

Tackling the Tough Issues



Class 4 Outline

I. Review of Class 3

II. Special Circumstances

III. The Grief Process

IV. Mother/Infant Separation

V. Breast Pumps

VI. Milk Collection and Storage

Class 3 Review

1. There are five major barriers to breastfeeding. What would you say to a mother in each case? What information could you give her? What suggestions would you offer?
 - A. Lack of Confidence
 - B. Embarrassment
 - C. Loss of Freedom
 - D. Concerns About Dietary And Health Practices
 - E. Influence of Family And Friends
2. What are some cultural beliefs in your community? Do they interfere with breastfeeding?
3. How do you talk to a mother from another culture?

Special Circumstances - Mother

When you counsel a mother with a special situation, always discuss the circumstances with your supervisor and share your counseling notes with her. Your supervisor will be able to give you some suggestions and help you refer the mother to the appropriate place, if needed. She may also be able to find written information for you to share with the mother.

Cesarean Birth (WAB 22-23, 271-275)

The mother who has had a cesarean delivery can breastfeed. The medications she is given will not hurt the baby.

The mother who has recently had a cesarean delivery may be disappointed that her birth was not what she expected. She may be angry with herself or the hospital for the outcome, and feel guilty for not being grateful for a beautiful, healthy baby. All of these feelings are normal.

Share the information in The Womanly Art about positioning the baby to avoid pressure on the incision. Remind her that she must sleep when the baby sleeps and rest as much as she can. This mother must remember not to lift heavy objects. She will need to ask for help with housework or other children. She should not feel guilty about asking for help.

Twins and Triplets (WAB 296-302)

Whether a mother is breastfeeding or bottle-feeding, having more than one baby is very time-consuming. The mother needs extra assistance and support from her family, friends and you. Many mothers find that after they have learned the skill of breastfeeding it is far less time-consuming than formula preparation, bottle-washing and bottle-feeding. Share the information and stories in The Womanly Art with her. You may wish to find a Mothers of Multiples group in your community and you will certainly wish to get her in touch with La Leche League. Remember, the more support she has, the better chance she will have of nursing her multiple blessings.

Vegetarian Mother (WAB 219)

Most vegetarians are especially concerned with good nutrition and eat well. The mother's breastmilk is perfect for her baby. **999 Be sure her WIC nutritionist is aware of her diet.**

Diabetic Mother (WAB 333)

Diabetic mothers can breastfeed their babies. Many feel better while nursing and even find a decrease in insulin needs while breastfeeding. The diabetic mother is taught by her doctors to accept responsibility for her own care. Diabetic mothers should give serious consideration to breastfeeding because studies show that breastfeeding reduces the baby's risk of developing insulin-dependent diabetes mellitus.

**Mother with
Chronic Illness or
Physical
Limitation** (WAB
331-336)

How do you treat a mother who is blind, deaf, in a wheelchair, has epilepsy or diabetes, or is suffering from a severe illness? LIKE A MOTHER. A mother with physical limitations can breastfeed just fine. In fact, nursing her baby will help her feel confident in herself and will also save her time and energy. Especially in the case of a severe handicap, breastfeeding may be the only thing the mother can do for her baby by herself and without help. What a lovely gift for a mother to have.

**Acutely Ill
Mother** (WAB 322-
324)

A mother who must be hospitalized or must take medications for an illness is already under a great deal of stress. Breastfeeding can help the mother feel that she is still doing something positive for her baby. The mother may also know that the baby is not ready to wean. You can help her continue to breastfeed by being supportive of her. **999 Refer her to La Leche League or a Lactation Consultant for specific information about her illness.**

**Medications and
Breastfeeding**
(WAB 324-331)

Some doctors will prescribe a medication to a breastfeeding mother and tell her to wean temporarily or permanently because of the medicine.

**Advise the mother
to:**

< Tell her doctor how important it is to her to keep breastfeeding and how important nursing is to her baby.

< Ask the doctor if there is another medicine she should take that would be safe for the baby. The WIC Breastfeeding Coordinator or nutritionist can check to see if a medication has been recommended as safe for breastfeeding by looking the medication up in Dr. Hale's book, Medications And Mother's Milk, which should be located in each WIC clinic. Your Breastfeeding Coordinator may also call Mom's Place WIC Breastfeeding Resource Center
1-800-514-MOMS for more information.

< Call her baby's doctor and ask if he/she would be willing to check her baby periodically while she is taking the medicine.

< Ask her baby's doctor if there is a medicine she could take that would be safe for her baby and would he/she call Mom's doctor to discuss it.

