will get more milk from nursing at both breasts than nursing from one side only.



© Marianne Neifert, M.D. Reprinted with permission.

A mother should hear her infant swallowing during a feeding.

A breastfed infant should gain about one ounce each day for the first several months of life.

nursing 20 minutes on one breast. Alternate the side on which feedings start so both breasts receive comparable stimulation and emptying.

Baby appears satisfied

A newborn baby should appear satisfied after nursings and will probably fall asleep at the second breast. Breastfed infants who appear hungry after most feedings, who chew their hands after nursing, and who often require a pacifier may not be getting enough milk.

Mild breast discomfort

Mild nipple tenderness is common for the first several days of nursing. The tenderness is usually only at the beginning of the feedings. Discomfort is typically gone by the end of the first week.

Breasts feel full

A mother's breast should feel full before each feeding and softer after the nursing session. A mother should hear her baby swallow regularly while breastfeeding. One breast may drip milk while the baby nurses on the other side.

Sense of milk ejection reflex (MER)

After 2 or 3 weeks, the new mom might be aware of the sensations associated with the milk ejection, or milk let-down reflex. This can be a "tingling," "pins and needles" sensation in the breasts as the milk begins to flow. The baby may start to gulp milk and milk may drip or spray from the other breast. Just hearing the baby cry might cause mom's milk to let-down, even before the baby latches-on.

Adequate weight gain

Once the milk has come in, a breastfed infant should gain about one ounce each day for the first several months of life. The only way to be absolutely certain that an infant is getting enough milk is to have him weighed regularly. If the baby is not gaining appropriately, it may be an indication that either mother's milk supply is low or the baby is not nursing effectively. Such breastfeeding difficulties are easier to

remedy if recognized and treated early.

Activity

Read pages 40-41, "False Alarms," in *The Breastfeeding Answer Book*.

Leaking Milk



© Marianne Neifert, M.D. Reprinted with permission.

Many women experience leaking milk, especially during their baby's early months, and sometimes during the last months of pregnancy. Assure mom that this is normal. Leaking can occur on one side when baby is nursing on the other; it can also occur when it's almost feeding time. The sight, sound, or even thought of her baby may trigger leaking. Some women may not experience leaking and have plenty of milk. The following are some tips to help moms with leaking:

Tips to manage leaking

Applying gentle pressure to the nipples can stop the leaking. Mom can fold her arms across her chest and put the heels of her hands directly on her nipples to stop the milk flow or she can put her hands under her chin and lean into her forearms pushing her nipples back towards the chest wall. Emphasize the importance of using only gentle pressure. Nursing pads can be useful. However, caution moms to avoid using the disposable pads that have plastic liners, as these may retain too much moisture and lead to soreness. Some nursing pads are cloth and are reusable. Moms can also make their own nursing pads from absorbent material such as cloth diapers sewn together.

Explain to mom that if she is feeling very full or engorged, she should allow the milk to flow in order to relieve the fullness rather than hold it back. She can catch the overflow in an absorbent towel or cloth diaper to keep herself dry.

Key Points



- Colostrum is the perfect food for baby's first days. It's easy to digest and protects baby from illness. It comes in small amounts.
- Nursing within 1 to 2 hours after delivery is important. Frequency of nursing should be every 1½ to 3 hours.
- Duration of nursing sessions should be 20 to 30 minutes in length. Frequency of feeding and emptying of breasts build a mother's milk supply.
- Avoidance of pacifiers and bottles the first 3 to 4 weeks after delivery helps to get breastfeeding off to a good start and helps mom establish her milk supply.
- Breast milk replaces colostrum and comes in about 2 to 4 days postpartum.
- A good indication that a newborn is getting enough to eat is when they are gaining an ounce a day and having 6 to 8 wet diapers and at least 4 bowel movements in 24 hours.
- Some nipple tenderness is normal, but if breastfeeding is so painful mother hates to breastfeed or is having cracked, blistered, or bleeding nipples, intervention is needed.
- Engorgement occurs after mother's milk "comes in" and normally lasts a few days. If mom is in severe pain or the infant is having problems latching-on, intervention is needed.



Please print a copy of this before completing.

Section IV — Activities

Activity

☐

View the Videostream listed at the end of this 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*.

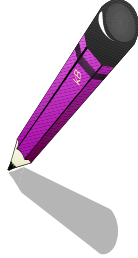
Scenario III

"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?"

Please print a copy of this before completing

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

Videostream:

View Breastfeeding Training 2006 Videostream.
(Located in WIC Electronic Manual/Staff
Training/Breastfeeding



Tools needed for Section V:

- The *Breastfeeding Answer Book* by La Leche League International

Books for Parents

"Dr. Mom's Guide to Breast-feeding"
by Marianne Neifert, M.D.

"The Nursing Mother's Companion" by
Kathleen Huggins, R.N., M.S.

"Breastfeeding: A Parent's Guide" by
Amy Spangler, B.S.N., M.N., I.B.C.L.C.

Section V: Caring for Mom

During the first weeks of motherhood, it is not uncommon for women to feel tired and fatigued and to have emotional lows and highs. All women's experiences are different depending on a number of circumstances, including how much support they have at home, whether they had an easy or hard labor, whether their infant is colicky, or how well breastfeeding is going. To help mom during this time period, discuss the following:

- Sleep when the baby does, including at least one nap per day.
- Drink plenty of fluids throughout the day.
- Eat three meals with snacks.
- Ask for help. Family and friends can help with household chores, diapering, bringing baby to mom to nurse, burping baby, etc.
- Let some household chores go.
- Call a friend or relative who has breastfed for support.

Breastfeeding Support Resources

Be sure mom has a list of local breastfeeding support resources. La Leche League groups are located throughout the state and hold monthly support groups. Some hospitals have breastfeeding follow-up programs or lactation consultants available for individual consults.

Remind mom that WIC is also a resource and schedule her and her baby for a WIC appointment within the first week after delivery. Make sure she has your name and number and knows she can call you for more information or to discuss any concerns that she might have.

Postpartum Depression

It is also important to recognize that depression is experienced by many new moms. Depressed women are often more socially isolated and may have trouble with breastfeeding and caring for their infant. Mothers experiencing postpartum depression should be referred to their health care provider.

Breastfeeding Support Resources

Postpartum Depression

Activity

Refer to Activity Sheet on page 89

Locate your Local Agency Resource/Referrals list, and call one or two resources on the list, to find out more about the services provided. In the space provided, record the name of the resource and phone number. Record the contact person's name and a brief description of the service.

Moms should be encouraged to eat a variety of foods.

Nutrition During Lactation

The same principles of good nutrition during pregnancy apply during breastfeeding. Moms should be encouraged to **"Eat a variety of foods."** Many women choose not to breastfeed because they believe that they will need to follow a special diet. Moms need to know there are no "rules" and their diet does not need to be perfect to breastfeed. Research shows that even women who are mildly malnourished produce milk of good quality. If a mother is not eating well, she will still produce high-quality milk but she will compromise her own nutritional needs.

The Dietary Guidelines and mypyramid is an excellent tool for teaching moms what foods they should try to include in their diet to maintain their own health and energy levels. In addition, the following basic guidelines and tips should be discussed.

Eat to Hunger

Advise the breastfeeding woman to eat to satisfy her hunger. She should be told to trust her appetite—breastfeeding does take additional calories and she may feel hungry more often. Eating smaller meals throughout the day can help satisfy an increased appetite.

Fluids - Drink to Thirst

Advise women to get a glass of water, juice, or milk before sitting down to nurse and to always drink to thirst.

No Need to Eat or Avoid Certain Foods

There are no foods that must be eaten or avoided by the nursing mother. Variety is the key. Eating a varied diet helps introduce different flavors into the baby's diet which may better prepare them for eating solids when they are

older. Occasionally there are some foods that may cause fussiness or other allergic symptoms in the breastfeeding baby. This is more common if the family has a history of allergies. Cow's milk is a common food allergen, possibly due to the increased intake of milk during pregnancy and lactation. For more specific information see pages 131-133 in the *Breastfeeding Answer Book*.

The fat stored during pregnancy and calories consumed in the diet are used for milk production.

Lose Weight Gradually

Women are encouraged to eat to satisfy their hunger. Healthy eating should be the goal, with weight loss being secondary. (See "Tips for Healthy Eating" on the next page.) Breastfeeding requires additional calories (approximately 500 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. The breastfeeding woman generally loses 1 to 2 pounds per month during the first 4 to 6 months of breastfeeding without dieting. Women who are overweight may lose up to 4½ pounds and not have any effect on her milk supply.

A diet lower than 1800 calories should be avoided because it is not possible to consume adequate nutrients from a diet so low in calories. Weight Watchers is a reputable weight loss program that has a special food plan for breastfeeding moms. MyPyramid also has information about weight loss and breastfeeding.

Activity

Review the following MyPyramid site for information on nutrition for breastfeeding women. The materials provided on the website are approved for use for WIC participants.

