

Moms Helping Moms



**WIC Breastfeeding Peer Counselor Manual
for Counselors**

Stock #13-06-11342

Comprehensive Training



*The Graduation Ceremony...
a key to success*

Peer counselors complete a 20-hour training course. By July 2009 – over 3800 peer counselors had been trained in Texas.



Moms Helping Moms

WIC Breastfeeding Peer Counselor Training Manual

Stock No. 13-06-11342



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Training

WIC Breastfeeding Peer Counselor Manual

Produced by
Texas Department of State Health Services

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and

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Class 1 Outline

- I. Introductions
- II. Overview of the Peer Counselor Program
- III. Advantages of Breastfeeding
- IV. Human Milk for Human Babies
- V. How Breastmilk Protects Babies
- VI. The Amazing Breast
- VII. Babies Have Personalities
- VIII. Mother Nutrition

Reading Assignment

All reading assignments are taken from The Womanly Art of Breastfeeding, Seventh Revised Edition, by La Leche League International, except the pamphlets on Day 2 and 4.

The reading should be done before the final review on the last day.

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Day Five

Review

Advantages of Breastfeeding

Breastfeeding is Best for Baby

Meets baby's physical needs!

Colostrum is the perfect first food

- ▶Protects against diseases and infections.
- ▶Helps baby eliminate meconium, his first bowel movements.

Mother's Milk is Superior infant food

- ▶Contains all necessary nutrients in the correct proportions.
- ▶Content changes as baby's needs change.
- ▶Digests easily, no constipation, less colic
- ▶"Species specific" -- human milk for human babies

Promotes good health

- ▶Provides antibodies to protect against infection Prolongs period of natural immunities
- ▶Breastfed babies have:
 - ▶Fewer illnesses, less hospitalization
 - ▶Faster recovery when ill
 - ▶Fewer allergies
 - ▶Reduced chance of obesity

Promotes physical development

- ▶Hand-eye coordination
- ▶Jaw, teeth and speech development
- ▶Brain growth

Meets Baby's Emotional Needs!

Bonding: It's more than food!

- ▶Mother association positive; knows mother through all senses:
 - ▶Taste of milk
 - ▶Smell of mother
 - ▶Hears mother's heartbeat and voice
 - ▶Skin to skin contact
- ▶Comforting when baby is ill
- ▶Fills need for closeness, security
- ▶No waiting! Always available at the right temperature

Breastfeeding is Best for Mother!

Physical Benefits

- ▶Breastfeeding is the natural extension of a woman's pregnancy, it continues the natural reproductive cycle.
- ▶Decreases postpartum bleeding
- ▶Aids in natural weight loss
- ▶Makes night feedings easier, mother can get more rest

Emotional Benefits

- ▶Promotes bonding -- Prolactin relaxes
- ▶Increases self-confidence▶Increases perception of babies needs
- ▶Makes comforting a sick or well baby easier

Plus...

- ▶Saves time and money
- ▶Makes going places and traveling easier
- ▶Delays return of fertility
- ▶Always available - important in emergencies

Breastfeeding is Best for Family!

Family Benefits

- ▶**Baby is more enjoyable**
 - ▶Softer skin
 - ▶Sweeter smell; bowel movements not offensive
 - ▶Breastmilk has less odor and less staining
- ▶**Free hand for sibling**
- ▶**Money saving**
 - ▶Fewer doctor bills
 - ▶No bottles, no formula
 - ▶No stained clothes
 - ▶No baby food needed for first six months

Society Benefits

- ▶**Ecological**
 - ▶No energy use in production or shipping; no packaging materials
 - ▶No production animals, feed, or machinery needed

Adapted from La Leche League International Fact Sheets

More Advantages of Breastfeeding Did You Know?

Allergies

Baby

Babies who are breastfed have fewer allergies:

- ▶ Less common and milder eczema
- ▶ Atopic disease
- ▶ Food allergy
- ▶ Respiratory allergy
- ▶ Recurrent wheezing

Cancer

Mother

Mothers who breastfeed are diagnosed with the following cancers less often than women who never breastfeed.

- ▶ Breast Cancer
- ▶ Ovarian Cancer
- ▶ Endometrial Cancer

There is increasing evidence that the more the mother breastfeeds, the greater her protection.

Baby

Babies who are breastfed are diagnosed with childhood cancers less often than babies who are not breastfed.

- ▶ Lymphoma
- ▶ Hodgkin's Disease

The more human milk babies receive, the stronger the association.

Breastfed baby girls also have a lower rate of breast cancer as adults.

Development and Wellness

Mother

- ▶ Delayed return of fertility
- ▶ Lower rate of unplanned pregnancy
- ▶ Less anxiety
- ▶ Acts as a protective mechanism for mother and infant in an adverse environment
- ▶ Improves mother-child relationship

Baby

- ▶ Breastfed babies differ from formula fed babies in growth and development.

- ▶ Infants have improved interactions with others due to emotional link with mother.
- ▶ Psychomotor abilities are enhanced.
- ▶ Social capability is improved.
- ▶ Bayley mental development score averages 8 points higher.
- ▶ More physiological organization.
- ▶ Increased reactivity.
- ▶ Increased cognitive development.
- ▶ Higher IQ.
- ▶ Lower heart rate with lower expenditure of energy.
- ▶ More beneficial development of thyroid gland activity.
- ▶ Better visual acuity.
- ▶ Improved immunologic responses to immunizations.
- ▶ Fewer days missed at day care.
- ▶ Improved outcome after cleft lip and/or palate repair.
- ▶ Improved dental outcome such as:
 - ▶ Lower incidence of malocclusion.
 - ▶ Lowers risk of anterior-posterior misalignment.

**Disease
Mother**

Mothers who breastfeed receive protection from the following diseases:

- ▶ Rheumatoid arthritis

Mothers with the following conditions may be encouraged to breastfeed:

- ▶ Cardiovascular disease or hypertension
- ▶ Diabetes (IDDM)
- ▶ Multiple Sclerosis
- ▶ Cystic Fibrosis
- ▶ Hepatitis C

Mothers who are HIV+ should not breastfeed their babies.

Maternal medication need not interfere with breastfeeding; for most illnesses, there is a medication that is compatible with breastfeeding.

Baby

Breastfed babies have less risk of the following diseases:

- ▶ Juvenile insulin-dependent diabetes mellitus (IDDM)
- ▶ Severe liver disease in babies with α -antitrypsin deficiency
- ▶ Heart disease
- ▶ Ulcerative colitis
- ▶ Crohn's disease
- ▶ Vitamin A deficiency

Babies with PKU may be breastfed

Babies with Cystic Fibrosis may breastfeed

Infections

Baby

Babies fed mother's milk are less likely to have:

- ▶Middle ear infections (otitis media)
- ▶Gastrointestinal illness
- ▶Diarrhea
- ▶NEC (necrotising enterocolitis)
- ▶RSV (respiratory syncytial virus)
- ▶Upper and lower respiratory tract infections
- ▶UTI (urinary tract infections)
- ▶HIB (Haemophilus influenza type B)
- ▶SIDS (Sudden Infant Death Syndrome)

Breastfed babies have less hospitalization due to illness, shorter hospital stays.

Optimum health of the infant and child depends on amount and duration of breastfeeding.

Human Milk for Human Babies

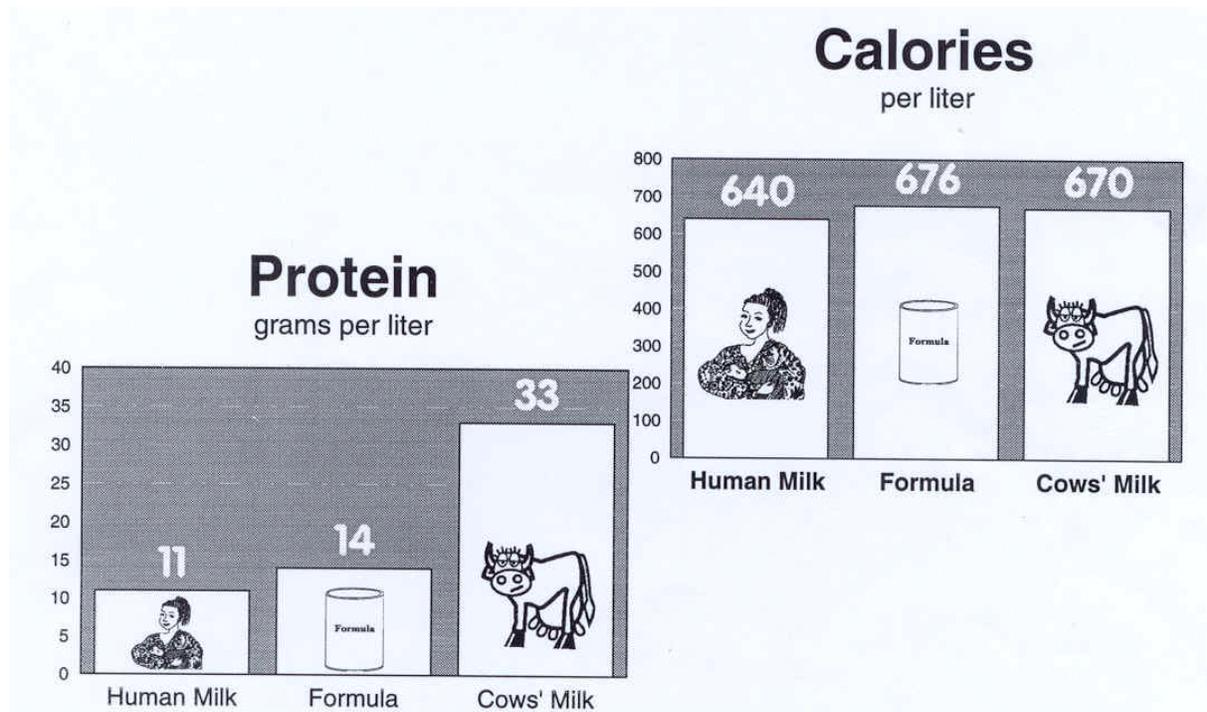
Comparing Breastmilk and Substitutes (WAB 339-348)

Human Milk

Babies grow in a unique and very special way. Human milk is designed to give babies a special balance of nutrients to help them grow in the best way possible. There are thousands of components in human milk that are readily available and easily digested.

Substitutes

Infant formula companies work very hard to create a product that is as close as possible to mother's milk, but they can never duplicate the ways in which the living cells of human milk adapt to the needs of infants. Formulas are basically cows' milk, soy, or some other protein source with added vitamins and minerals. Formulas do not have the same ingredients in the same proportions as breastmilk.