< Get a second opinion. Sometimes a mother must call around to find a doctor who is willing to work with her.

< Though exclusive breastfeeding usually does postpone ovulation, mothers may want to use some form of birth control. Barrier

methods can be safe and effective. For the past few years, doctors have been prescribing the "mini-pill" for breastfeeding mothers. No harmful effects have been seen in the baby. However, long-term effects are not known. Peer counselors should advise moms to talk to their doctors about what type of birth control is best for them.

**Street Drugs -
Alcohol and
Breastfeeding**
(WAB 328-329)

A mother may confide in you that she does not want to breastfeed because she gave up street drugs and alcohol while pregnant (or could not give them up while pregnant) and does not want the drug or alcohol to pass through her milk to her baby. Drugs such as heroin and cocaine do have harmful effects on the nursing baby. Using drugs or drinking is a problem not only because of their presence in the breastmilk, but also because of the effect of the drug on the mother's ability to care for her baby. Who is watching the baby while the mother is high? **999 Counselors should encourage women who confide that they use drugs to see a counselor or social worker.**

999 If a mother asks you how long a certain substance remains in the breastmilk, check Medications and Mother's Milk or contact La Leche League or call Mom's Place.

Polycystic Breasts
(WAB 128-129)

"Polycystic" just means "lots of lumps." These can be benign tumors (fibromas), a plugged duct (galactoceles), or very rarely cancer.

**Herpes Simplex
Virus**

A mother with an active genital herpes outbreak will have a cesarean to prevent the baby from touching the open sores. Herpes can be spread from the genitals to the breast. Advise the mother to wash her hands before picking up her baby and after touching the lesions.

The baby will be fine as long as no sores touch the baby. Genital sores will not touch the baby as long as mother and baby are covered with a sheet, gown, towel or baby blanket.

If the mother suspects a sore on the breast, she should keep it covered while nursing and see her doctor as soon as possible. If a sore appears on the nipple or areola, she must wean on that side and pump the milk until it is healed. This is rare, though.

Hepatitis
(WAB 322)

If a mother is in an active stage of illness, she may feel too ill to nurse. You may talk to her about pumping or hand expressing her milk to keep up her milk supply and avoid engorgement.

Hepatitis A

A mother with an active case of Hepatitis A may breastfeed if she feels well enough to do so. There is no reason for the mother not to breastfeed or give her expressed milk to the baby. Her milk has antibodies that may protect the baby.

Hepatitis B

If a mother has hepatitis B before the baby is born, the baby should be given hepatitis B hyper-immune gamma globulin shortly after birth. The baby may breastfeed without interruption. If a mother contracts hepatitis B after pregnancy, her baby should be vaccinated and may continue breastfeeding.

Hepatitis C

The risk of passing hepatitis C to an infant through breastmilk is considered minimal. Mother may breastfeed if she feels well enough. Mother must also weigh the risks of *not* breastfeeding and consider that her milk contains antibodies that protect her infant from many illnesses.

AIDS/HIV Virus (WAB 334)

At the time of this writing, the U.S. Center for Disease Control recommends that a mother not breastfeed if she tests positive for the HIV virus. This is because, in North America, formula feeding is a safe alternative. **999 If a mother says she is HIV positive and wants to breastfeed, ask your WIC Breastfeeding Coordinator for the latest recommendation. The Coordinator can call the WIC State Office for an update on the latest recommendation.**

When you counsel a mother, get as much information as possible. Ask lots of questions. This will help you assess the situation and get the information you need for her. Don't be afraid to say, "I don't know - but I can find out."

Special Circumstances — Baby

When you counsel a mother whose baby needs extra attention, always discuss the circumstances with your supervisor and share your counseling notes with her. Your supervisor will be able to give you some suggestions and help you refer the mother to the appropriate place, if needed. She may also be able to find written information for you to share with the mother.

Jaundice (WAB 275-279)

Babies who have jaundice do not have to be weaned, in fact mothers whose babies have "early-onset" jaundice should be encouraged to nurse their babies often, at least every two hours. Some doctors may recommend babies with "late-onset" jaundice have a change in milk supply for one to three days. In this case be sure the mother is instructed on pumping her milk often to keep up her milk supply. You may copy the appropriate pages out of The Breastfeeding Answer Book for the mother to share with her doctor.

The mother whose baby is jaundiced will be very worried about her baby's health. It is upsetting to have the baby's heel stuck every day or more often. Studies have shown that mothers of jaundiced babies will see their babies' illnesses over the next six months as being more serious than they are and will contact the doctor or clinic more often than the mother of a healthy baby who did not have jaundice.