<http://www.mypyramid.gov/mypyramidmoms/index.html>



Tips for Healthy Eating

Fruits and Vegetables

- ❖ Snack on raw fruits and vegetables.
- ❖ Choose more fresh fruits than juices for more fiber and less added sugar.
- ❖ Consume in moderation:
 - Fried vegetables (French fries, hash browns)
 - Juices with added sugar
 - Fruits canned in syrup

Breads, Cereals, Grains

- ❖ Emphasize whole-grain breads, cereals, and grains such as oatmeal, brown rice, whole-grain pasta.
- ❖ Eat in moderation:
 - Sweetened breads and cereals
 - Products made with added fat (granola, butter-type crackers, croutons, muffins, pancakes, and waffles)

Milk Products

- ❖ Choose products made with skim or 1% milk.
- ❖ Choose cheeses made with skim milk (farmer, mozzarella).
- ❖ Consume in moderation:
 - Cheeses made with whole or lowfat milk
 - Sweetened milk products (fruit-flavored yogurt, chocolate milk, custard, pudding, ice cream)

Protein Foods

- ❖ Choose poultry often and fully-cooked seafood 1-2 times per week. (Avoid Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury.)
- ❖ Choose lean cuts of meat.
- ❖ Remove skin and fat before cooking.
- ❖ Bake, broil, or poach instead of frying.
- ❖ Eat in moderation:
 - High-fat, processed meat (hot dogs, lunch meats, bacon)
 - Breaded or fried varieties (fish sticks, chicken nuggets)

Exercise

Exercise

Exercise may be resumed at 6 weeks postpartum, with doctor approval. Moderate exercise is generally appropriate and beneficial for the breastfeeding mother. Exercise can be invigorating and provide a sense of well-being. Examples include: walking, water aerobics, bicycling, and swimming. If women are doing higher impact exercise suggest wearing a good support bra. Jostling of the breast can sometimes cause breast infections or plugged ducts.

Caffeine

Caffeine

Caffeine intake of one or two caffeine-containing beverages per day generally does not cause problems for most breastfeeding mothers and babies. Consumption of larger quantities of caffeine has been known to cause an infant to become fussy and wakeful. All sources of caffeine should be considered, including: coffee, chocolate, black teas and sodas such as cola drinks, Mountain Dew, Mello Yello and Ruby Red Squirt.

Smoking

Smoking

While smoking should be discouraged during breastfeeding, it is believed that the advantages of breastfeeding outweigh the disadvantages of smoking. Breastfed babies of smokers are known to have a lower incidence of infections and asthma when compared to formula-fed babies whose mothers smoked.

Nicotine does pass into a mother's breast milk which is passed to the infant. Smokers tend to wean their babies earlier compared to non-smokers. This may be a result of reduced milk volumes associated with smoking.

Encourage mom to quit, or at least cut back and to never smoke in the same room with the baby. If mom continues to smoke encourage her to smoke after a feeding to reduce the effect on the baby.

Drugs & Alcohol

Drugs & Alcohol

Alcohol and most drugs are secreted into breast milk. Women who are abusing drugs and alcohol should not

breastfeed. For women who have an occasional drink, the American Academy of Pediatrics Committee on Drugs suggest intakes limited to 2-2.5 ounces of liquor, 8 ounces of table wine, or 2 cans of beer (servings based on a 132 pound woman). The breastfeeding woman who chooses to have an occasional alcoholic drink should be advised that alcohol does pass into breast milk. Therefore, it is recommended that if she does drink, she should do so only occasionally and in small amounts, with a meal and after breastfeeding.

Most medications are safe while breastfeeding. Always tell mom to check with her doctor before taking an medications

Medications

Most drugs are excreted to some degree in breast milk,. however, many medications taken by the breastfeeding mother are safe for the infant because minimal quantities of drugs usually appear in the milk. Advise breastfeeding women to check with their doctors prior to taking any over the-counter or prescription medications. Many medications are safe for a breastfeeding woman or, if they are not recommended, a medication that is safe can sometimes be substituted.

Herbal Remedies, Environmental Contaminants

Caution women against use of herbal products as some may contain psychoactive substances or even be toxic. Some examples of commonly-used herbs include: licorice, comfrey leaves, saffron, senna, bark, chamomile and some herbal teas, such as Mother's Milk Tea.

Family Planning

Family Planning

It is important for mom to consider a family planning method prior to delivery. Spacing children at least 16 months apart is recommended because it allows a woman time to rebuild her nutrient stores which were compromised during pregnancy and lactation.

Breastfeeding is not a reliable method of contraception. The good news though is that most forms of contraception are safe during lactation. However, it is important that care be taken as to when contraception is initiated.

Contraception Methods

Non-hormonal methods

Non-hormonal methods of contraception have no known effect on lactation.

Non-hormonal methods include sterilization, intrauterine devices (IUDs), barrier (condoms, cervical cap, etc.) and spermicide methods, and natural family methods. Permanent methods of contraception include tubal ligation and vasectomy and should only be considered by couples who are confident in their decision to end child-bearing. These non-hormonal methods of contraception have no known effect on lactation.

Hormonal Methods—Containing Progesterone-only

DepoProvera injections, and “mini-pills” or progesterone-only oral contraceptive pills are examples of progestin-only methods. Use of these methods during lactation are safe and may even increase milk volume. However, it is recommended that progestin-only methods not be used by breastfeeding women in the first 6 weeks postpartum.

Hormonal Methods—Containing Estrogen

Contraceptives containing estrogen have been shown to suppress milk production and should not be used by the lactating mother.

Key Points



Advise Mom to:

- ☐ Eat a varied diet to satisfy hunger
- ☐ Drink to thirst
- ☐ Eat and drink frequently throughout the day
- ☐ Sleep when baby sleeps
- ☐ Accept help
- ☐ Expect gradual weight loss
- ☐ Limit caffeine intake
- ☐ Avoid cigarettes, alcohol, and drugs
- ☐ Check with doctor before taking any medications
- ☐ Avoid using herbs and herbal remedies
- ☐ Choose a family planning method prior to delivery
- ☐ Wait to start progesterone-only hormonal methods until 6 weeks postpartum
- ☐ Do not use any estrogen-containing contraceptives

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 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%; border-collapse: collapse;"> <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> <tr> <td colspan="2"> <input type="checkbox"/> Other Medical Conditions _____ (360) </td></tr> <tr> <td colspan="2"> Other/Specify: _____ </td></tr> </table>	<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)	<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)								
<input type="checkbox"/> Other Medical Conditions _____ (360)									
Other/Specify: _____									
357	<p>13. Do you take any prescriptions or over the counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specify: _____</p> <p>_____</p> <p>_____</p>								
427a 427d	<p>14. Do you take any vitamins, minerals, herbs or herbal supplements?</p> <p style="text-align: right;"> <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: _____ </p> <p>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</p> <p style="padding-left: 40px;">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> <p>_____</p> <p>_____</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</p> <p>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%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Food allergy (353) <input type="checkbox"/> Low fat </td><td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Lactose intolerance (355) </td><td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Low calorie <input type="checkbox"/> Vegetarian </td><td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Low carbohydrate <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"/> Low fat	<input type="checkbox"/> Gluten-Free <input type="checkbox"/> Lactose intolerance (355)	<input type="checkbox"/> Low calorie <input type="checkbox"/> Vegetarian	<input type="checkbox"/> Low carbohydrate <input type="checkbox"/> Vegan	<input type="checkbox"/> Other _____		If yes, specify: _____	
<input type="checkbox"/> Food allergy (353) <input type="checkbox"/> Low fat	<input type="checkbox"/> Gluten-Free <input type="checkbox"/> Lactose intolerance (355)	<input type="checkbox"/> Low calorie <input type="checkbox"/> Vegetarian	<input type="checkbox"/> Low carbohydrate <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?									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Breads, cereals <input type="checkbox"/> Chips <input type="checkbox"/> Granola/cereal bars </td><td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Candy, cookies, cakes, rolls <input checked="" type="checkbox"/> Crackers <input type="checkbox"/> Ice cream/frozen yogurt </td><td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Cheese, yogurt, pudding <input type="checkbox"/> Fruits <input type="checkbox"/> Meat, fish, eggs, nuts </td><td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Vegetables </td></tr> <tr> <td colspan="4">Other: _____</td></tr> </table>		<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: _____			
<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									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Bread, cereal, rice and pasta <input checked="" type="checkbox"/> Milk, yogurt, cheese </td><td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Fruits <input checked="" type="checkbox"/> Vegetables </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Meat, fish, eggs, beans <input type="checkbox"/> Other: _____ </td></tr> </table>		<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: _____					
<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>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Milk (type)_1 glass 8oz <input type="checkbox"/> Beer _____ <input type="checkbox"/> Regular pop/soda _____ <input type="checkbox"/> Other alcoholic drinks _____ </td><td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Water_2 glasses 8oz <input type="checkbox"/> Coffee/tea _____ <input type="checkbox"/> Sports/Fruit drinks _____ <input type="checkbox"/> Other: _____ </td><td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> 100% Juice 1 glass 8oz <input type="checkbox"/> Diet soda _____ <input type="checkbox"/> Wine _____ </td></tr> </table>		<input checked="" type="checkbox"/> Milk (type)_1 glass 8oz <input type="checkbox"/> Beer _____ <input type="checkbox"/> Regular pop/soda _____ <input type="checkbox"/> Other alcoholic drinks _____	<input checked="" type="checkbox"/> Water_2 glasses 8oz <input type="checkbox"/> Coffee/tea _____ <input type="checkbox"/> Sports/Fruit drinks _____ <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> 100% Juice 1 glass 8oz <input type="checkbox"/> Diet soda _____ <input type="checkbox"/> Wine _____					
<input checked="" type="checkbox"/> Milk (type)_1 glass 8oz <input type="checkbox"/> Beer _____ <input type="checkbox"/> Regular pop/soda _____ <input type="checkbox"/> Other alcoholic drinks _____	<input checked="" type="checkbox"/> Water_2 glasses 8oz <input type="checkbox"/> Coffee/tea _____ <input type="checkbox"/> Sports/Fruit drinks _____ <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> 100% Juice 1 glass 8oz <input type="checkbox"/> Diet soda _____ <input type="checkbox"/> Wine _____								
	26. Is there anything you would like to change about your eating habits? X 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									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Commodity Program</td> <td style="width: 25%;"><input type="checkbox"/> EFNEP/FNP</td> <td style="width: 25%;"><input type="checkbox"/> Food Pantry</td> <td style="width: 25%;"><input type="checkbox"/> Food Stamps</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Commodity Program	<input type="checkbox"/> EFNEP/FNP	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other: _____			
<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 Child Care Services Child Protection Child Support Children's Special Health Services Community Health Services Energy Assistance / Weatherization	Family Planning
Food Stamps				Head Start
HIV / AIDS Testing				Mental Health
Medical Assistance (CHIP/Medicaid/Low Income Families)				Rehabilitation Services
Temporary Assistance to Needy Families (TANF)				Services to Blind / Visually Impaired
WIC Follow-Up Nutrition Counseling				Tobacco Control

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.