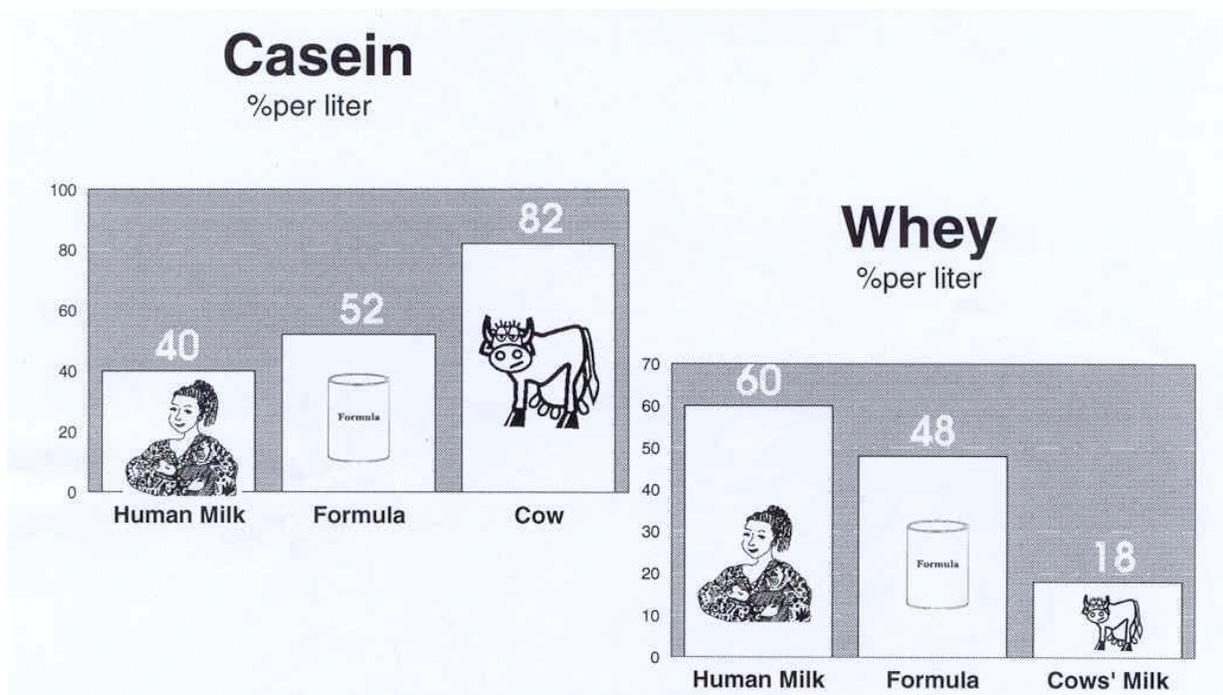
Protein (WAB 342-343)

► Protein is made of **amino acid** building blocks. The proportions in breastmilk are as different from those in cow's milk as babies are from calves.

► Certain breastmilk proteins are capable of destroying harmful bacteria and protect babies from infections. (See Class 2 H-16) Cow's milk protects against diseases of the cow. Formulas do not protect human babies. Infant formulas are heated during processing, which destroys some of the properties of the proteins, including the ability to fight infection.

Taurine

- ▶ Breastmilk is lower in protein than cow's milk because babies grow more slowly than calves. Cow's milk is three times higher in protein which can strain the immature kidneys of a baby
- ▶ **Taurine is an amino acid** that is important in the development of the human brain. It is found in high concentrations in breastmilk. There is virtually no Taurine in cows' milk. Formula manufacturers began adding Taurine to formulas in the past decade, once researchers discovered it's importance, but breastfed babies have always received ample supplies.
- ▶ Milk is made up of two types of protein: casein and whey.

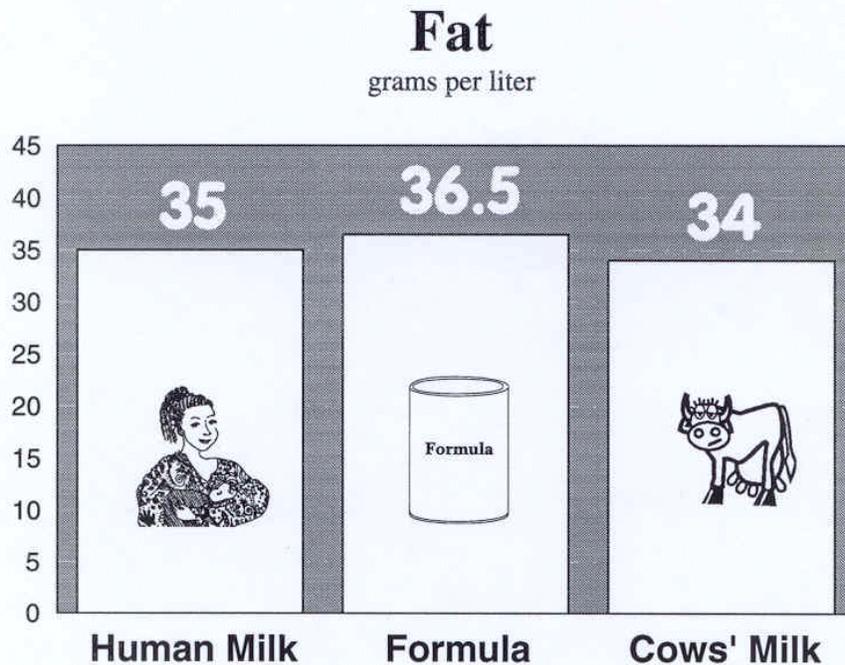


Casein and Whey

Casein is solid.

Whey is watery.

- ▶ The proportion in breastmilk is 60% whey and 40% casein. Cow's milk is 18% whey and 82% casein.
- ▶ Breastmilk is more easily digested by the infant because of the high whey content. Cow's milk is higher in casein, which is harder for human babies to digest and forms harder and larger stools. This is why breastfed babies need to be fed more often and formula fed babies seem "satisfied" and can go longer between feedings.
- ▶ Even though formula can have a whey/casein ratio that is closer to breastmilk, the formula-fed baby's stool is still hard, smelly and the baby is more likely to suffer from constipation.



Fat

The kinds of fats contained in cow's milk or formula are not the same as those contained in human milk.

(WAB 343--345)

The amounts of fat in human milk are not the same as those contained in formula or cows' milk.

The fat content of breastmilk varies from the beginning to the end of a feeding.

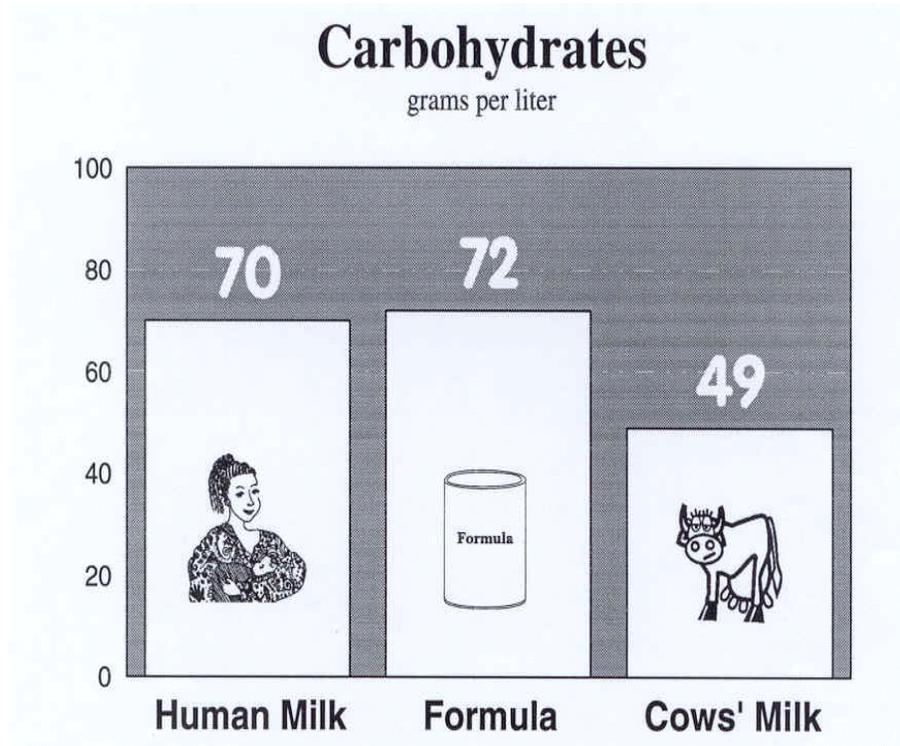
The fats in human milk have long chain polyunsaturated fatty acids derived from linoleic and linolenic acid. These are called DHA and AA. DHA and AA are thought to be necessary for optimal development of the retinas of the eyes, brain tissues, and linings of nerves and arteries. Formulas sold in the United States before 1997 did not contain DHA and AA. Some formulas were reformulated in 1997 to include DHA and AA derived from oils in tuna fish, and certain algae and fungi.

- ▶ The fat in breastmilk accounts for 40% of a baby's calories.
- ▶ Cow's milk is high in fat and calories, but the fat is not digested or absorbed as well as the fat in breastmilk.
- ▶ The fat in infant formulas is often from vegetable oils such as coconut oil, which are easier to digest than the fat in cow's milk, but are not as good for the infant as the fat in breastmilk.
- ▶ The fat in breastmilk is absorbed at a rate to promote excellent weight gain in the baby.

- ▶ **Foremilk** is present at the beginning of a feeding. It has less fat and calories, is more watery and bluish in color.
- ▶ **Hindmilk** has a higher fat content, helps satisfy a baby's appetite, helps baby gain weight and is more yellowish in color.

Cholesterol

- ▶ Cholesterol is needed for the growth of the baby's brain and central nervous system which grows quite rapidly in the first year of life.
- ▶ Breastmilk contains more cholesterol than cow's milk and much more than infant formulas.
- ▶ Breastmilk cholesterol also helps develop the enzyme needed later in life to break down cholesterol.