Premature Infant (WAB 280-287)

The mother of the premature baby needs a lot of extra support. She will be worried about the baby's health and whether or not the baby will live. She will need information on keeping up her milk supply while the baby is in the hospital. WIC Programs and hospitals offer electric breast pumps for mothers to use while their babies are in the hospital.

A mother may feel that she has "lost" the baby. You can help her feel that she is doing something special for her baby by offering the one thing no one else could give as well.

A mother who has a premature baby makes milk that is specially designed for that baby's needs. Her milk will be better for her baby than the breastmilk from a mother who had a full-term baby.

Down's Syndrome or Cleft Palate (WAB 288-290)

The mother can breastfeed a baby with Down's Syndrome or a baby with a cleft lip or palate, but will need the help of a breastfeeding educator or lactation consultant. A mother who discovers that her baby will have special needs will go through the stages of grief: shock, denial, anger, bargaining, guilt, acceptance.

She will deal with fear and sadness. Breastfeeding can be a positive and "normal" thing for the mother to do. Also, a baby with a birth defect needs the health benefits of breastfeeding. Talk to your supervisor about referring this mother to a social worker to be sure all her special needs are met.

Nursing Strike
(WAB 142-145)

Sometimes a baby will just stop nursing and refuse the breast. If the mother does not feel that the baby is ready to wean, she may want to see if there could be a cause for a nursing strike. Share with her the suggestions in The Womanly Art of Breastfeeding and the LLL pamphlet "How to Handle a Nursing Strike," that encourage the baby back onto the breast.

Failure To Thrive
(WAB 72-73, 132-139, 311-321)

The failure-to-thrive baby will sometimes sleep or suck a pacifier even when hungry. The baby looks like a "little old man," is always sleepy, doesn't ask to be held or fed, makes little eye contact, and may resist being held.

Question the mother carefully about breastfeeding practices. Often in a failure-to-thrive baby the feedings are scheduled and time at the breast is short. The baby is given a pacifier in between feedings and, when at the breast, does not nurse effectively.

The mother needs the doctor's support in continuing to breastfeed. You can help by giving her the "An Instructional Guide to Giving Your Baby The Best" pamphlet. She may need help in knowing the normal feeding pattern of a breastfed baby. You can encourage her to write down the times she nurses and how long she nurses on each breast. **999 She may also need to see a Lactation Consultant.**

Thrush (WAB 115)

This is a yeast infection that mother and baby pass back and forth to each other at the breast. The baby's mouth may have white patches and the mother's nipple will be sore. If the doctor is treating one, he/she must also give medicine for the other so they don't keep passing it back and forth. Remind the mother to wash her hands often (after changing a diaper and before breastfeeding) and to boil the baby's pacifiers and teething toys EACH DAY until the thrush is gone.

Ill Baby/Child
(WAB 306-311, 349-359)

A sick baby will recover much faster if given mother's milk. The good immunities in breastmilk also keep a baby from becoming as sick as an older sibling. A baby or child who is sick may also prefer the comfort of nursing and breastmilk may be the only thing the mother can get the baby to take. It is very upsetting to a mother when her baby is sick. She will need your encouragement that nursing is the best thing she can do. It may also be the only thing she can do.

Stages of Grief

There are many reasons some of the women you counsel may be going through the stages of grief. It is important to be able to identify where a mother is in the grief process and know what kind of help a breastfeeding counselor can offer.

Some of the reasons a mother may be experiencing grief are:

- Loss of pregnancy
- Loss of infant
- Unexpected outcome -
 - *Pregnancy - diabetes, bedrest, illness
 - *Delivery - cesarean, difficult labor, difficult recovery
 - *Infant - illness, handicapped, cleft palate
- Family Crisis -
 - *Divorce
 - *Family Violence
 - *Chronic illness of an older child
 - *Death of a parent or close family member
- Teen pregnancy - with lack of support
- Past abortion or miscarriage

There are five stages of grief:

Shock

<This stage is very intense, but brief.

<Mothers may seem unaware of surroundings; they may be unable to listen.

<They may say, "I don't believe it." "Are you kidding?" "Are you serious?"

<Mothers are unable to grasp the facts and will need to have information repeated.

<Use brief explanations, repeat instructions. This is the only time when it is acceptable to tell a mother what to do.

< Do not ask mother to make a decision. Don't expect her to know what she is supposed to do next. "I'm going to call your husband." "Let me drive you to your home now." "I'm calling your neighbor to stay with you until someone gets home."

Denial

<True "denial" means the mother is honestly unaware of the situation.

<She may say, "No, that's not true." "No, it's not like that."
"Well, that is different."