Section V: Caring For Mom

Participants Handouts

A Healthy Mom's Daily Food Guide
Breastfeeding Benefits Our Future

CD/DVD

Breastfeeding Portions of National Maternal Nutrition
Intensive Course- 2005 and 2006 (Regional Managers or
Training Coordinator have these)



**Tools needed for
Section VI:**

- The *Breastfeeding Answer Book* by La Leche League

Section VI: Breastfeeding Doesn't Have to Tie You Down

Not aware of the ways to combine work/school and breastfeeding, some women quit breastfeeding prematurely or choose not to initiate breastfeeding. This section reviews the different options available to breastfeeding moms, methods for expressing milk, and the features of different pumping systems.

Early Planning is Key to Continued Breastfeeding

WIC staff can help moms breastfeed longer by talking about a woman's breastfeeding goals during her pregnancy. How long does she want to breastfeed? Will she be returning to work or school? If she is separated from her baby does she know she can still breastfeed? Is she familiar with the different breast pumps available?

The American Academy of Pediatrics recommends breastfeeding for at least the first year of life and thereafter as long as mutually desired. WIC staff can support this recommendation by educating women on options for continued breastfeeding when they are separated from their infants.

Ideally, WIC would like to see all moms breastfeed exclusively; however for some moms exclusive breastfeeding is not realistic. WIC staff need to support whatever goal a mom has for breastfeeding and help her achieve that goal. Some moms may choose to pump so they can feed expressed breast milk to their babies. Other moms may have the luxury of having their babies brought to them at work or school so they can breastfeed throughout the day. Some moms may choose to breastfeed and provide supplemental formula. Moms who choose not to exclusively breastfeed need to hear that any breastfeeding is better than not breastfeeding!!

The following questions can assist moms in developing their plan.

When is mom expected back to work or school? What is the employer's policy on family leave?

Ask lots of questions.

Moms who can wait until their baby is 6 weeks old to return to work or school find combining breastfeeding and working easier. Six weeks allows a mother time to establish her feeding pattern and milk supply. If a mom needs to return to work/school before 6 weeks postpartum she may need to pump more frequently to ensure an adequate milk supply.

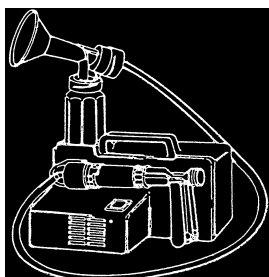
Is there a place where she can express her milk or breast-feed in the event she is able to bring her baby to work/school or have her baby brought to her during the day?

It's helpful to mothers to know what space is available to her. If there is not a space available, inquiring early allows time for the employer to locate an area. Moms should be encouraged to ask for a small, clean, private area. If she will be using an electric pump, the room will need to have an electrical outlet.

Will it be possible to take two twenty-minute breaks during the day to express milk or nurse her baby?

Moms working or going to school full-time will usually need to express or nurse their baby 3 times a day—during two breaks and over lunch.

Can she return to work full-time or part-time? If she needs to work full-time is it possible to start back part-time for a few weeks or months?



When moms return to work part-time it helps both mom and baby adjust to being separated. Moms working part-time usually need to pump 1 to 2 times a day depending on the number of hours worked. If a mom starts back to work full-time she should try to pump at least 3 times during the day. Pumping during morning and afternoon breaks and at lunch is ideal.

Can mom start back to work on a lighter schedule or mid-week? If she can return to work on a Thursday instead of a Monday, the first week back will be short.

Returning to work on a lighter schedule or mid-week can reduce fatigue and help mom adjust to her new routine.

If a mom is returning to work full-time or part-time can she start to collect her breast milk 2 weeks prior to returning to work?

Encourage mom to breastfeed frequently on her days off to help maintain her milk supply.

Encourage mom to breastfeed frequently when at home to help maintain her milk supply.

Establishing a pumping schedule similar to the one she will keep at work helps a mom learn how to express her milk, know how long it will take, and helps her build up a supply of stored breast milk.

Can mom visit the day care center during the day to nurse her infant?

If the child care center or sitter is located near mom's place of employment, mom may choose to visit her baby during the day to nurse.

Does the infant's day care center support breastfeeding?

**Choose a day care center
supportive to breastfeeding.**

Moms should be encouraged to interview the day care staff to determine if they support breastfeeding before selecting a day care center. A written schedule can be given to staff letting them know when mom will be there to nurse. A backup plan should also be included for the times she is late or the infant is hungry before she can get there. Staff can sometimes put the infant off for a few minutes by distracting the infant with an activity or by giving a small amount of expressed milk or supplemental formula. There is nothing worse than having a very well-fed infant when a mother needs to nurse.

Does the mom plan to exclusively breastfeed or will she be using supplemental formula?

Moms should be encouraged to exclusively breastfeed because of the many benefits for both mom and infant. However, some moms will decide to provide

Offering formula too soon can interfere with a mom's milk supply.

supplemental formula because they do not want to or cannot express their milk during the day.

In the event that supplemental formula is provided, mom should wait until her milk supply is well established (approximately 6 weeks). Offering formula too soon can interfere with a mom's milk production. One to 2 weeks prior to returning to work, moms may find it helpful to offer formula-feedings in place of the breastfeedings they will miss at work. It is possible, however, for women to wait to start supplementing when they return to work. These women will most likely experience some overfullness until their body adjusts to the missed feedings. Moms who supplement while they are at work should nurse as much as possible in the early morning, evenings, and on weekends to maintain their milk supply.

Activity

Read pages 29-30 in the *Breastfeeding Answer Book*.

Emptying the breast is key to maintaining a milk supply.

Milk Expression

Regular emptying of the breast is key to maintaining a milk supply. If moms are not able to empty their breasts by nursing they can express the milk by using a breast pump or hand expression. A mother's pumping/expressions schedule should duplicate her breastfeeding pattern if she were at home nursing her infant.

Activity

Read pages 212 to 215, "Basics of Milk Expression" and pages 252 to 254, "Feeding Tips for the Baby's Caregiver," in *The Breastfeeding Answer Book*.

Selecting the Right Breast Pump

The type of pump a mother uses depends on a number of considerations, including her working status (part-time or full-time), whether she is wanting to exclusively breastfeed, ease of expressing milk, time available for pumping, ability to stimulate hormonal levels, and volume of mom's milk supply. A breast pump should simulate, as closely as possible, a baby nursing at the



breast.

Type of Breast Pumps

Manually-Operated Breast Pump

Manual pumps are used for situations where pumping is infrequent or of short duration.

Manually-operated breast pumps are commonly used for situations where pumping is infrequent or of short duration. The pump is fairly inexpensive and widely available. Manually pumping takes practice; suction is achieved by pulling on a piston.

Manual pumps are a good option, when an electric pump is not available, for:

- relieving engorgement
- healing sore or cracked nipples
- short interruptions of breastfeeding, such as mom on contraindicated medication for a few days, infant hospitalized for a few days, an infant with breast milk jaundice
- weaning an infant from the breast

Use of the manual pump for many moms is often tiring and not very efficient. The manual pump does not stimulate hormonal levels well, therefore it is difficult for women to maintain an adequate milk supply if they are using the manual pump frequently in place of putting the baby to breast.

Manual breastpumps can be issued to WIC participants who need one.

Pumps

Battery-operated pumps get about ½ the suction of the heavy-duty electric pump.

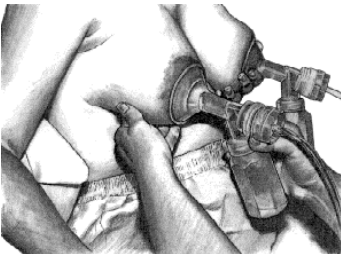
Battery-Operated Breast Pumps and Small Electric

Battery-operated or small hand-held electric pumps are more expensive than a manual pump though fairly inexpensive compared to a heavy-duty electric pump. This type of pump is easy to use, and very portable. The battery-operated pump generally gets about ½ the suction of the heavy-duty electric pump and cycles much more slowly. This may be enough suction for some mothers with a good let-down reflex, but will be inadequate for others. Hormonal levels are minimally stimulated with these types of pumps.

Special Note: This type of pump is designed for single-

Hormonal levels are minimally stimulated by battery-operated breast pumps and small electric pumps.

The heavy-duty electric pump is most efficient (second to baby) in extracting milk.



use only; they should not be shared between mothers because they cannot be sterilized.

Battery-operated or small electric pumps are a good option, when a heavy duty electric pump is not available, for:

- mothers who are working part-time (approximately 20 hours or less per week)
- relieving engorgement
- healing sore or cracked nipples
- short interruptions of breastfeeding, such as mom on contraindicated medication for a few days, infant hospitalized for less than a week, an infant with breast milk jaundice
- weaning an infant from the breast

Heavy-Duty Electric Pumps

The heavy-duty electric pump is most efficient (second to baby) in extracting milk. This type of electric pump is expensive though many companies have a rental option.

South Dakota has a number of these pumps throughout the state. These pumps are available to be loaned to WIC participants at no charge for a period of time not to exceed their WIC Certification.

The electric pump is used with a double collection kit. The double set up allows the mother to pump both breasts at the same time. This reduces the time required for pumping in half and provides better stimulation of hormones for milk let-down and production.