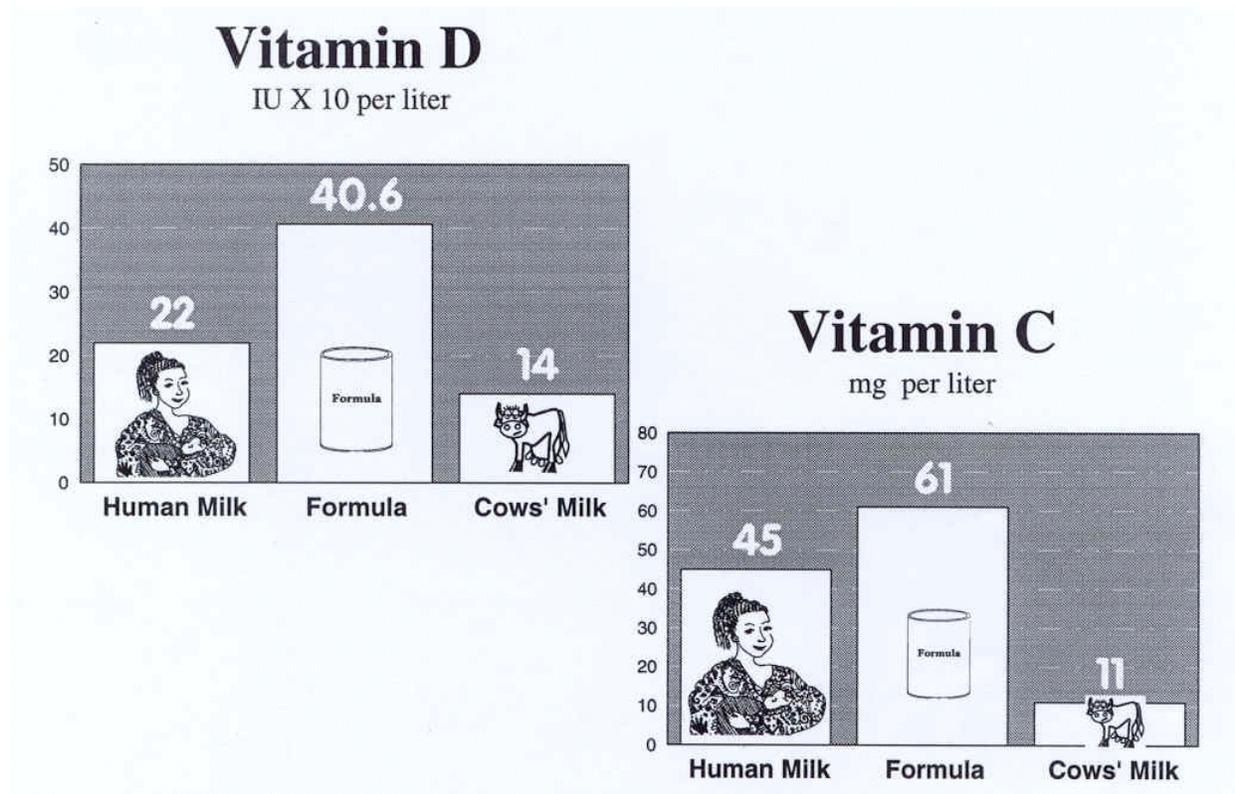
Carbohydrates (WAB 345)

- ▶ The carbohydrates in breastmilk come from lactose, or milk sugar.
- ▶ Lactose is absorbed slowly, giving the baby a steady supply of energy for the rapidly growing brain.
- ▶ Lactose helps the baby absorb phosphorus, magnesium and other minerals.
- ▶ Lactose feeds the lactobacilli, which inhibits the growth of harmful bacteria in the baby's body.
- ▶ Breastmilk contains more lactose than cow's milk or infant formula. Most infant formulas make up the difference with sucrose, which is sweeter and is absorbed faster by the baby's body. Lactose is absorbed more steadily so the baby is not subjected to sugar "highs" and "lows."

Vitamins and Minerals

(WAB 345-349)

Breastmilk gives a complete balance of vitamins to the baby in a form that is most easily absorbed.



Vitamin D

► The American Academy of Pediatrics released new guidelines for breastfed infants and Vitamin D supplementation in 2008. The AAP recommends a supplement of 400 IU per day for all exclusively breastfed infants and those who do not receive at least 500mL per day of vitamin D-fortified formula or milk to begin within the first 2 months of life. Since human milk typically contains a vitamin D concentration of 25IU/L or less, breastfed infants need adequate sunlight exposure to prevent vitamin D deficiency or rickets. Growing concern about sunlight and skin cancer prompted the AAP to recommend supplementation.

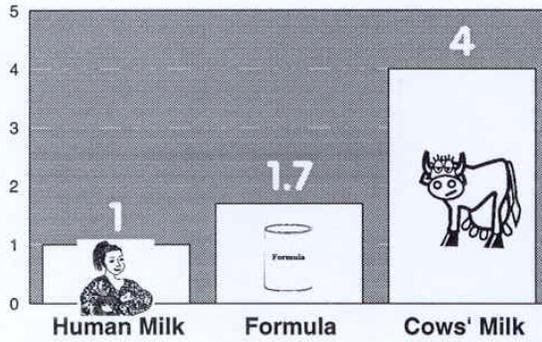
Vitamin C

► Breastmilk contains all the Vitamin C a baby needs if the mother is eating adequately. A mother must replenish her supply of Vitamin C daily, but this is not difficult as many fruits and vegetables contain Vitamin C.

► All other vitamins are available in breastmilk in amounts that best suit the growth of the baby.

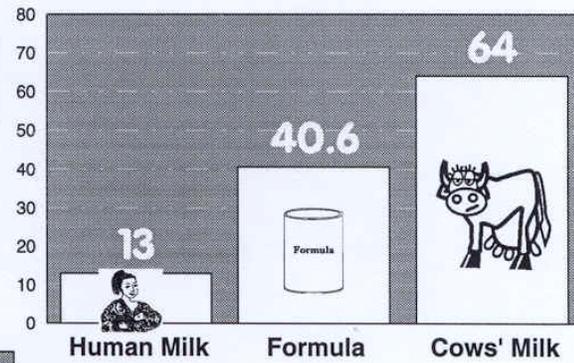
Vitamin B-12

micrograms per liter



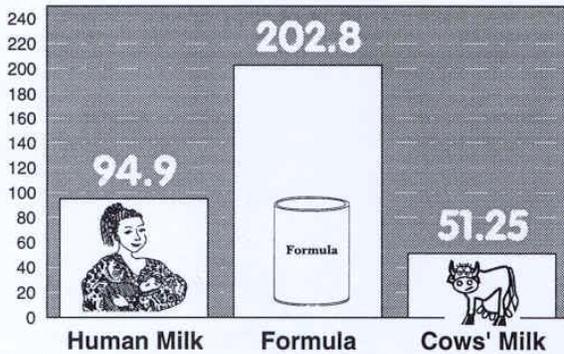
Vitamin B-6

microgram X 10 per liter



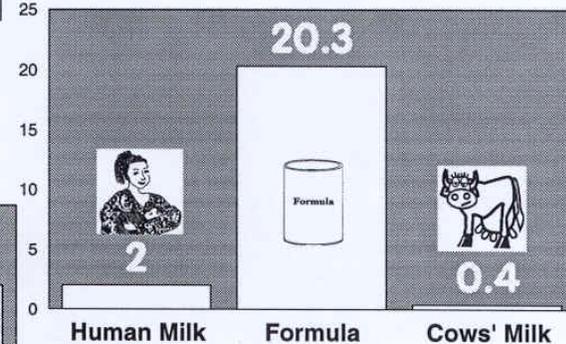
Vitamin A

IU X 20 per liter



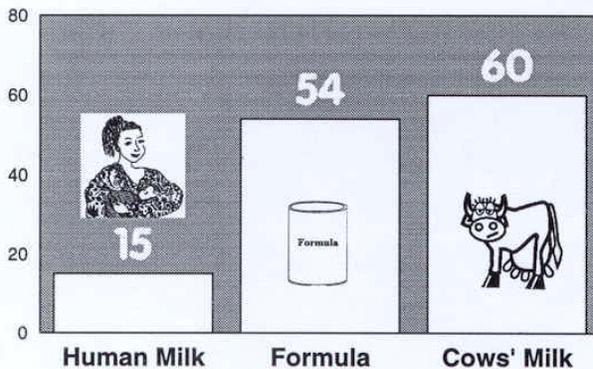
Vitamin E

IU per liter



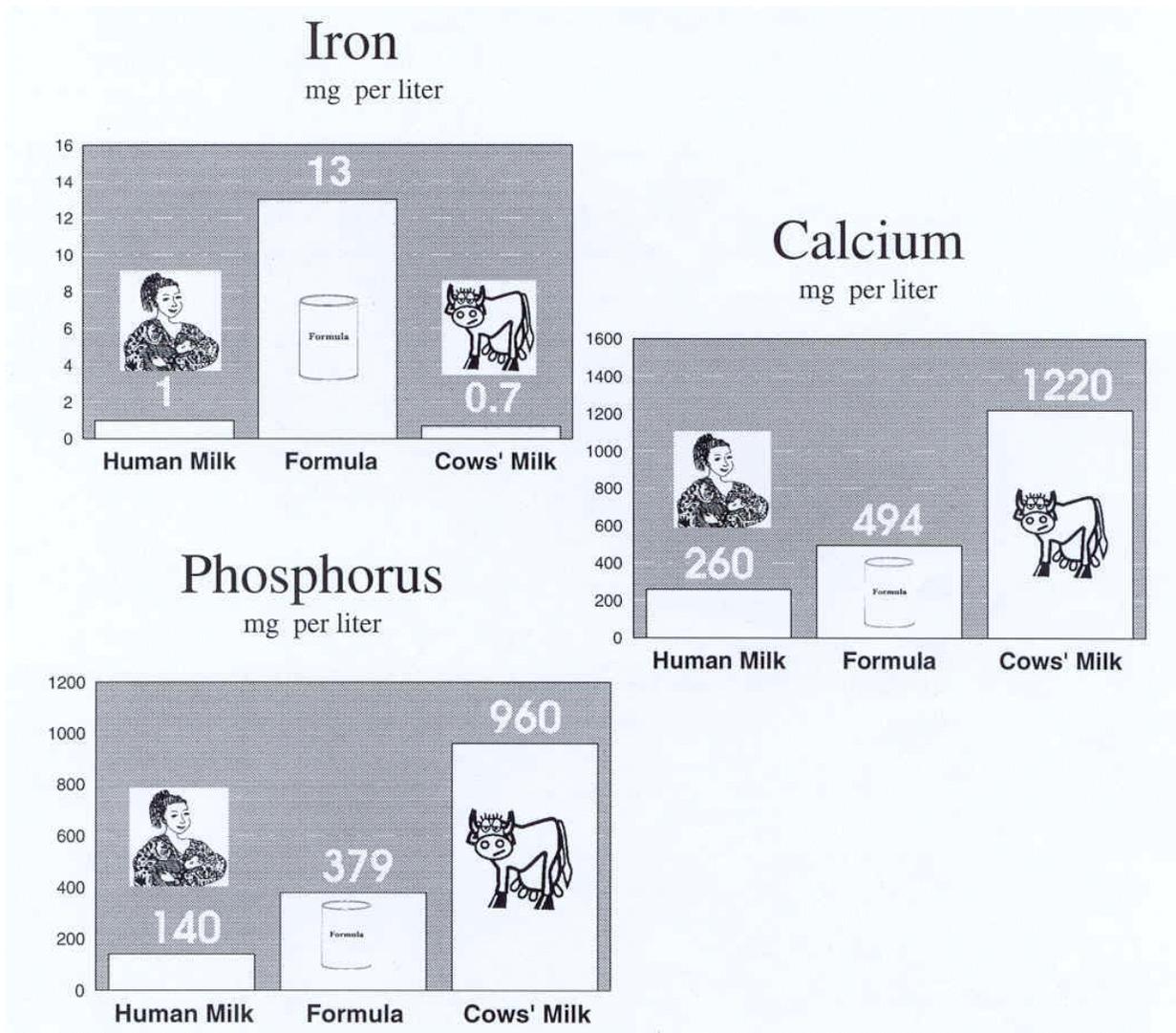
Vitamin K

micrograms per liter



Minerals

- It is important to remember that more is not necessarily better. The higher mineral content of cow's milk can strain the baby's immature kidneys.