<After something has broken through the denial, a person will say, "I didn't know," or "No one told me."

<It is not our responsibility to attempt to break through someone's denial. All we can do is offer information and give support.

Anger

<People express anger in different ways. Outright anger is easy to identify; hidden rage can be misinterpreted as being cold, unfeeling, or as denial.

<A mother can become angry at the wrong person; first someone else, then herself.

<She may say, "If my doctor hadn't...my baby would be OK." "I shouldn't have..." "You shouldn't have..." "It's too late now."

<The best response to anger is silence. The mother needs to talk through her anger, sometimes going over the same topics repeatedly. Don't be tempted to answer back, use rational argument or "convince" her. **She just needs to be angry.**

Bargaining

< The mother will bargain with God, with you, and with herself.

<She may say, "I promise to be a better mother." "If God makes my baby well, I'll do anything." "If you'll just...I promise to..."

<When in this phase, she means what she says and she believes that her promises are real. It is an attempt to gain control over a situation that is intolerable.

Guilt

<The mother will blame herself over and over.

<She may say, "I knew I shouldn't have..." "If only I hadn't..."
"How could I have been so stupid?"

<It does no good to say, "You shouldn't blame yourself." The mother will still blame herself.

<Try saying, "It sounds like you did the best you could."

<Sometimes all we can say is, "Yes, I know it hurts."

Acceptance

<We can see indications of acceptance when the mother starts to lose her preoccupation with the subject and the details.

<She may say, "I think it's going to be alright."

<She may start looking for the positive in sentences that start with, "At least,..." For instance, "At least, he didn't suffer." "At least, it's over now."

The mother will pass through these stages in different orders and may need to go back and repeat a phase before she can finally let go.

By knowing where the mother is in the process, the counselor is better able to console the mother and to understand her feelings.

Do not attempt to compare the mother's grief with anything you have experienced. This takes the focus off of her and puts it on you. Don't say, "I know how you feel." The mother will think, "No, you don't." If you have had a similar experience (miscarriage, loss of a parent), you may say, "I lost a _____, too. I remember how hard it is." But remember to stop there. It is not the time to share your story. Use your experience to listen to her grief.

Sometimes listening to the mother is the best a counselor can do. **999 The counselor can recommend an appropriate support group.** When appropriate, work with the mother to establish breastfeeding.

999 Give the mother a local hotline number if appropriate. Fill these numbers in for referral sources in your community. Examples would be support groups for:

Pregnancy loss

SIDS support

Compassionate Friends (loss of a child)

Hospice family support (loss of an adult)

Local hospitals may know of support groups for parents with babies in NICU.

Breast Pumps

Not everyone needs a breast pump. Some mothers do very well expressing milk by hand and other mothers find nursing often, when they are with their babies, is enough to keep their breasts comfortable and the milk supply adequate. A breast pump can help a mother continue to breastfeed if she must be separated from her baby for any length of time because of illness or if the mother is returning to work or school.

There is no one pump that is perfect for every mother. The big electric pumps are the most consistently efficient, but different features of different pumps will work better for different mothers, depending on the situation.

Manual Breast Pumps

- **Hand-Operated Pumps** that create suction with rubber bulbs **ARE NOT RECOMMENDED.**

Also called "bicycle horn" pumps, these pumps cannot be properly sterilized and will contaminate the milk. The suction cannot be regulated and will often hurt the mother's breast. Again, these **are not recommended.**

- **Piston-Type Cylinder Pumps** are widely available at drug stores and department stores

These are small, light-weight and dishwasher safe. The outer cylinder may be used to store the milk and as a baby bottle. Many mothers find this type of pump comfortable and easy to use.

- **Battery-Operated Pumps** are convenient and portable.

A mother can operate this with one hand, which may be important. These run on AA batteries. Some mothers feel the suction may not be strong enough, and batteries can become costly.

Before buying a breast pump, spend some time looking over different types. Read the instructions, compare prices, ask your nursing friends what worked well for them.

Electric Breast Pumps

- **Electric pumps** are the most effective in keeping a good milk supply and the fastest in pumping milk from the breast, but also the most expensive.

These are the best pumps to use for a mother who is pumping her milk for a premature or sick baby who cannot nurse at the breast. They provide the best stimulation for keeping up a good milk supply and they pump the breast quickly and easily. This may be especially important to a mother in a stressful situation. Some hospitals offer electric breast pumps for their patients' use in the hospital.

Electric pumps are available with "double-pump" kits to use on both breasts at once. This can be a big time-saver for working mothers, since both breasts can be emptied in the time it takes to pump on one side.