Possible indications for use of an electric breast pump include:

- mother or infant is hospitalized.
- infant unable to nurse because of prematurity; respiratory or cardiac problems affecting endurance; disorders of the oral or GI structures (i.e., cleft palate or lip); muscle tone problems (i.e., Down's syndrome, cerebral palsy, hydrocephalus, etc.)
- infant is sick and unable to nurse.
- infant is having trouble latching-on.
- mother is on medication that is contraindicated for breastfeeding for more than a week.
- mom and infant are separated for more than a few days.
- mom has twins or triplets.
- mother needs to increase her milk supply.

- mother has mastitis (breast infection).
- mothers has temporary breastfeeding problems such as engorgement.
- mother is returning to work or school full- or part-time.

Pedal Pump

A pedal pump is the manual version of the electric pump. Instead of connecting the collection kit to an electric motor, the kit is connected to a foot pedal. The pumping action is driven by mom pumping the pedal with her foot. The pedal pump is an excellent option for mother's who do not have access to an electric pump or do not want to bother transporting the larger electric pump.

Pedal pumps are a great alternative for moms returning to work or school.

Possible indications for use of a pedal pump include:

- moms returning to work or school
- engorgement
- healing cracked or sore nipples
- short interruptions of breastfeeding
- weaning an infant from the breast

Bicycle Horn

This type of manual pump is not recommended since the bulb can harbor harmful bacteria and can also cause trauma to the breast.

Hand Expression

Some mothers prefer to hand-express their milk rather than using a mechanical device. Readily available to all moms, hand expression can be a very quick and convenient method of expression. Hand expression is a good option for mothers who need to express their milk on occasion, however some moms are very proficient and find it a viable method for more frequent expression.

Activity

Read pages 215 to 219, "Hand Expression" in *The Breastfeeding Answer Book*.

Review Breastfeeding Section in the WIC Electronic Manual, that explains the manual and electric breastpump distribution.

Collection and Storage of Breast Milk

Breast milk can be stored in various types of containers. Glass is the preferred container for freezing, however, plastic bottle liners may also be used. Plastic liners should be double bagged in case of breakage. Encourage mom to label each bag with the date. This will allow mom to use the milk in the order that it was expressed.

Recent research has found that breast milk may be stored for a longer period of time than previously recommended. However, South Dakota WIC has chosen to stay with the more conservative recommendations.

Read pages 228 to 233 in the *Breastfeeding Answer Book* on storage and handling of human milk. Review Breastfeeding Section in the WIC Electronic Manual under Storage of Breastmilk for the recommendations of the South Dakota WIC Program.

Staff need to inform the breast-feeding woman of the risks of introducing too much formula.

Issuing Supplemental Formula

Staff need to carefully assess the amount of formula needed by a breastfeeding woman. Offering too much formula can undermine a mother's confidence and interfere with her milk supply. If a mother requests supplemental formula it is staff's role to educate the mother on the impact that supplemental formula may have on her milk supply and to tailor the formula package to best meet the infant's nutritional needs. Ideally, infants less than 1 month of age should not be issued more than one 1-pound can of powdered formula and infants less than 4 months of age should not be issued more than four 1-pound cans of powdered formula. However, some circumstances, such as the final stage of weaning or a mother returning to work/school (who is not interested in pumping her milk), may require quantities of supplemental formula that exceed these guidelines.

Key Points



- Helping mothers develop a breastfeeding plan when separated from their infant is essential for continued breastfeeding.
- Regular emptying of the breast is key to maintaining a mother's milk supply.
- A breast pump should simulate, as closely as possible, a baby nursing at the breast.
- Manually-operated breast pumps are commonly used for situations where pumping is infrequent or of short duration.
- The heavy-duty electric pump is most efficient (second to baby) in extracting milk.
- The pedal pump is an option for women returning to work or school.
- Hand expression is a good option for mothers who need to express their milk on occasion.
- When supplemental formula is requested, staff need to carefully assess how much formula is needed to meet the nutritional needs of the infant and to promote continued breastfeeding.

**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."



Tools needed for Section VII:

• WIC Electronic Manual-
Priority System
Nutrition Risk Code

Section VII: References

Congratulations—if you have completed each of the previous sections of this self study packet and all of the activities, you can feel confident that you have a good foundation for providing breastfeeding education and support. There will be those times, however, when you will not have the answer to a participant's question or when you'll need more information about a topic.

This last section of the self study packet provides you with reference materials. Specifically this section includes a list of breastfeeding contraindications, referral protocol with educational guidelines, postpartum assessment, and commonly asked questions and answers.

When Breastfeeding May Not Be Recommended

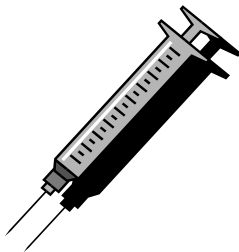
Though breastfeeding is the optimal feeding method, it is important that you are knowledgeable of situations when a participant should not breastfeed or needs further medical evaluation before recommending breastfeeding. The following is a listing of those conditions.



1. Women with **active tuberculosis** should refrain from breastfeeding or any other close contact with the infant due to potential transmission through respiratory droplets. During the time the mother is being treated, lactation can be maintained by pumping and saving milk, since tuberculosis is not transmitted by breastmilk. Women with tuberculosis who have been treated appropriately 2 or more weeks and who are considered non-contagious may breastfeed.
2. A woman who is **HIV-infected (Acquired Immunodeficiency Syndrome or AIDS)** should be counseled NOT to breastfeed her infant since human immunodeficiency virus has been found in human milk and can be transmitted through breastfeeding. WIC staff are responsible for

advising all pregnant, postpartum, and breastfeeding women to know their HIV status so that if they are HIV-positive they can receive medication prenatally to reduce the risk of transmission to their baby and they can avoid breastfeeding.

3. **Hepatitis** is a viral infection of the liver that can cause fever, jaundice, anorexia, nausea, fatigue, and in some cases, chronic liver disease. All hepatitis is not the same, as hepatitis can have many causes, with each type differing in the method of transmission, incubation period, severity of illness, carrier state, possible treatments and preventions, and long-term prognosis. The decision to breastfeed should be made in conjunction with the mother's and the baby's health care providers, and often warrants input from an infectious disease expert.



4. Women who **abuse alcohol, illegal drugs, or certain prescription medications**, should NOT breastfeed. Most maternally-ingested drugs are transmitted to breast milk. Intravenous drug abusers also have a high incidence of hepatitis and HIV which can be transmitted to the breastfeeding infant.

Women who are **abusing alcohol** should not breastfeed. Excessive alcohol intake is associated with inhibition of the let-down reflex, poor milk production, high alcohol levels in milk, lethargic infants, developmental delays in the infant (documented slight motor delays), slow weight gain, and failure to thrive, as well as other adverse health consequences for the mother and infant.

Use/abuse of **illegal drugs** is a contraindication to breastfeeding. Illegal drugs are hazardous to the nursing infant and to the physical and psychological well-being of the mother.

5. Virtually all lactating mothers will take one or more **medications** during the course of breastfeeding. Although all drugs are excreted to some degree in breast milk, most medications taken by the nursing mothers actually are quite safe for breast-feeding infants because only minimal quantities of a drug usually appears in milk. Each situation should be

Most medications taken by nursing mothers are quite safe for the breastfeeding infant.

evaluated on a case-by-case basis by the mother's physician.

6. **Human T-Cell Leukemia Virus Type 1 (HTLV-1)** is increasing in parts of the world such as the West Indies, Africa, and southwestern Japan. Although HTLV-1 is not increasing in the United States, trends may change. At the present time, it is recommended that, in the United States, the mother with HTLV-1 disease should not breastfeed.
7. **Herpes Viruses:**
Women with herpes lesions on their breasts should refrain from breastfeeding until the lesions are completely cleared.

Tobacco Use

Smoking is not a contraindication to breastfeeding.

Though we highly recommend quitting smoking, smoking is **not** a contraindication to breastfeeding. Smoking and tobacco use are viewed as a matter of risk/benefit ratio: the risk of some nicotine exposure versus the tremendous benefit of breastfeeding. Breastfeeding provides some protection against both infection and asthma. Smoking does adversely impact milk volume and women who smoke tend to wean sooner. Women who cannot quit smoking should be encouraged to cut-back on the number of cigarettes smoked, to never smoke in the same room as the infant, and to smoke after a feeding rather than before.

Caffeine Consumption



The biggest concern with caffeine is that infants in the first few weeks of life do not excrete caffeine rapidly. Only small amounts of caffeine appear in breast milk, but if the mother consumes a lot of caffeine day after day, the caffeine accumulates in the infant. Women should be advised to keep routine consumption of caffeine to a minimum (less than 2 cups of coffee or the caffeine equivalent from other caffeine-containing beverages).

Herbal and food products

Many herbs have pharmacological active components.

There are numerous herbal products and teas on the market. Many herbs are harmless, though many contain pharmacologically active components. If an herbal

product is being taken in excessive amounts, the contents need to be evaluated. The poison control center (1-800-222-1222) can also be of some assistance in identifying the active properties of most herbs.

Counseling on the Contraindications to Breastfeeding

When a mother has a condition that contradicts breastfeeding, encourage her to change her behavior (alcohol and/or drug use) or, in the case of some medical conditions, avoid breastfeeding altogether. A woman who is unable to change her behavior or condition should not be made to feel guilty. Provide her with the information specific to her contraindicated behavior or condition, while remaining as encouraging and positive as possible

Advise women to avoid drugs and alcohol consumption while breastfeeding.

Advise women to avoid drugs and alcohol consumption while breastfeeding. A negative or threatening tone usually has the opposite effect from that desired, making the mother defensive and resistant to change. Inform her that alcohol and many drugs, including prescription, over-the-counter, and illegal drugs, can pass into breast milk and harm her baby. Advise women to inform their doctors that they are breastfeeding so medications can be prescribed that are not contraindicated. If the woman is using illegal drugs or alcohol, warn her of the dangers and refer her for further assistance.

Postpartum Assessment

Moms are very vulnerable to breastfeeding failure during the first weeks of breastfeeding. With early hospital discharge practices, many women are discharged before breastfeeding is well established. WIC staff play an important role in identifying women who need additional help and support to successfully breastfeed.