**Iron**

- The absorption of iron from breastmilk is about 49%, while the absorption from cow's milk and infant formulas is about 7 to 12%. That is why formula companies have put so much more iron in their products than breastmilk has.

Calcium and Phosphorus

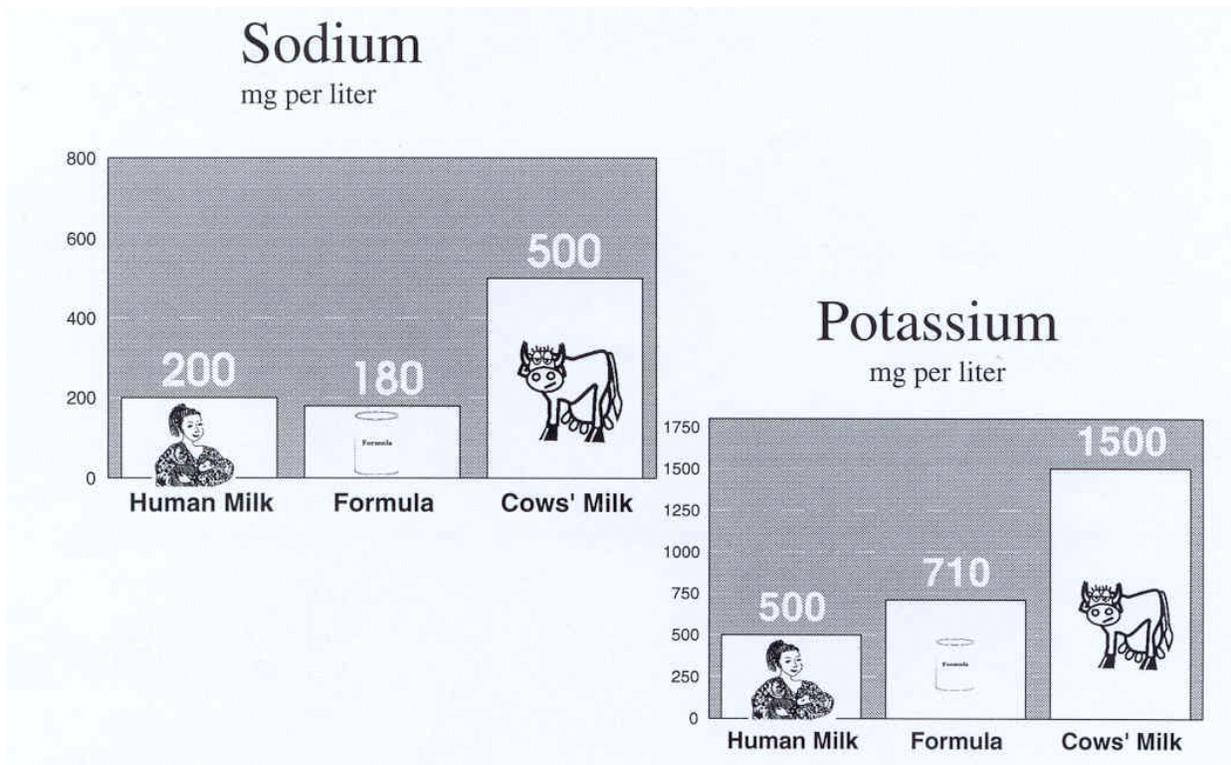
- Calcium and phosphorus are absorbed into the body together with Vitamin D. Cow's milk and infant formulas contain much more calcium than breastmilk, because cows must start walking from birth.

Zinc

► Zinc is more easily absorbed from breastmilk. Colostrum and breastmilk are especially rich in zinc.

Fluoride

► Breastmilk contains fluoride in amounts that reflect the level of fluoride supplementation in the water supply. The American Academy of Pediatrics does not recommend fluoride supplements for breastfed babies in areas where the mother's water supply has adequate fluoride.



How Breastmilk Protects Babies

Immunities (WAB 349-365)

During Pregnancy:

The placenta delivers antibodies from the mother's blood to the baby.

IgG

▶Antibodies are proteins that help the mother resist infections. Immunoglobulin IgG is one of these proteins that crosses the placenta to protect the fetus. This protection can last up to six months after birth.

Colostrum:

Colostrum comes from the breasts in the first few days after birth. It is a thick, typically yellow fluid.

- ▶Colostrum is high in protein, needed for rapid brain growth.
- ▶It is lower in fat and carbohydrate than mature milk (and thus lower in calories), so it is more easily digested by the newborn.
- ▶Colostrum has a laxative effect. It helps babies get rid of meconium, the first black tarry stools.
- ▶Colostrum contains many antibodies that provide protection from infection and illness. Most of the protective and anti-infective factors found in mature breastmilk are provided in even greater quantities in colostrum.

Mature Breastmilk:

One of the greatest benefits of breastfeeding is the lower incidence of allergies among infants. Breastfeeding protects against allergies in two ways, by eliminating formula or cows' milk from the infant's diet, and by limiting the absorption of antigens in the intestinal tract. Breastmilk and colostrum contain high levels of immunoglobulins which help protect against illnesses and infections. The major immunoglobulins in breastmilk are IgG and IgA. Both are secreted by the mammary glands.

IgA

▶IgA concentrations are particularly high in colostrum and breastmilk. IgA can survive in the infant's intestines and provides defense against viral and bacterial infections. It provides protection at the entryways to the body - the intestines, throat and lungs.

Lysozyme

▶Levels of lysozyme, an enzyme that keeps harmful bacteria from growing, are 300 times greater in breastmilk than in cow's milk.

Interferon

▶Mother's milk produces white blood cells that react to the presence of a virus by making interferon, a protective protein.

When baby gets sick

(WAB 343)

►The breastfed baby,
when attacked by a

new germ, passes this organism to the mother. The mother immediately begins to manufacture a matching immunoglobulin (germ fighting protein) that passes back to the baby.

The Amazing Breast

(WAB 371-377)

Alveoli

▶ Alveoli are grape-like clusters where milk is made. A band of muscle cells surround each alveoli to push milk through the ducts to the nipple.

Areola

▶ Areola is the darker skin behind the nipple. Size and color varies. This is a visual cue or target for the baby to latch on to the breast.

Montgomery Glands

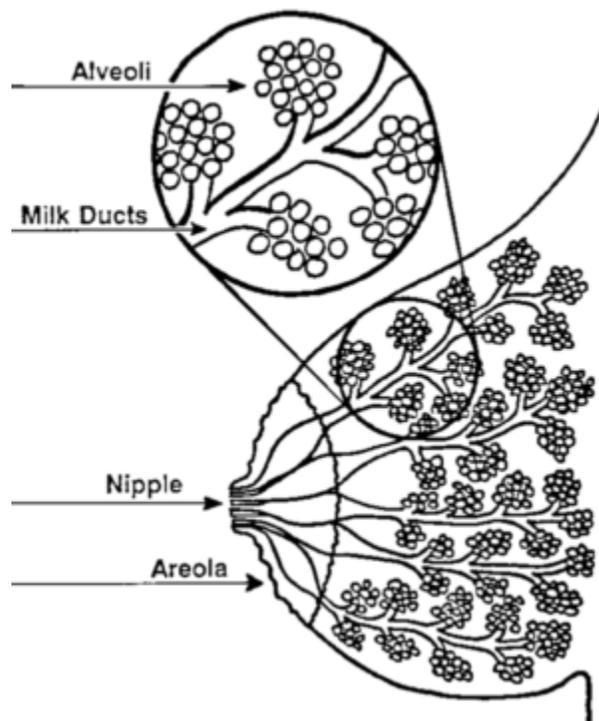
▶ Montgomery glands are small bumps on the areola that produce an oil which lubricates and protects the nipple and breast against dryness and bacteria.

Ducts

▶ The ducts transport milk from alveoli to nipple openings.

Breast Size

▶ Size of the breast is determined by the amount of fatty tissue in the breast, and does not indicate how much milk a woman can produce.



The Amazing Breast (cont.)

During Pregnancy

- ▶ The breasts begin to grow and alveoli begin to develop during pregnancy to prepare for milk production.
- ▶ Extra fat is stored in the breasts during pregnancy to maintain an adequate calorie supply during breastfeeding.

Hormones and The Lactation Cycle***Prolactin***

- ▶ Prolactin is called the "mothering hormone". Prolactin relaxes the mother and stimulates the alveoli to produce milk. It stimulates the growth of alveoli during pregnancy.
- ▶ Prolactin signals the breast to speed up milk production and to continue to produce milk as long as the baby nurses.

Oxytocin

- ▶ Oxytocin produces uterine contractions in labor. In breastfeeding, oxytocin causes the muscles around the alveoli to contract producing the let-down reflex.

Milk Production***Colostrum***

- ▶ The breasts begin producing colostrum in the fourth month of pregnancy. Some mothers may notice some leaking. This is normal.

Milk "Comes In"

- ▶ For the first 2 to 5 days after birth the breasts produce colostrum for the baby. About 2-4 days after delivery, the colostrum changes in composition to what we call milk. The baby's suckling stimulates milk production. The more often a baby nurses, the more milk the mother produces.

The Milk "Let Down"

- ▶ The let-down reflex usually takes place after the baby has nursed for 40 seconds or so. Some mothers feel a tingly feeling in the breasts, others feel uncomfortable, some feel nothing at all.
- ▶ A mother can tell she is having a let-down by a change in the baby's swallowing pattern. The other breast may leak. The first let-down is usually the only one felt, but there may be several in the course of a nursing.

Foremilk

- ▶ The **foremilk** is the milk produced at the beginning of a feeding and is about 1/3 of the milk at each feeding. It is watery and bluish.