Conducting an early assessment of breastfeeding can help identify and resolve problems before they become bigger problems.

Conducting an early assessment (within the first 7 to 10 days of delivery) of breastfeeding can help identify and resolve problems before they become bigger problems. So how do you go about assessing breastfeeding? A great place to start is with the handout Breastfeeding is Best Section: Is Your Baby Getting Enough? Questions are included in the handout to address how many times feedings are occurring, the length of feeding, and the

number of wet and soiled diapers.

Additionally, an infant's weight is another key factor in assessing how breastfeeding is going. After a mother's milk comes in, an infant should gain 1 ounce per day for the first few months of life. An infant who is not back to birth weight by 2 weeks of age, or who has lost more than ½ pound from birth weight, should be seen by the health care provider immediately.

Discussion with the mother, use of the handout Breastfeeding is Best, and evaluation of the infant's weight status are assessment tools that need to be used in combination to determine if mom and infant need further follow up and education to successfully breast-feed.

Referral Protocol

The South Dakota WIC Nutrition Risk Codes are designed to ensure that breastfeeding women who have a breastfeeding complication or potential complication receive additional support and/or intervention in a timely manner.

Breastfeeding women or infants identified with a complication should be evaluated by the Local Agency Health Professional or referred to their health care provider. Both early assessment and intervention are key to helping a woman successfully breastfeed.

Activity

Review the Breastfeeding Complications or Potential Complications Reference section at the end of this section.

Review the Normal Breastfeeding Protocol for a woman and infant at the end of the following section.

Review Nutrition Risk Codes pertaining to breastfeeding in Priority System Nutrition Risk Code in the WIC Electronic Policy Manual.

Key Points



- All women should be advised to know their HIV status so that if they are HIV-positive they can receive treatment to reduce the risk of transmission to their baby and they can avoid breastfeeding.
- Some women may have medical conditions that warrant advising them not to breastfeed or require further follow up by her health care provider before recommending breastfeeding.
- Smoking is not a breastfeeding contraindication because the benefit of breastfeeding outweighs the risk to the infant.
- Breastfeeding women should limit their caffeine intake to less than 2 cups of coffee or the equivalent from other caffeine-containing beverages.
- Early assessment (within 7 to 10 days of delivery) is key to helping a woman successfully breastfeed. The handout Breastfeeding is Best Section: Is Your Baby Getting Enough, infant weight gain, and discussion with the mom, are tools for conducting an assessment.
- Prenatal women identified to have a potential complication must be provided with education and referred to her health care provider, as appropriate.
- Breastfeeding women and infants identified to have a breastfeeding complication or potential complication must be referred to their health care provider.

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

"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.

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

Breastfeeding Complications or Potential Complications

Section 8

Reference Section

Pregnant Woman

Breastfeeding Woman

Breastfeeding Infant

Breastfeeding Complications or Potential Complications Reference Section

Identifying breastfeeding complications or potential complications is critical for helping women successfully breastfeed. This section provides a list of complications that can interfere with a woman and infant's breastfeeding success. An explanation of each condition, with education points, guidelines for goal setting, referral and follow up are included to assist staff in providing information and guidance to WIC participants.

Prenatal women, breastfeeding women, and their infants should be assessed at each WIC visit for breastfeeding complications or potential complications. Early identification is key to helping a mother and infant have a positive and successful breastfeeding experience. Identification of complications can be made by using the WIC Diet Assessments, infant growth grid and through discussion with the mother.

Prenatal women identified to have a complication or potential complication (listed below) should be provided with educational information and referral during her routine WIC appointments.

Breastfeeding women and infants identified with a complication or potential complications (listed below) are considered high risk and should be evaluated. The Health Professional is responsible for conducting an evaluation of the situation, determining the intervention and need for additional referral to the participant's health care provider and follow up.

Prenatal

Prenatal women identified to have a complication or potential complication should be provided with educational information and referral during her routine WIC appointments.

Complications or Potential Complications

- flat or inverted nipples
- history of previous lactation failure
- breast surgery including augmentation, reduction and biopsy

- unusual breast appearance, such as marked breast asymmetry or tubular hypoplastic breasts
- history of breast radiation
- woman who is presently lactating
- woman who is carrying multiple infants

Breastfeeding

Complications

Breastfeeding women and infants identified with a complication or potential complications are considered high risk.

Complications or Potential

- severe breast engorgement
- recurrent plugged or obstructed ducts
- mastitis (fever or flu-like symptoms with localized breast tenderness)
- flat or inverted nipples
- cracked, bleeding, or severely sore nipples
- mother with systemic illness such as diabetes, hypertension, PKU, Cystic Fibrosis, eating disorders
- mother who is abusing drugs or alcohol
- mother 40 years or older
- mother 15 years or younger
- failure of milk to come in by 4 days postpartum
- breastfeeding multiple infants
- tandem nursing (breastfeeding siblings who are not twins)

Breastfeeding Infant

Complications or Potential Complications

- jaundice
- weak or ineffective suck
- difficulty latching-on to the mother's breast
- neuromuscular problems, including Down's syndrome
- oral anatomic problems, such as cleft lip and/or palate
- excessive weight loss: greater than 1/2 pound weight loss from birth weight,
- inadequate infant weight gain (not back to birth weight by 2 weeks or age)
- inadequate stooling for age
- less than 6 wet diapers per day
- infant with galactosemia

Pregnant Women identified to have a complication or potential complication (listed below) should be provided educational information and referral during her routine WIC appointment.

Flat or Inverted Nipples

Pregnant Woman - Complications or Potential Complications

Flat or inverted nipple/s do not become erect when stimulated; an inverted nipple may have a central indentation or retract inward when compressed. Some infants may have difficulty correctly latching-on to flat or inverted nipples, however with proper guidance and support mothers can successfully breastfeed.

Education Points:

For **flat or inverted nipple/s**, the woman should be encouraged to have an initial examination by her practitioner early in pregnancy and again at the beginning of the third trimester. If indicated by the exam, a physician, nurse practitioner, nurse, or dietitian can recommend the use of breast shells during the last month or two of pregnancy, with the authorization of the woman's obstetrical care provider. Deferring treatment until after delivery, and then using a breast pump to pull out the nipples prior to feedings may be the preferable option. The infant should be followed closely to be sure he is latching on correctly and receiving adequate breastmilk.

Prior Lactation Failure

Prior lactation failure may have occurred, due to a variety of reasons. Understanding the reasons for the previous failure can improve success with subsequent pregnancies. In the vast majority of instances, unsuccessful breastfeeding results from improper technique, poor management of common problems, or lack of support.

Education Points:

For **prior lactation failure**, discuss the previous problems the woman experienced and correct any misinformation she may have. If appropriate, encourage the woman to try breastfeeding again. Emphasize practices that promote success, and arrange for close follow up after delivery.

Breast Surgery

Breast surgery including breast augmentation, reduction, or biopsy does not prevent a woman from breastfeeding, but the mother requires careful evaluation of her milk production in each breast. A special breastfeeding plan may be needed for the mother with a history of previous breast surgery.

Education Points:

For a woman with **previous breast surgery, unusual breast appearance, or history of breast radiation**, encourage her to discuss breastfeeding with her health care provider. Reassure her that, even if supplementation with formula becomes necessary, partial breastfeeding may still be possible. Follow-up with this mom is very important to be sure there is adequate milk transfer. The longer between surgery and breastfeeding the better chance of breastfeeding being successful.

Unusual Breast

Unusual breast appearance, such as **marked breast asymmetry or tubular hypoplastic breasts**, does not necessarily mean a woman will be unable to breastfeed successfully. However, women with such breast variations may be at increased risk for producing insufficient milk and should be referred to their health care provider for full evaluation.

Education Points:

When a pregnant woman has **unusual breast appearance**, such as marked breast asymmetry or tubular hypoplastic breasts, she should not be discouraged from initiating breastfeeding. Close follow up of the infant after delivery will be required to assure the infant receives adequate milk. Even if formula supplements become necessary, partial breastfeeding may still be possible. Refer the woman to her health care provider for further evaluation.

Breast Radiation

Women who have been treated for breast cancer with lumpectomy **and radiation of the affected breast** usually produce negligible milk from the irradiated breast due to irreversible damage to the milk-producing glands. However, the woman still can breastfeed from the unaffected side. While some women are able to produce sufficient milk for their babies with frequent nursing from one breast only, others will need to give formula supplements to keep their babies adequately nourished.

Education Points:

A woman with a history of breast cancer treated with **breast radiation** should be advised that the treated breast is unlikely to produce significant milk. She should be encouraged to maximize her milk production in the untreated breast by frequent nursing, beginning as soon after delivery as possible. Early follow up of her infant after delivery will be necessary to determine whether her

untreated breast can serve as the baby's sole source of nutrition. Refer the woman to her health care provider for further evaluation.

Presently Lactating

A pregnant woman who is **presently lactating** may choose to continue to nurse as her pregnancy progresses. Breastfeeding during pregnancy can influence the mother's ability to meet the nutrient needs of her growing fetus and nursing baby. When a mother chooses to nurse through a pregnancy, she should be referred to her obstetrical care provider who may discourage the practice for women with high-risk pregnancies.

Education Points:

When the **pregnant woman is still lactating**, explain that her milk supply probably will decline and that her breastfed baby will need other sources of nutrition. If she desires to continue nursing as pregnancy progresses, refer her to her health care provider for further evaluation. Explain that both she and her baby may find nursing less enjoyable as the milk supply declines and she experiences some nipple discomfort. The taste of the breastmilk will also change as the pregnancy progresses.

Multiple Infants

The birth of **multiple infants** should not prevent a woman from breastfeeding, although multiple infants may need special assistance if they are premature or low birth weight. The woman who is expecting twins will need reassurance that she is capable of breastfeeding successfully and producing enough milk for both babies.