Hindmilk

- ▶ The **hindmilk** comes to the baby after several minutes of nursing. The hindmilk has more fat than the foremilk. The fat helps the baby gain weight and is important to the baby's growth.

Babies Have Personalities

(WAB 70-72)

A baby is to be loved. What a baby needs and wants are the same thing. Baby does not manipulate you. If she cries, she needs to be held, or fed, or comforted or re-diapered, but not ignored. A mother can expect to spend one out of three hours caring for a baby.

YOU CAN'T SPOIL A BABY. They thrive and grow on being held, talked with and touched.

The average newborn

- ▶ Nurses between 8 and 15 times a day.
- ▶ Sleeps from 12 to 20 hours a day with 1 or 2 longer periods of sleep balanced by 1 or 2 fussy periods.
- ▶ Is usually responsive when handled.
- ▶ Is generally quiet, alert and listening when awake.
- ▶ Soothes himself by sucking or other types of comforting.

The quiet newborn

- ▶ Nurses the same as the average baby, but has longer sleep periods. Is less demanding with little fussiness. The mother must make a conscious effort to give the baby enough touching and attention to meet the baby's needs even if the baby does not demand it.
- ▶ The mother should not overdo other activities just because the baby allows her so much free time. Remind this mother to give time to her baby.

The placid baby

- ▶ May ask for only 4 to 6 nursings a day.
- ▶ Must be watched to make sure he's getting enough to eat. This baby sleeps 18 to 20 hours a day and is quietly alert and tranquil when awake. He does not give the proper signals to the mother for nursing and attention.
- ▶ The mother must be reminded to feed the baby every two to three hours whether the baby asks for it or not.
- ▶ The mother should avoid giving the baby a pacifier and should offer the breast whenever the baby begins sucking his fist or thumb.

The active and fussy newborn

- ▶ Nurses more frequently; nurses greedily and is impatient for milk to let-down.
- ▶ This baby sleeps fewer hours and is not able to calm himself when awake.
- ▶ He has several crying spells a day and may startle and cry easily and may be disturbed by noise, visitors or outings.
- ▶ This baby enjoys being warm and swaddled, being held close and held often, and may not nap well in a strange place.
- ▶ He should be allowed to nurse, doze and play at the breast for generous periods of time if he finds comfort in this.
 - ▶ He may spit up from so much nursing and needs lots of burping if he is nursing too eagerly and getting lots of air.

The colicky newborn

- ▶ Suffers severe discomfort most of the time, not just once or twice a day. The colicky baby has a piercing cry, sharp gas pains, and draws up legs sharply to abdomen or goes rigid and arches back.
- ▶ The continuous crying causes the baby to develop gas and further aggravate the discomfort. The baby does not quiet with cuddling.
- ▶ The mother needs lots of support since she cannot soothe her baby. The mother feels frustrated, angry, resentful and exhausted. Her tension is transmitted to the baby in a vicious cycle.
- ▶ Burping the baby with pressure on his abdomen can be helpful.
- ▶ A massage after a warm bath can also help comfort the baby.

REMEMBER: YOU CAN'T SPOIL A BABY

Role Modeling



Many peer counselors role model breastfeeding their babies in WIC classes and waiting rooms.



Class 2 Outline

- I. Review of Class 1
- II. Prenatal Care
- III. Beginning to Breastfeed
- IV. Identifying Common Concerns
- V. Starting Solids
- VI. Weaning
- VII. Parenting

Class 1 Review

1. What are your favorite advantages of breastfeeding?

Mother: 1.

2.

3.

Baby: 1.

2.

3.

Family: 1.

2.

3.

2. Breastmilk has ingredients that are especially good for the baby. Name three. What makes them special?

1.

2.

3.

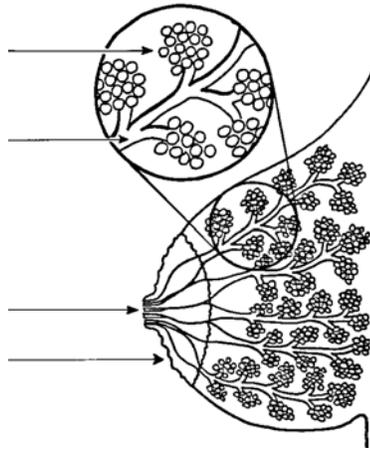
3. What is the first milk produced by the breast? _____
Why is it so good for the baby?

4. Explain why you would need to know the difference between foremilk and hindmilk when counseling a breastfeeding mother.

Class 1 Review - Cont.

5. If a mother catches a cold, should she keep nursing her baby?
Why?

6. Label the parts of the breast



7. Why is breastmilk better for a baby than formula?

8. How would you teach a mother to burp her baby?

9. Can you spoil a baby? _____

10. Does a mother need to drink milk to make milk? _____

11. Does a mother have to be on a special diet to breastfeed? _____

12. Can a baby be allergic to breastmilk? _____

Preparation for Breastfeeding

Many women want to know what they can do in pregnancy to prepare their bodies for breastfeeding. After checking for flat or inverted nipples, no further preparation is needed, but some women feel more confident if they can be "doing something" positive. The best preparation is gathering information about breastfeeding, reading about breastfeeding, and talking to other mothers who were successful at breastfeeding.

Remind Mothers:

No Soap

- ▶ Do not use soap or alcohol on the breasts while pregnant or breastfeeding. Soap and alcohol can dry out the skin and cause the areola to crack.

No Creams

- ▶ The Montgomery Glands secrete an oil that lubricates the areola. Colostrum that sometimes leaks out in pregnancy can be rubbed on the areola.
- ▶ Some women will ask about vitamin E oil or lanolin. Fancy creams and oils are not needed in pregnancy and may interfere with the natural oils produced by the Montgomery Glands.

Nursing Pads

- ▶ Do not use nursing pads with plastic liners.

Anticipating Breastfeeding

You can help mother get off to a good start by preparing her for the first few feedings. Discuss the pamphlet: "An Instructional Guide for Giving Your Baby The Best."

- ▶ Emphasize page 5, "How do I know when my baby is hungry?"
- ▶ Give mother a crib card. This will remind her to let the hospital staff know she plans to breastfeed.

Nipple Evaluation

- ▶ Most babies can latch on to any size or shape nipple.
- ▶ However, some babies have trouble with inverted nipples.

How To

- ▶ Tell mother to roll the nipple between her fingers to stimulate it, and watch the change in the nipple. Some nipples look like they protrude, but will actually invert when tested.

Warning: Nipple preparation is not recommended. No nipple preparation or stimulation should cause pain or discomfort. Be gentle with any touch to the breast.

Preparation for Breastfeeding (cont.)

If a mother is concerned about the size or shape of her breast...

☛☛☛ Refer her to your **Breastfeeding Coordinator, a lactation consultant or her doctor for further evaluation.**

Common nipple:

Protrudes slightly when at rest and becomes erect and more graspable when stimulated. This is the most common and causes no problems.

Flat nipple:

With stimulation, nipple basically stays the same, making it difficult for baby to find and grasp. This type of nipple benefits from nipple preparation.

Semi-inverted nipple:

Upon stimulation it retracts, making nursing difficult. Responds well to breast shells.

Truly inverted nipple:

Retracted at rest and when stimulated. Very uncommon, but very difficult to nurse on this nipple. Use all techniques to help the bring out the nipple.

Correcting Flat or Inverted Nipples

There are some techniques used to help correct flat or inverted nipples that may help the nipple protrude. These techniques can be used after the baby is born. Prenatal nipple preparation is not recommended. Nipple stimulation and preparation may cause uterine contractions in some women (especially women with a history of difficult pregnancies and/or miscarriages).

Nursing Bras

Some women wear bras and some do not. There is no evidence that women need to wear a bra or that wearing a bra will prevent a woman's breasts from sagging.

Many women will feel better if the breasts are supported by a good bra.

Why buy a nursing bra?

Nursing bras make it easier for mom to uncover the breast when it is time for the baby to nurse. She usually will only need to use one hand.

When to buy

- ▶ To insure a proper fit, it is better to wait until after the baby is born to buy a nursing bra.
- ▶ Never buy a nursing bra by your pre-pregnancy size.
- ▶ It's a good idea to try a nursing bra on before you buy one.

What kind?

- ▶ Look for a **COTTON** bra without elastic straps; make sure there is an extra inch of room for expansion of the breasts after delivery, when the milk starts to come in.
- ▶ Selecting a **COTTON** bra is important because bacteria can grow inside a bra made of synthetic material.
- ▶ Look for a bra that makes breasts easily accessible with only one free hand. "Nursing" bras sometimes cost more than another bra that would serve just as well.
- ▶ Some cotton bras, especially those that clasp in front, can substitute for nursing bras. But be sure any bra, including an underwire bra, is not too tight. Tight bras can cause plugged ducts.

Tips for Helping Mothers with Breastfeeding

Whenever possible teach pregnant moms about good positioning and latch. Even hospitals with lactation programs and peer counselor services may not have someone available to assist every mother with her first nursing session. Since lactation experts agree on the importance of a good latch to the success of the breastfeeding experience this information may make the difference in whether the nursing experience will get off to a good start. Teaching how-tos may be just as important as teaching advantages of breastfeeding prenatally. In addition, the majority of the breastfeeding mothers who ask for assistance may have their problems quickly resolved with corrected latch

Keys for helping a mom with latch:

•**Be patient.** Give mom and baby time to learn how to nurse effectively. Let moms know that breastfeeding takes practice.

Always, ask permission before touching a mother or baby. Touching without permission is battery.

•**Try to talk the mom through correcting positioning.** Make sure **HER HANDS** are on the baby - **NOT YOURS**. If you need to help, put your hands over hers. Or, briefly show her what to do then get your hands away, so she is in control. Remember, you are not going home with her, she needs to be confident she can do this herself. You are not doing her or the baby a favor if you do everything for her.

•**Check for signs of a good latch-on:** Is about an inch to an inch and a half beyond the base of the nipple in the infant's mouth? Is more of the areola below the nipple in the infant's mouth than above the nipple? Are the lips flanged? Are the baby's ears and lower jaw moving? Remember the saying, "Chest to Chest, Nose to Breast."

•***If the baby's nose is touching the breast, he is attached well and can still breathe.*** If the mother is concerned about making an air passage she can lift the breast with her supporting hand or pull the baby's bottom a little closer to her, this will move the nose slightly back. Pressing on the breast with a finger to keep it away from baby's nose can disturb the latch-on, cause soreness and possibly a plugged milk duct.

•***If it hurts, start over.*** To break the suction, place your finger between the baby's gums or gently pull down on baby's chin.

•***Baby will come off the breast by himself at the end of a feeding. When baby is satisfied (usually asleep) he will release the breast.*** Mom should not overly worry about switching breasts or nursing both breasts at a feeding. Babies need to nurse long enough at one breast to get the hind milk. She can nurse the breast that seems fuller first at the next feeding.

Tips for Helping Mothers Start and End a Feeding

Many counselors keep this sheet by the phone.

1	Put a pillow on your lap to bring your baby up to the breast.	
2	Hold your baby with his chest to your chest and his lower arm around your waist. Your nipple needs to be right at his nose , so he doesn't have to turn to reach it. The baby's ear shoulder and hip will be in a straight line. Remember the saying, " Chest to Chest, Nose to Breast. "	
3	Hold your breast between your thumb and first finger. Keep your hand behind the brown part around your nipple. Your nipple should be aimed at baby's nose. Wait until baby opens his mouth wide, as if to yawn.	
4	Quickly aim your nipple toward the roof of his mouth and draw him in very closely to your body. Baby should take the entire nipple and at least part of the brown part around the nipple into his mouth (about an inch to an inch and a half beyond the base of the nipple) <i>Baby's lips should be flanged and the cheeks should not be sucked in.</i>	
5	Pulling the baby in closely causes him to remain correctly positioned on your breast. Pull the baby's bottom toward you or lift up with the hand holding your breast to make an airway for his nose if needed.	
6	If it hurts when baby nurses, break the suction by putting your finger in the corner of her mouth between the gums or gently pressing on your breast or the baby's chin and start over. Babies should nurse until they are satisfied or fall asleep at the breast.	

Recommendations for Feeding Babies

The American Academy of Pediatricians issued an infant feeding statement in 2005 recommending breastfeeding for at least a year and advising waiting until after six months of age to introduce solid foods.

How Babies Grow

Typically, a baby will gain weight steadily according to the following pattern:

First 3 to 4 months:

gain 4 to 8 ounces each week

From 4 to 6 months:

gain 3 to 5 ounces each week

From 6 to 12 months:

1 ½ to 3 ounces per week

After 1 year:

maintain their growth curve percentile

Growth Spurts

Babies will increase their nursing frequency in order to build up the mother's milk supply during growth spurts. For two or three days the baby will ask to nurse much more frequently. If the mom nurses him more frequently, her supply will increase. Then the baby will return to his normal routine. Growth spurts will happen around:

- ▶ 7 to 10 days
- ▶ 3 weeks
- ▶ 6 weeks
- ▶ then every couple of months

Nurse often

Nurse your baby when the baby is fussy or seems hungry. Newborns nurse every 1 ½ to 3 hours - 8 to 12 times in 24 hours. Breastfed infants tend to consume only as much milk as they need; bottle-fed babies may overfeed.

Supplemental Bottles

- ▶ It is a good idea to get breastfeeding off to a good start before a supplementary bottle is introduced. Encourage mother to wait until her milk supply is well established, about 4-6 weeks.

▶ **Breastmilk is the first choice to put in the bottle. Have another person offer the bottle to the baby. Make it a social occasion as opposed to a feeding.**

▶ **Infant formula is the only acceptable alternative to breastmilk. Do not feed cows' milk to babies under one year of age. Cows' milk is poorly digested by babies. It can also trigger milk allergy.**

▶ **If a mother chooses to give her baby a supplemental bottle, advise the mother to hold her baby while feeding. Bottles should not be propped, because babies may choke.**

Formula feeding

↔↔↔ **If formula-feeding, refer questions to WIC staff.**

Solids

Solids should not be introduced before six months of age. Cereal does not contain the same nutrients as breastmilk, so if baby fills up on cereal, he is not getting what he needs to grow. Also, solids given too early can cause allergies, upset stomach, constipation or diarrhea.

Your baby is ready for foods other than breastmilk when he can:

- 1. Sit with a little support.**
- 2. Control his head and neck movements.**
- 3. Tell you he is hungry or full by leaning forward with an open mouth or pulling away and turning his head.**

Dynamics of Counseling



Peer counselors master techniques that enable them to educate and empower mothers.

Class 3 Outline

- I. Review of Class 2
- II. Barriers To Breastfeeding
- III. Cultural Considerations
- IV. More About Counseling
- V. Telephone Counseling
- VI. Dynamics of Group Counseling
- VII. Counseling Procedures
- VIII. Including Father and Family

Class 2 Review

1. What can a mother do to prepare for breastfeeding? What shouldn't she do?

2. How can a mother tell if her nipples are flat or inverted? What can she do if they are?

3. How often should a breastfed baby nurse? _____
How long on each side? _____

4. Explain to a mother how to put her baby to the breast.

5. What are some signs of a good latch-on?

6. What are some of the breastfeeding positions a mother could use?
 - 1.
 - 2.
 - 3.

7. How can you tell if the baby is getting enough to eat?

8. What can cause sore nipples?
 - 1.
 - 2.
 - 3.

Class 2 Review - Cont.

9. What would you tell a mother to do to help sore nipples?
10. What could a mother do who is embarrassed by leaking?
11. Explain what a mother can do to relieve engorgement.
12. If a mother has a painful breast lump, what should she do?
13. Should a mother wean her baby if she gets a breast infection? What should she do?
14. What are some signs a mother can look for to indicate that her baby is ready for solids?
15. What would you talk about to a mother who wants to wean her baby?

Counseling with LOVE

If we are careful to **Listen** and **Observe** mothers we can find out what fears they have that might prevent them from breastfeeding. Once we know what the mom is worrying about, we can **Validate** her concern. We can let her know that we can see the logic behind her thinking. Once she knows we respect her concerns, trust is built and she is ready to listen to us. We can **Educate** and **Empower** her to overcome her personal barriers.

There are three steps to this method. The letters are to help you remember the steps.

- | | |
|------|--------------------------|
| 1. L | Listen and |
| O | Observe |
| | |
| 2. V | Validate |
| | |
| 3. E | Empower / Educate |

Barriers to Breastfeeding:

A woman who does not breastfeed usually gives one of the following reasons:

- ▶ **Lack of confidence**
- ▶ **Embarrassment to breastfeed in public**
- ▶ **Loss of freedom**
- ▶ **Concerns about dietary and health practices**
- ▶ **Influence of family and friends.**

Guiding Conversations with the LOVE Counseling Method

Counselors should listen to what mothers say and respond by validating their concerns.

Once the counselor tells the mom she recognizes the mother's concern as a real and valid issue, she puts the mother at ease.

Even though misinformation may be the basis for her concern, it is important that the counselor let the mother know that she understands the logic behind the misconception.

1. Listen

- ▶ Listen to what the mother says as well as the feelings behind her words.
- ▶ You may need to ask questions to clarify what she says. Use questions that cannot be answered with a yes or no.
- ▶ Listen for hidden factors: What's the real issue or challenge?
- ▶ Listen for the positives. What is good about what she is saying?

Active Listening

- ▶ Paraphrase what the mother said, and reflect the message back. This clarifies, shows acceptance, and encourages a response.

You're wondering.....

You feel worried about.....

You've heard.....

You're wanting.....

- ▶ Clarifying:

I'm not sure what you mean.

Do I have it right?

I don't understand.

Observe

- ▶ What does her body language tell you?
- ▶ How is she relating to those around her?
- ▶ How does she interact with the baby?
- ▶ Does she look like she is in pain?

Identifying the Real Issues

When a mother begins the conversation, the first question she asks may not be what is worrying her most. Listen for clues during the conversation while you are answering her questions. Listen for topics she repeatedly brings up in the conversation. Listen for her feelings. Look for related issues.

For example:

When a mom asks about weaning, she may really be having problems with breastfeeding and not realize there are other solutions besides weaning. Always, try to find out why she wants to wean

A mom may ask questions about her baby's sleep patterns or frequency of feeding because someone else in her family is expecting different behavior from the baby and is hinting that something is wrong. She may appreciate suggestions on how to handle negative comments from other people

2. Validate

- ▶All feelings are acceptable.
- ▶It's OK that she feels the way that she does.
- ▶Acknowledge that her feelings have been expressed by other women too.

You could say:

*Many women feel the same way
That's a common concern
I'm glad you brought that up.
I've also felt that way...*

3. Empower/ Educate

- ▶Address her question or the comment she has made.
- ▶Provide information so she can make an informed decision or select a course of action.
- ▶List options.
- ▶Provide resources for further information
- ▶Make referrals to health professionals as appropriate.
- ▶**Help her find her own solutions.**

*Soften the comments
by saying.....*

*Many women have found...
We have information that may help you make a decision...
Everybody used to do it that way, but we have new
information...
Here at WIC we can offer...*

*When giving
information ask
yourself....*

Does this mother need information?
How much?
Is this the best time?

Remember.....

- ▶***Keep it simple and uncomplicated.***
- ▶Do not overwhelm with facts and suggestions.
- ▶Give information in small pieces...show and tell.
- ▶Look for ways to praise the mother.
 - You're doing a good job.*
 - You handled that well.*
 - You did the right thing.*
 - You're going through a rough period. The first ten days are the hardest. It will get easier as you and your baby get more experienced.*
- ▶Summarize the issues. Especially after a long talk.
- ▶If problem solving, write down suggestions mother agrees to try.

Remember: The mother is an expert on her baby.

*You have two ears and one tongue,
a gentle hint that you should listen more than you talk.*

Using the LOVE Method

QUESTION: *I'm afraid I don't have enough milk for my baby.
What should I do?*

Often counselors will hear moms say they are afraid they don't have enough milk, when the issue they are really concerned about may be something else quite different. Since this is such a common concern, counselors must be alert and do some detective work to find out if this is really the problem or if the mom has underlying issues making her think this.

Listen and Observe:

- **Find out if there is, in fact, a problem with milk supply. ASK:**
 - ▶ how old is the baby?
 - ▶ what did baby weigh at birth? Now?
 - ▶ does baby have 6-8 really wet diapers per day?
 - ▶ 3-5 bowel movements per day?
 - ▶ is baby gaining weight? (1 pound each month)
 - ▶ how often is baby nursing? (every 1 1/2-3 hours, or 8-12 times in 24 hours)
 - ▶ is baby alert, active and growing?

Validate and Educate:

Note: Counselors often need to validate more than once as new mothers mention new or additional concerns. Let her know that many moms worry about how much their baby is getting. See the Validating a Mother's Concerns handouts for examples of statements to validate a variety of common concerns. At first it may be hard to stop and validate before you provide information, but as you become more experienced at this it will come naturally to you.