Education Points:

Encourage those mothers wishing to nurse **multiple infants** to do so. Offer reassurance that she is capable of producing adequate milk and provide the necessary guidance to achieve adequate milk production, including: optimum calorie, nutrient, and fluid intake; adequate rest; and appropriate frequency of breastfeeding. As with other participants, provide information on breastfeeding basics, and offer specific educational materials on breastfeeding multiple infants. Encourage her to enlist sources of support during the postpartum period.

Set A Behavior Change Goal

Behavior Change Goal

Based on information presented, encourage participants to choose one or two specific actions which will assist in reducing or eliminating the potential breastfeeding

complication. This may include reading educational materials, attending a breastfeeding class, or making an appointment with their physician for further evaluation.

Referral

Referral

Pregnant women with potential breastfeeding complications may need further evaluation and should be referred, as appropriate, to their health care provider. Encourage all pregnant women to attend prenatal breastfeeding classes prior to deciding how to feed their infant. Those women who have successfully breastfed in the past can benefit from new information and provide valuable support to other expectant mothers who attend.

Follow Up

At the next WIC visit, question the participant regarding her progress toward achieving the behavior change goal/s and her experience with the provider to whom she was referred. As appropriate, provide breastfeeding information/education at each subsequent visit.

All follow up and communication with the participant and the provider should be documented in the participant's chart.

Schedule appointments as indicated.

Breastfeeding Women identified with a complication or potential complication (listed below) are considered high risk. A referral should be made to the participant's health care provider.

Breast Engorgement

Breastfeeding Woman - Complications or Potential Complications

Breast engorgement occurs temporarily in all new mothers when their milk comes in a few days after delivery. Continued **severe engorgement** is often caused by infrequent nursing and/or ineffective removal of milk. This severe breast congestion causes the breast to become hard, shiny, and painful to the touch; and the nipple-areola area to become flattened and tense making it difficult for the baby to correctly latch-on.

Education Points:

For **engorgement/severe engorgement**, encourage the mother to nurse as frequently as possible with the infant latched-on correctly to help reduce breast firmness enough to relieve discomfort. This will require nursing 10 to 15 minutes on each side every 1½-3 hours. Other recommendations, include: (1) using moist heat on the breasts for 10 minutes before a feeding (applying a wash cloth soaked in warm water or standing in a warm shower); (2) expressing some milk by hand or with a breast pump to soften the nipple-areola area and breast; (3) gently massaging the breast from the outer margins toward the nipple to help move milk through the ducts; and (4) applying cold compresses to the breast after feedings to reduce swelling and pain.

Recurrent Plugged

Recurrent plugged ducts can be a frustrating problem for breastfeeding women. A clogged duct (tender, hard knot) is a temporary back-up of milk that occurs when one or more of the lobes of the breast don't drain well. This usually results from incomplete emptying of the breast.

Education Points:

For **recurrent plugged or obstructed ducts**, encourage the mother to nurse more frequently and start several consecutive feedings on the affected breast. Moist, hot packs and gentle massage or pressure applied to any tender knots will help milk flow from the obstructed area. Nursing in different positions and with the baby's sucking directed toward occluded ducts will also help. Instruct the mother to nurse at least 10 minutes per side; if the breasts aren't well emptied, she should pump or express enough residual milk to become comfortable. Elicit possible risk

factors that predispose a woman to recurrent plugged ducts and encourage the mother to avoid such behaviors, including: infrequent or skipped feedings, allowing the breasts to remain overly full, wearing tight constrictive clothing or underwire bras, over vigorously massaging the breast and consistently nursing on one breast only. Any lump that persists for days or weeks must be accurately diagnosed to rule out the possibility of malignancy.

Mastitis

Mastitis is a breast infection that causes a miserable, “flu-like” illness accompanied by an inflamed, painful area of the breast. A mother with mastitis may experience the following symptoms: tenderness or redness of the breast, flu-like symptoms, headache, nausea, fever, chills, malaise or fatigue.

Education Points:

If a nursing mother develops **mastitis**, recommend that she call her physician so antibiotics can be prescribed promptly. Encourage her to rest as much as possible and continue nursing from both breasts frequently. She can begin nursing on the unaffected side until her let-down is triggered, then move the baby to the affected breast until it is well emptied. Moist hot packs applied prior to feeding may help facilitate milk flow. Symptoms usually improve dramatically within 48 hours of beginning antibiotic therapy, and treatment should continue for at least 10 days.

Flat or Inverted Nipples

Flat or inverted nipple/s do not become erect when stimulated; an inverted nipple may have a central indentation or retract inward when compressed. Infants may have difficulty latching-on correctly to flat or inverted nipples, however with proper guidance and support mothers can successfully breastfeed.

Education Points:

Flat or inverted nipples may interfere with proper latch-on. Mothers with flat nipples should be instructed to compress the breast and areola between two fingers to provide as much nipple as possible to the infant. Wearing a breast shell between feedings may help make the nipple more erect. Drawing the flat or inverted nipple out with an electric or manual pump before each feeding also can facilitate latch-on. Usually such pre-feed pumping is necessary for only a few days until the infant learns to attach correctly.

Cracked, Bleeding, or Severely Sore Nipples

Cracked, bleeding, or severely sore nipples are most often caused by improper infant positioning, latch-on, or suckling. Severe nipple pain, discomfort lasting throughout feedings, or pain persisting beyond one week postpartum is atypical. Improper infant latch-on not only causes sore nipples, but impairs milk flow and leads to diminished milk supply and inadequate infant intake. There are several other causes of severe or persistent nipple pain, including Candida or staph infection.

Education Points:

If a woman complains of **cracked, bleeding, or severely sore nipples**, the cause of the soreness needs to be determined in order to remedy the problem and prevent it from recurring. Review proper positioning and infant attachment, frequency and duration of feeds, and breast care, as appropriate. Review the nutritional status of the mother, focusing especially on protein, zinc, and vitamin C, to assure adequacy for wound healing. Reassure the mother that small amounts of blood will not harm her baby. Recommend that the mother apply U.S.P. medical grade lanolin to her nipples after nursing to prevent excessive moisture loss and promote healing. Remind the mother to wash hands well, so she doesn't introduce germs into cracked nipples. If infection is suspected, refer the mother to her health care provider. When nipple pain is so severe that it interferes with direct breastfeeding, suggest the mother use an electric breast pump to maintain her milk supply while her nipples heal.

Systemic or Other Illness

- **Diabetes**
- **Systemic Hypertension**
- **PKU**
- **Cystic Fibrosis**
- **Eating Disorders**
- **Depression**

Systemic or Other Illness

Mothers with **diabetes** should be offered the opportunity to breastfeed unless specific problems are present that prohibit successful breastfeeding.

Systemic hypertension is usually treated with drugs. Some drugs are secreted in breast milk and may affect the infant, while others may suppress milk production.

Other systemic illnesses: **PKU** - Pregnancy and breastfeeding can be successful if strict dietary controls are begun before conception. Mothers with **Cystic Fibrosis** may have limited milk production due to low body fat, or they may lose excessive weight while lactating. Mothers with **eating disorders** may lack sufficient body fat to

produce abundant milk. Those with **depression** may take medications that are contraindicated during lactation.

Education Points:

The breastfeeding mother with **diabetes** should be reassured that, despite her challenges, she is capable of breastfeeding successfully. She should be encouraged to follow her prescribed diet, drink adequate amounts of fluid, get moderate exercise, and maintain close communication with her primary care physician, nurse practitioner and/or dietitian. Referral to a diabetes specialist may be necessary if the mother is having any problems regulating her blood sugar level and/or is not under the care of a specialist.

For other health conditions that require **prescribed medications**, individual consideration must be made. Encourage the woman to communicate with her health care provider about all medications she may be taking.

Alcohol and

Alcohol and some drugs are transmitted into breast milk. Women who are abusing drugs and/or alcohol should not breastfeed. For women who have an occasional drink, the American Academy of Pediatrics Committee on Drugs suggests if alcohol is used, intake should be limited to 2-2.5 ounces of liquor, 8 ounces of table wine, or 2 cans of beer (servings based on a 132 pound woman).

Education Points:

The breastfeeding woman who chooses to have an occasional **alcoholic** drink should be advised that alcohol does pass into breast milk. Therefore, it is recommended that if she does drink, to do so only occasionally in small amounts, with a meal and after a breastfeeding.

Age Considerations

- **15 years of age or under**
- **40 years of age or older**

Breastfeeding women **15 years of age or under** have not completed their own growth and development, and may have already compromised their nutritional stores during pregnancy which places them at nutritional risk when lactating. Additionally, many teens are emotionally immature and do not fully understand the magnitude of care an infant requires, as well as the increased demands of breastfeeding.

Education Points:

If a young mother (**15 years or younger**) chooses to breastfeed, provide support and assurance that she can do so, and emphasize the importance of getting sufficient rest and an adequate diet and fluids. Be available as necessary to provide guidance and support for her decision and to help her prioritize her baby's needs. Show her how to breastfeed discreetly and explain pumping options to maintain her milk supply if she must be separated from her infant due to work or school commitments.

Breastfeeding women **40 years of age or older** are more likely to experience fertility problems and perinatal risk factors that could impact the initiation of breastfeeding. Because involutinal breast changes may begin in the late 30s, older mothers may have fewer functioning milk glands than younger mothers, resulting in greater difficulty producing an abundant milk supply.

Education Points:

If an older mother (**40 years or older**) chooses to breastfeed, provide similar support and assurance given to other participants. Arrange for close follow up to ensure that an adequate milk supply is produced. Help the mother prioritize other competing demands in her life to enable her to breastfeed often and get breastfeeding well established.