- **If baby is getting enough, find out why mother is concerned. She may need reassurance that it is common:**
 - ▶ to worry about not knowing how much milk baby gets
 - ▶ for baby to seem hungry soon after being fed
 - ▶ for baby to suddenly increase - or decrease - the frequency and/or length of nursings
 - ▶ to stop feeling a let-down sensation
 - ▶ for breasts to seem suddenly softer
 - ▶ for baby to be fussy when dad comes home
 - ▶ for babies to cry for a lot of reasons other than hunger

- **If baby does not seem to be getting enough, ask about:**
 - ▶ supplements — formula, water, juice, solids
 - ▶ proper positioning and latch-on
 - ▶ nipple confusion - pacifiers, nipple shields
 - ▶ scheduled feedings - watching the clock instead of the baby
 - ▶ placid, sleepy baby
 - ▶ nursing on both sides
 - ▶ length of nursings
 - ▶ mother under stress or upset
 - ▶ mother overdoing it/not getting enough rest
 - ▶ medication in mother

- **Encourage mother to:**
 - ▶ be sure baby is positioned correctly
 - ▶ nurse baby more often, including at night
 - ▶ nurse longer on each side, at least ten minutes or longer, to get fat content
 - ▶ discourage the use of a pacifier - put baby to breast instead
 - ▶ take things easy for a couple of days
 - ▶ eat well, drink plenty of liquids

REMEMBER: A growth spurt can explain fussiness, sudden frequency of nursing, and feeling a decrease in milk supply.

Validating a Mother's Concerns

The examples listed under each of the following barriers will help counselors validate mothers' concerns. Once the concern is validated, trust is built and the mother is ready to receive new information and have misconceptions corrected.

Lack of Confidence

► **Listen and Observe**

Mothers might say: "My breasts are too small."

► **Validate**

To acknowledge a mother's concerns, the counselor might say: "Doesn't it seem logical that big breasts would produce more milk than little breasts?"

► **Educate and Empower**

Once a mother's concerns are acknowledged she is ready to receive information: "Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands."

Embarrassment

► **Listen and Observe**

Mothers might say: "My husband doesn't want his friends to watch."

► **Validate**

Counselor acknowledges: "In our culture breasts are seen as sexual objects and some women worry that breastfeeding in public will arouse men or make their husbands jealous."

► **Educate and Empower**

Many mothers may appreciate a demonstration of modest breastfeeding: "With a little practice, you can nurse your baby very discretely. Practice with sweaters or T-shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down. Many mothers use a receiving blanket, cloth diaper, or shawl draped over their shoulders to help them nurse discretely."

Loss of freedom

► **Listen and Observe**

Mothers might say "I still want to be able to go out and have a good time, go back to school, or get a job."

► **Validate**

Acknowledge: "It does seem like you would need to be with your baby all the time if you chose to breastfeed. You are afraid you cannot leave the baby with anyone else if you breastfeed."

► **Educate and Empower**

Inform: "Many mothers do combine breast and bottle-feeding. Start out breastfeeding for the first few weeks at home, then switch to a bottle when you need to be away. You can still breastfeed when you are together."

Concerns about dietary and health practices

► **Listen and Observe**

Mothers might say: "I don't want to have to watch what I eat."

► **Validate**

Acknowledge: "It seems logical that you should have to eat healthy foods to make good breastmilk."

► **Educate and Empower**

Inform: "Women in other countries often have very poor diets, yet they breastfeed their babies for 2, 3 or more years. **Most mothers find they can eat whatever they want while they are breastfeeding. It is rare that an infant will be sensitive to what a mother eats.** Think of women in Mexico or India. They eat very spicy foods and still breastfeed. Don't listen to what everyone says about chocolate or cabbage or pizza. It is important for all of us to eat healthy foods all through our lives. If you eat right, you'll look and feel better, but what you eat doesn't have much to do with your ability to breastfeed."

Influence of family and friends

► **Listen and Observe**

Mothers might say: "My mother couldn't breastfeed."

► **Validate**

Acknowledge: "You are concerned that problems with breastfeeding might run in the family."

► **Educate and Empower**

Inform: "Usually, breastfeeding problems are not hereditary, but since bottle-feeding was the norm for many years, relatives and friends are more likely to advise women to bottle-feed than breastfeed. You will need to ask a friend who has breastfed when you have questions."

More Examples of Barriers to Breastfeeding

1. Lack of Confidence

Mothers might say:

"My breasts are too small."

"My breasts are too large."

"My milk looks too thin."

"The nurse said to offer formula after feeding."

"It seems so complicated. I don't think I can do it right."

"My diet isn't good enough."

"I smoke."

"I drink."

"I'm taking medicine."

"Every time my baby cries, someone tells me to give him a bottle."

"I've heard that breastfeeding hurts."

Mothers may have these concerns:

- Many women do not understand how the breasts make milk.
- Some women use formula because they are afraid they cannot make enough milk. Using a bottle means the baby spend less time at the breast, so the breast makes less milk. Suddenly, the woman's fears come true.
- Lack of confidence makes women vulnerable to myths and old-wives tales about others' negative experiences. We have to be careful not to make it sound hard or imply that the mother can "do it wrong".
- A few women believe that breastfeeding requires skills that are complicated and difficult to learn.
- Most promotional materials from formula companies use wealthy women to illustrate breastfeeding and stress the importance of being healthy and relaxed when lactating. These messages reinforce most women's fears that their lives may be too complicated, and their diets too inadequate to breastfeed.
- During the first few months of breastfeeding, many women or their relatives misinterpret a baby's cries as a sign that they don't have enough milk.

To help the counselors acknowledge a mother's concerns, consider:

- Aren't we all afraid of something we've never done before? Weren't we all afraid the first time we were pregnant and gave birth?

Barriers to Breastfeeding (cont.)

- A can of formula has all the ingredients and nutritional values listed right on the can. There are no such reassuring labels on breasts.
- A bottle of formula shows exactly how many ounces a baby is getting. Unfortunately, breasts are not marked in ounces and we cannot see how much the baby is getting.
- Doesn't it only seem logical that big breasts would produce more milk than little breasts?

Mothers may appreciate hearing the following information:

- Women have been breastfeeding for centuries. The human race wouldn't have survived if women weren't capable of producing the perfect food for their babies.
- There is a terrific sense of accomplishment in succeeding in doing something you thought you might not be able to do.
- Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands.
- Pain - The mother may also have been told that breastfeeding is painful, but pain is not a part of breastfeeding unless something is wrong. The counselors are there to help her learn the right techniques to make it a good experience. Reassure mothers who experience some discomfort when getting started that the adjustments will be short-lived and the long-term benefits far outweigh any initial discomfort.

2. Embarrassment

Mothers might say:

- "My husband doesn't want his friends to watch."
- "My mother says I look like a cow when I nurse."
- "What if I'm in the grocery store or mall?"
- "What if I start leaking all over the place?"

Barriers to Breastfeeding (cont.)

Mothers may have these concerns:

- Breasts are seen as sexual objects and women worry that breastfeeding in public will:
 - arouse men
 - make their husbands jealous
 - make other women jealous
 - look "gross" or "disgusting"
- Most women resent having to go into a restroom and having to hide in their cars or bedrooms in order to feel comfortable nursing their child.
- Women differ in how uncomfortable they feel about breastfeeding in front of others:
 - Some women would feel uncomfortable even in front of relatives and friends unless they were sure that their breasts were not exposed.
 - Others would feel apprehensive even if seen breastfeeding discreetly.
 - Many women who would feel self-conscious in public setting would be comfortable with breastfeeding in private.
 - A small proportion of women could not consider breastfeeding. For them, breasts are strictly for sex, and the idea of putting their baby's mouth on the breast is disgusting.
- Many women would feel embarrassed if their breasts leaked, leaving a milk stain that others could see.

Many mothers may appreciate a demonstration of modest breastfeeding:

Many mothers may not have seen a baby being breastfed modestly, this may be the issue that helps them decide to try breastfeeding.

- Use cloth diapers, receiving blankets, loose clothing, etc. Practice with sweaters or T-Shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down.
- Counselors with young babies usually don't mind giving a demonstration.

Barriers to Breastfeeding (cont.)

3. Loss of Freedom

Mothers might say:

"I still want to be able to go out and have a good time."

"I want to be able to go back to school."

"I need to get a job."

"I don't want to mix nursing and bottle feeding, so I'll just bottle-feed."

Mothers may have these concerns:

- Breastfeeding is seen as incompatible with an active social life. Younger mothers are especially concerned that breastfeeding will prevent them from having time for themselves or their friends.
- Some women are fearful of the bonding they are told accompanies breastfeeding because it will further decrease their freedom. They mistakenly believe:
 - The breastfed child will cry if its mother is not nearby.
 - Breastfeeding makes it hard to leave the child with a sitter.
 - The breastfed child will be spoiled.
- Many women do not understand how to mix breastfeeding and formula supplements.
- Some women view pumping as messy, painful or a "hassle". (Pumping and storing milk will be discussed in Class 4. For now, just acknowledge a mother's fears that breastfeeding will cause the baby to be too dependent on her.)
- A first-time mother often hears, "This will change your life forever" or "Nothing will ever be the same".
- Those who do not have children may see mothers as burdened with babies who cry when mother is away or who hang onto mother and do not want to go to a pushy relative.
- TV and movies glorify the independent woman; the one with the career, family and active social life. There is little that shows a woman at home with her children, creating a warm family life.
- Many pictures of breastfeeding women show them at home in expensive nightgowns. Many WIC mothers must work to support their children. They will see this as incompatible with breastfeeding.

Barriers to Breastfeeding (cont.)

Mothers may appreciate hearing the following information:

- Remind mothers that while they were pregnant, the baby was in a warm, secure environment, his body was constantly being massaged by the uterus, his mom's heart beat was always heard. After birth, the baby still needs lots of touch and cuddling. Studies show that babies deprived of a loving touch do not grow well, even with plenty of food.
- The baby whose needs are met and is loved comes to trust his world and believes he is a lovable person. As he gets older he will feel secure enough to be independent. We believe that the baby who is allowed to be "attached to his mother" will feel good enough about himself to be independent of her at his own pace.
- Reconsider how "convenient" bottle-feeding really is. Warming bottles in the middle of the night, taking enough bottles when you go out, keeping bottles from spoiling in hot weather, mixing, washing, losing parts, running out. . .
- Breastfed babies tend to be healthier. People are more willing to watch your healthy baby than a sickly one. Healthy babies are easier to take care of and more fun.
- Mother can breast and bottle-feed the baby. Start out breastfeeding for the first few weeks at home, then switch to a bottle when mother needs to be away. Mother can still breastfeed when they are together.
- It's nice to be needed, to have a special job that no one else can do for the baby. The breastfed baby will have absolutely no doubt about who his mother is.
- Remember that a baby is little for only a few short months. Compared to the rest of his life (75-80 years) breastfeeding doesn't last long. The truth is, before very long, your baby will be all grown up and independent and you will miss that very brief period when he needed you so much.