**Failure of Milk to Come In
by 4 Days Postpartum**

Failure of milk to come in by 4 days postpartum may be a result of maternal illness or perinatal complications. Failure of a mother's milk to come in normally by 4 days postpartum may place the infant at nutritional and/or medical risk, making temporary supplementation necessary until a normal milk supply is established.

Education Points:

If a mother reports her **milk has not come in by 4 days postpartum**, both mother and infant need to have a full breast-feeding assessment. The evaluation will help guide appropriate changes in feeding frequency or technique and determine the need to begin formula supplementation of the infant. Close follow up will be necessary until breastfeeding is well established or an appropriate feeding plan has been tailored.

Breastfeeding Multiple Infants

Breastfeeding **multiple infants** should not be discouraged, but it does present a challenge. Mothers

nursing multiple infants need to produce more milk than mothers of singletons, which requires attention to dietary and fluid intake, and rest. Feeding triplets is possible, but may be complicated by infant hospitalization due to prematurity and extreme maternal fatigue.

Education Points:

Encourage mothers wishing to nurse **multiple infants** to do so. Offer reassurance that it is possible to produce adequate milk for multiples and provide the guidance necessary to achieve adequate milk production, including optimum calorie, nutrient, and fluid intake and rest, and frequent, demand nursing.

Tandem Nursing

Tandem nursing refers to breastfeeding two siblings who are not twins. It requires a great deal of patience and understanding on the mother's part to meet the unique needs of two nursing babies at different developmental stages.

Education Points:

The mother who chooses to **tandem nurse** two babies who are not twins requires support and understanding for her particular parenting style. She will need to prioritize the nutritional and comfort needs of two babies at different stages, without allowing herself to become physically or emotionally depleted. The older baby may compete for nursing privileges, and care must be taken to ensure that the younger baby has first access to the milk supply.

Set a Behavior Change Goal

Behavior Change Goal

Based on information presented, allow the participant to choose one or two specific actions to assist in correcting the problem or changing the undesirable behavior. This may include reading educational materials, attending a breastfeeding class, attending the scheduled follow-up appointment, or making an appointment with their physician for further evaluation.

Referral

Referral

Breastfeeding women with complications or potential complications are considered high risk. The Health Professional should refer the woman to her health care provider and/or a professional in the community with lactation management expertise if there is a concern/need.

Referral to a breastfeeding support group, such as La Leche League may be helpful for the new mother.

Follow Up

Follow Up

At the next WIC visit, question the participant regarding her progress toward achieving the behavior change goal/s and her experience with the provider to whom she was referred. As appropriate, provide breastfeeding information/education at each subsequent visit.

All follow up and communication with the participant and the provider should be documented in the participant's chart.

The Health Professional determines the frequency of high-risk follow-up visits. Schedule appointments as indicated.

Breastfeeding Infants identified with a complication or potential complication (listed below) are considered high risk. A referral should be made to the participant's health care provider.

Breastfeeding Infant - Complications or Potential Complications

Jaundice

Jaundice may become evident in an infant within 2 to 10 days after birth. The infant appears to have a yellow tinge to his or her skin, the whites of the eyes and mucous membranes. Jaundice occurs when bilirubin accumulates in the blood because red blood cells break down too quickly, the liver does not process bilirubin as efficiently as it should or intestinal excretion of bilirubin is impaired. When jaundice occurs in the otherwise healthy, breastfed infant, it is important to distinguish between pathological jaundice and physiologic jaundice to determine the appropriate treatment.

Pathological Jaundice

- If the bilirubin rises rapidly or is high at birth or within the first day or two this is usually an indication that something is abnormal and it is referred to as pathological jaundice. This form of jaundice is caused by a physical problem that is unrelated to feeding. Causes may include:
- A disease or condition that results in increased red blood cells breakdown (this includes Rh or ABO blood incompatibilities).
- A disease or condition that interferes with the processing of the bilirubin by the liver (this includes liver enzyme-deficiency diseases, infections and metabolic problems such as galactosemia and hypothyroidism).
- A disease or condition that increases the reabsorption of bilirubin by the bowel (this includes conditions like gastrointestinal obstruction).
- The baby will need to be treated for the underlying cause as well as the jaundice.
- Frequent breastfeeding can and should continue during treatment for pathologic jaundice. The colostrum and breastmilk will stimulate more bowel movements, helping to speed up the elimination of the bilirubin.

Physiologic Jaundice

- More than half of all newborns become jaundiced during the first week of life.
- This form of jaundice is more normal.
- It is caused by a rise in the blood levels of bilirubin. Excess bilirubin accumulates in the blood and is deposited in the skin, muscles and mucous membranes of the body, causing the skin, muscles and mucous membranes of the body, causing the skin to take on a yellowish color.
- Is temporary and usually resolves within a few days or weeks without treatment.
- Some health care providers recommend interrupting breastfeeding to bring down the bilirubin, however in most cases this is not necessary. The mother may need to supplement with formula if the mother's milk supply is low and the bilirubin levels become higher.
- Early and frequent breastfeeding will keep physiologic jaundice from becoming worse. It is important for the infant to feed often and enough to keep the bilirubin levels from rising too high.

- Colostrum acts as a laxative, so it is important for the infant to receive enough of this to help him pass the meconium quickly. The meconium contains a high amount of bilirubin. If this meconium is not passed quickly, the bilirubin may be reabsorbed into the baby's bloodstream, which will cause the bilirubin levels to rise.
- Some newborns are sleepy, so they do not nurse often enough, these infants need to be awakened so they are nursing enough. If the bilirubin levels rise, this can increase the sleepiness of the baby.
- Refer to the La Leche League's Breastfeeding Answer Book for additional information.

Weak or Ineffective Suck

A **weak or ineffective suck** may cause a baby to obtain inadequate milk with breastfeeding and result in a diminished milk supply and an underweight baby. Weak or ineffective suckling can be due to prematurity, low birth weight, a sleepy baby, or physical/medical problems such as heart disease, respiratory illness, or infection. Newborns who receive bottle feedings before beginning breastfeeding or who frequently use a pacifier may have trouble learning the proper tongue and jaw motions required for effective breastfeeding.

Education Points:

The infant with an **ineffective or weak suck** must be evaluated by their health care professional. Since the condition may contribute to or be the result of an insufficient milk supply, the mother should be advised to use a breast pump to express any residual milk after breastfeedings in order to increase her milk supply. As the mother's milk supply increases and the infant becomes stronger, the baby's ability to suck will improve. In some cases, supplemental milk can be provided simultaneously during breastfeeding, using a feeding tube device (the Supplemental Nursing System). This recommendation should be made after consultation with a lactation specialist.

Difficulty Latching-On to Mother's Breast

Difficulty latching-on to the mother's breast may be due to flat or inverted nipples, breast engorgement, or incorrect positioning and breastfeeding technique. Early exposure to bottle-feedings can predispose infants to "nipple confusion," or difficulty learning to attach to the breast correctly and effectively extract milk.

Education Points:

Evaluation of the infant with **difficulty latching-on** needs to be conducted by the Health Professional. If problems with correct breastfeeding technique are identified, then gentle encouragement and demonstration of proper technique may be all that is necessary. If a mother has flat or inverted nipples or breast engorgement that interferes with latch-on, briefly pumping prior to feeding may be necessary to elongate the nipples or soften the breasts. This is usually required for only a few days.

Neuromuscular

Neuromuscular problems, such as Down's syndrome, may result in ineffective suckling and inadequate breastfeeding. The baby with Down's syndrome may be extremely placid, difficult to awaken or keep awake, and have low muscle tone that results in poor suckling ability. Because infants with Down's syndrome are highly susceptible to infections, the immune benefits of human milk make breastfeeding particularly advantageous to these babies. With skilled guidance and patience, many infants with Down's syndrome can learn to breastfeed effectively. Mothers may need to use an electric breast pump to maintain an abundant milk supply.

Education Points:

The mother with an infant with **neuromuscular** problems, including Down's syndrome and other trisomies, should be evaluated by the Health Professional. This mother will need ongoing encouragement and guidance to successfully breastfeed her infant. She should be supported to breastfeed as long as possible or to consider pumping her breasts to supply her infant with her milk. Providing expressed breast milk for her infant can be highly rewarding to the mother as she sees her infant thrive on her own milk. If problems persist, the mother should not be made to feel guilty if she decides to discontinue breastfeeding. Nursing or pumping milk for an infant with a neuromuscular problem can be a trying experience. Whatever feeding decision she makes, support for the mother is critical, and she should be commended for providing any breast milk for her infant.

Oral Anatomic Problems

Oral anatomic problems, such as cleft lip and/or palate, can have significant feeding problems and other complications, such as ear infections, dental abnormalities, and speech and language problems. These babies require extra time and patience to learn to feed successfully.

Education Points:

The mother of an infant with **oral defects** who has successfully initiated and maintained breastfeeding will need ongoing encouragement. The infant may be hospitalized to repair the defect, and the mom will need support to maintain her milk supply while her infant is hospitalized. During some hospitalizations she will be able to and should nurse her infant, while at other times it will be necessary to pump her breasts and store the milk for hospital feedings or future feedings at home.

Use of an electric breast pump to help make milk expression easier may be justified. Counsel the mother to pump each breast for 10 minutes to empty them well. Double pumping not only saves time, but it may help produce more milk. Encourage the mother to drink plenty of fluids (water, milk, or juice) to thirst and to eat a nutritionally balanced diet.

- **Excessive Infant Weight Loss**
- **Inadequate Infant Weight Gain**
- **Inadequate Stooling for Age**
- **Less than 6 Wet Diapers/Day**

Excessive infant weight loss after birth (greater than ½ pound weight loss from birth weight), inadequate infant weight gain (not back to birth weight by 2 weeks of age), inadequate stooling for age, and less than 6 wet diapers per day are probable indicators that the breastfed infant is not receiving adequate milk. Not only is the baby at risk for failing to thrive, but the mother's milk supply is at risk for rapidly diminishing due to ineffective removal of milk. The breastfed infant with inadequate caloric intake must be identified early and the situation remedied promptly to avoid long-term consequences of dehydration or nutritional deprivation.

By 4 to 5 days of age, breastfed babies should start to gain about an ounce each day, or 5 to 7 ounces each week. Most will surpass their birth weight by 10 to 14 days.

Education Points:

A baby with **excessive weight loss, inadequate weight gain, inadequate stooling and/or less than 6 wet diapers per day** needs immediate evaluation to identify and remedy the cause. If the infant is obtaining insufficient milk, not only will the baby be undernourished, but the mother's milk supply will rapidly decrease. The infant may be an otherwise healthy, "slow gainer" or may be having difficulty gaining because of ineffective nursing, infrequent feedings, a low milk supply, a poor let-down

reflex or other feeding problems. Explain to the mother that let-down is a conditioned reflex and that she should nurse her baby whenever she perceives her milk letting down. Using relaxation techniques and drinking fluids prior to nursing can help stimulate the milk ejection reflex.

Review proper positioning and appropriate frequency and duration of feeds. Encourage the mother to breastfeed or pump frequently to maintain her milk supply and to get as much breast milk into her infant as possible. Discourage the use of nipple shields and pacifiers or other gadgets to calm a fussy baby.

The mother can pump her breasts after feedings and use any expressed milk she obtains to supplement her infant's intake at the breast. Supplementing with expressed breast milk or formula may be required to achieve catch-up weight gain and maintenance growth until the infant begins nursing more effectively and the mother's milk supply increases. If ongoing pumping becomes necessary, the mother will need encouragement and frequent contacts to continue breastfeeding.

Galactosemia

Galactosemia is a rare hereditary disorder of galactose metabolism. Human milk contains high levels of lactose, which breaks down to glucose and galactose. Breastfeeding is contraindicated, as the infant is unable to metabolize galactose. A galactose-free diet is essential to prevent rapid progression of disease leading to brain damage and death.

Education Points:

Mothers who are unable to breastfeed their infants because they have **galactosemia** may feel enormous disappointment about the loss of this aspect of their mothering role. They also may have a sense of failure. These women will need the opportunity to grieve the loss of their anticipated breastfeeding experience and should be given support and reassurance that their infant will receive adequate nutrition from formula to be healthy.

Behavior Change Goal

Set a Behavior Change Goal

Based on information presented, allow the participant to choose one or two specific actions to assist in correcting the problem.. This may include reading educational materials, attending a breastfeeding class, attending the scheduled appointment, or making an appointment with

their physician for further evaluation.

Referral

Referral

Breastfeeding infants with complications or potential complications are considered high risk and require immediate intervention. If you feel the infant needs immediate attention, the infant should be referred to their health care provider and/or a professional in the community with lactation management expertise.

Referral to a breastfeeding support group, such as La Leche League, may be helpful for the new mother.

Follow Up

Follow Up

At the next WIC visit, question the participant regarding her progress toward achieving the behavior change goal/s and her experience with the provider to whom she was referred. As appropriate, breastfeeding information/education should be provided at each subsequent visit.

All follow up and communication with the participant and the provider should be documented in the participant's chart.

The Health Professional determines the frequency of high-risk follow-up visits. Schedule appointments as indicated.

Normal Breastfeeding Protocols

Section 9

Breastfeeding Woman Protocol

Infant Protocol - Breastfed

Normal Breastfeeding Woman Protocol

Assessment at Certification Visit

- Check weight (and height if needed) and assess if underweight, normal weight, overweight, or obese.
- Check hemoglobin.
- Complete Nutrition and Health Assessment.
- Assign appropriate Nutrition Risk Codes.
- Assess for breastfeeding problems (utilizing the Infant's Nutrition and Health Assessment form and through discussion with the mother).
- Assess if the infant is using any WIC formula. Assign the food package for exclusively breastfeeding women to the mom if her infant is not using WIC formula.

Counseling Points

- A. Discuss overall health outcome goal for WIC. Discuss appropriate areas based on participant's risks and interests.
- B. Encourage:
 - 1. A varied diet, based on the mypyramid.
 - 2. Ample fluids (6-8 cups/day).
 - 3. Rest, relaxation, and exercise.
 - 4. Postpartum check with physician or clinic.
 - 5. HIV testing, as HIV-positive women should not breastfeed.
- C. Discourage:
 - 1. Use of alcohol, drugs, or cigarettes.
 - 2. Use of medicines, including over-the-counter medications, unless prescribed by a doctor who knows she is breastfeeding.
 - 3. Exposure of infant to secondhand tobacco smoke which can cause breathing difficulties and more respiratory and ear infections.
- D. Review Infant's Nutrition and Health Assessment for appropriateness of duration and frequency of feedings and for specific concerns/questions of the mother.
- E. Discuss how breastfeeding is going.
 - 1. Review prevention of common problems.
 - 2. Assess use of supplemental formula.

3. Assess sources of support.
 4. Review basic breastfeeding techniques, if necessary.
 5. Discuss infant growth spurts.
 6. Emphasize that breastfeeding is not a reliable form of birth control.
 7. Discuss breastfeeding high-risk complication according to the educational points outlined in the Reference Section of this *Breastfeeding Module and Resource Manual*.
- F. Discuss woman's weight loss plans, if any. During breastfeeding, weight loss should not exceed ½ to 1 pound per week. Significant weight loss or caloric restriction should be discouraged until after six months or until the infant is receiving substantial calories from solid foods.
- G. Review Breastfeeding Nutrition and Health Assessment Form. Prioritize nutrition issues; counsel on only 1-2 points at each contact.
- H. Discuss family planning options for the breastfeeding woman.

Behavior Change Goal Setting

Help participant prioritize the nutrition concerns and identify 1-2 nutrition or health activities or diet changes that the participant is willing to make to improve nutrition and breastfeeding issues. Define specific goals—what, how much, how often, and by when.

Referral

Refer woman to other community services as needed, such as Medicaid, La Leche League, Hospital Lactation Program, Family Planning, Peer Counselor, parenting groups, Food Stamps, or Social Services. Drug or alcohol abuse treatment programs, as appropriate.

Documentation

Document topics discussed, referrals made, pamphlets provided, participant comments/follow up on goals and referrals, assessment/counseling/plan, and behavior change goals set utilizing the Breastfeeding Checklist and the Counseling Summary of the Nutrition Care Plan.

Follow Up at Next Visit

- A. Assess whether mom is exclusively breastfeeding and change food package if needed.
- B. At the second contact, review previous breastfeeding problems (if any) and inquire about current problems. Ask questions about:
 - 1. Milk supply
 - 2. Nursing frequency
 - 3. Formula supplements
 - 4. Support
 - 5. Returning to school or work
 - 6. Future infant feeding plans
- C. Discuss infant feeding as appropriate for infant's age and growth.
- D. Review behavior change and goal from previous visit. Praise participant for any attempted change. Advise participant to continue following a varied diet.
- E. Review woman's current weight and goals for weight loss as appropriate.
- F. Follow up on referrals as appropriate.

Normal Infant Protocol - Breastfed

Assessment at Certification Visit

- A. Check and plot weight and recumbent length.
- B. Check hemoglobin (as appropriate for age).
- C. Review Infant Nutrition and Health Assessment.
- D. Assign appropriate Nutrition Risk codes.
- E. Assess for breastfeeding problems (utilizing the Infant Nutrition and Health Assessment, infant growth grid, and through discussion with the mother).

Counseling Points

- A. Discuss overall health outcome goal for WIC. Discuss appropriate areas based on participant's risks and caregiver's interests/concerns.
- B. Encourage good infant feeding practices. Review and discuss:
 - 1. frequency and duration of breastfeedings.
 - 2. urine and stool output.
 - 3. basic breastfeeding techniques.
 - 4. breastfeeding high-risk complications according to the education points outlined in the Reference Section of this Breastfeeding Module and Resource Manual.
 - 5. growth patterns and growth spurts.
 - 6. use of supplemental formula.
 - 7. the introduction of solids at 4-6 months of age and no later than the end of the 7th month.
 - 8. the baby does not need supplemental water or vitamin/mineral supplements for the first 6 months. (with the possible exception of Vitamin D for exclusively breastfed infants- participant should be referred to physician to discuss- see education point.)
 - 9. the introduction of solids and self feeding with a cup and spoon as the infant is developmentally ready.
 - 10. a supplemental source of iron, such as iron-fortified cereal should be started at 6

months.

C. If infant takes a bottle, discourage:

1. taking a bottle to bed.
2. liquids in the bottle except formula or water (for older infants), particularly sweetened waters such as honey or sugar water, Kool-Aid, soda pop, or juice
3. use of cow's milk.

D. Discourage exposure of infant to secondhand tobacco smoke which can cause breathing difficulties and more respiratory and ear infections.

III. Behavior Change Goal Setting

Help parent/caregiver prioritize nutrition concerns and identify 1-2 nutrition or feeding changes that the parent is willing to make to improve infant's nutrition issues. Define specific goals – what, how much, how often, and by when.

IV. Referral

Refer the mother as needed to any of the following:

- A. health care provider if identify any high risk factors.
- B. clinic or physician for well baby care, including immunizations.
- C. other community services as appropriate and available such as Medicaid, Food Stamps, TANF, parenting classes.

V. Documentation

Document topics discussed, referrals made, pamphlets provided, participant comments/follow up on goals and referrals, assessment/counseling/plan, and goals set for behavior changes utilizing the Breastfeeding Checklist and the Counseling Summary of the Nutrition Care Plan.

Follow Up at Next Visit

- A. Review behavior change goal from previous visit. Praise parent/caregiver for any attempted change.
- B. Reinforce good principles of infant nutrition, including guidance that will help parents anticipate their infant's developmental feeding and nutritional needs.
- C. Follow up on referrals as appropriate.