4. Concerns about Dietary and Health Practices

Mothers might say:

"I drink."

"I smoke."

"I'm taking medicine."

"I don't want to have to watch what I eat."

"They say you can't eat: onions...garlic...jalapenos...whatever."

"My life is too complicated." (stressful)

Barriers to Breastfeeding (cont.)

Mothers may have these concerns:

- Many women feel that breastfeeding will require them to change many dietary or health practices. They are unwilling or unsure of their ability to:
 - give up smoking
 - give up drinking alcohol
 - drink enough milk
 - eat no junk food, spicy foods
 - get enough sleep
 - be relaxed

Mothers may appreciate hearing the following information:

- A long time ago, there were no nutritionists telling people what to eat, and everybody breastfed just fine.
- It is not good to smoke whether you breastfeed or bottle-feed. Second-hand smoke causes many health problems in babies and children.
- Women sometimes worry that breastfeeding will ruin their figure - breasts may sag. Actually, pregnancy causes the extra weight gain in breasts. A mother can wear a bra that offers good support and can nurse the baby up close to the breast. Unfortunately, as we age, many parts of us begin to sag - not just the breasts.
- Women who tend to be tense and "hyper" can breastfeed just fine. In fact, the hormones your body makes help you relax and feel calm and peaceful.
- If breastfeeding were as difficult and had as many restrictions as some people think, nobody would do it!
- If you need medication, your doctor can usually find a type of prescription drug or recommend a medicine that you can take that will not interfere with breastfeeding.
- If a mother has a question about the medication she is taking, ask your breastfeeding coordinator to look it 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 Lactation Center 1-800-514-MOMS for more information or give the Mom's Place number to the mom. Mothers are also welcome to call Mom's Place with their questions.
- Many women are concerned about taking birth control pills while breastfeeding. If they think they cannot take the pill while breastfeeding, they would rather be sure of not getting pregnant than breastfeed. Doctors are now prescribing the Minipill for breastfeeding mothers. Babies do not seem to be harmed. However, since the mini-pill

Barriers to Breastfeeding (cont.)

is relatively new, long-term effects are not known. Depo-Provera and the Minipill have been found to delay or prevent milk production if taken sooner than 6 weeks after childbirth. Since peer counselors cannot give medical advice, advise mothers to speak to their doctor about this and other forms of birth control. Barrier methods of birth control (diaphragm, condoms) are safe for breastfeeding.

5. Influence of Family and Friends

Mothers might say:

"I've never seen anyone breastfeed."

"My mother couldn't breastfeed."

"My boyfriend doesn't want me to breastfeed."

Mothers may have these concerns:

- Many women, especially young women who are pregnant for the first time, rely on their own mothers for advice and support with child care, including infant feeding.
- In many families, the mother's husband or boyfriend has a strong influence on the mother's choice. His opinions are especially important when he lives in the same household or has regular contact with the mother.
- Because bottle-feeding was the norm for many years, relatives and friends are more likely to advise women to bottle-feed than breastfeed.

Some ideas for counselors:

- Encourage mothers to talk to other mothers who are breastfeeding or have breastfed their babies. This includes La Leche League meetings, women's church groups or perhaps other mothers from the WIC clinic. This is why the peer counselor is so important! Mothers need the reassurance of knowing someone who has succeeded at breastfeeding.
- Many fathers are really proud of their baby's mother for providing "his" baby with the best. The counselor has a powerful ally if she can win over the father.
- Invite grandmothers and fathers to clinic for classes or counseling on breastfeeding. Expose them to other fathers and grandmothers who have positive points of view.
- Remind the mother that she probably hasn't always done everything her mother told her to do. This might be another of those decisions she needs to make for herself.
- Back when most of us were born, hardly anyone breastfed their babies and nobody was around to help. Things are different now. Sometimes our mothers think that if we decide to breastfeed, we are telling them we think they didn't do a good job of raising us. It is

Barriers to Breastfeeding (cont.)

important to acknowledge that we know those mothers who bottle-fed did what they thought was best for their babies. Twenty to thirty years ago doctors thought bottle feeding was best, but now they know breastfeeding is best.

- There are lots of things to do with babies besides feeding. The baby's father or grandmother could be the one who bathes the baby or plays with the baby when he get fussy. Sometimes breastfed babies are more playful with their dads than their moms because they associate mom with eating. When dad has them, they know something different, something fun is coming.

Cultural Considerations

How do you talk to a mother from another culture?

Like a mother!

- With all of our differences, sometimes the only thing we have in common with each other is being a mother.
- All mothers want what is best for their children. All of us want something better for our children than we had ourselves, even though we can't be perfect.
- Give attention to the things that are the same between us all.

Think about it ...

- Our comments and opinions about others may more accurately reveal our values than reflect anything about the people we are describing.
- What do you believe to be core U.S. American values?
- When people talk about other cultures, they tend to describe the differences and not the similarities. Differences are generally seen as threatening and described in negative terms.
- What do the histories and experiences of people with disabilities and people from culturally linguistically diverse backgrounds (in the U.S.) have in common?
- One should make up one's own mind about another culture and not rely on the reports and experiences of others.

Human Diversity

Think of the many ways in which we can celebrate the diversity among us. Give examples of differences and similarities for each of the following:

- Racial and ethnic diversity
- Gender and sexual orientation
- Religious diversity
- Socioeconomic perspectives (age, youth, elderly, wealth, poverty)
- Physical differences (height, weight, physical disabilities)
- Learning differences (hyperactivity, dyslexia, brain injury)
- Intellectual differences (gifted, retardation, gifted underachievers)
- Challenges related to health (asthma, diabetes, HIV, drug abuse, cancer)
- Communication diversity (languages, body language)
- Behavior and personality (depression, obsessive-compulsive disorder, attention deficit disorder, autism, phobic disorders)
- Sensory differences (blindness, deafness)
- Family perspectives (nuclear, extended, step, circle of friends)

A Final Self-Check

Now that you have had a chance to think about human diversity, here is a test of your attitudes and your ability to respect and assist those who are considered different. Imagine this situation:

You are being wheeled into a hospital emergency room. You have sustained a life-threatening injury. Your life depends upon the ability of the lone doctor on duty. Which *ONE* of the following labels do you want that doctor to have?

Male	Female	Christian	Jewish	Homosexual	Heterosexual
Slim	Tall	Heavy	Short	Wealthy	Disabled
Caucasian	Hindu	Black	Hispanic	Old	Young
Foreign	Poor	Muslim	Expert		

If you value your life, more than likely your answer was “Expert.” When old habits of thinking and fears based on prejudice and ignorance creep in, it is a handy reminder to ask yourself, “If I were in that hospital emergency room and this person were the only doctor on duty, would I want this person to save my life?” Every time you say “yes,” you save your own humanity and make the world a much better place.

Source: Human Diversity: A guide for understanding, 2nd edition. Stuart E. Schwartz, Belinda Dunnick Karge.

Cultural Beliefs

Examples of cultural beliefs that might cause a mother not to breastfeed:

- A death in the family or anger makes the milk go bad.
- The first milk (colostrum) is poison. The baby needs herb tea until the milk comes in.
- The mother should eat only rice and bland foods or the baby will get sick.

There probably is some basis for these cultural beliefs. Our challenge is to think of ways we can help mothers continue to breastfeed without making the mother confront or abandon her beliefs. We may need to suggest a compromise to blend cultural beliefs and modern breastfeeding knowledge.

For Example:

- A death in the family is upsetting. From what we learned about how the breast works, we know major stress can inhibit the letdown reflex. This could be how this belief got started.

While acknowledging that there may be some basis for the belief, the counselor can say, "Today we know a mother can still breastfeed and the hormones stimulated by breastfeeding send calming messages to the brain that may help her through stressful times". If it makes the mother or other family members feel better, the mother can express a little milk and pour it down the sink. This way she gets rid of the "bad" milk and the baby gets good, new milk.

Communication:

In this section of the Cultural Beliefs Handout some general impressions of the ways people from different cultures sometimes relate to others are outlined. Counselors should know that these are general observations and will vary greatly among individuals.

You may have noticed "The Comfort Zone." What do we do when someone crosses the invisible line? When speaking with a mother, how will the counselor know if she has crossed the mother's "comfort zone"?

1. Personal Space

- Personal space refers to the distance between you and another person. We generally want to keep more distance between people we don't know and less distance with friends and relatives. When someone stands closer to us than we would like, this is considered an invasion of our "comfort zone." We usually take a step back or turn ourselves away until we feel comfortable again.

Cultural Beliefs (cont.)

- Most Americans prefer to be about an arm's length distance away from another person.
- Hispanics usually prefer closer proximity than Anglos, in contrast to Asians, who tend to prefer greater distance.
- Let the client choose her most comfortable distance. Your closeness may make her so uncomfortable that she can't listen. On the other hand, if you are too far away, she may feel that you don't care about her.

2. Eye Contact

- Many Anglos are brought up to look people straight in the eye. However, older people from some cultures may have been taught not to make eye contact. Counselors may see the lack of eye contact as a sign that the mother is not listening.
- Length of eye contact also has a "comfort zone." Looking at a mother too long without looking away can make the mother uncomfortable and may be seen as a sign of aggression.
- Avoiding eye contact, or breaking eye contact too often may be seen by the mother as lack of interest in her.
- Staring, or not breaking eye contact often enough, is considered impolite by Native Americans and Asians.
- A women making eye contact with a man for too long can be considered a come-on. Counselors must be careful of this when speaking to clients' husbands and boyfriends.

3. Silence

- Most Americans are uncomfortable and awkward with periods of silence. Mothers who see silence as a normal part of conversation may not understand your efforts to fill the emptiness with "small talk."
- Native Americans consider a minute and a half to be a normal amount of time to wait to respond. Arabs may spend 30 minutes sitting together in silence.
- Some cultures consider it entirely appropriate to speak before the other person has finished talking. They are not being "rude" on purpose.
- The counselor can learn to be tolerant of natural pauses or interruptions in speaking to mothers.

Cultural Beliefs (cont.)

- Learning to be comfortable with silences will be a very useful skill for telephone counseling. It is much harder on the phone to allow a space in the conversation while the mother is thinking.

4. Emotional Expression

- Expression of emotion between people of different cultures varies from very expressive, as with Hispanics, to total non-expressiveness, as with Asians.
- We all tend to be more expressive around people we know than strangers. Also, the more comfortable we feel with someone, the more expressive we will be.
- We have a tendency to see people who are more expressive as immature and those who are less expressive as unfeeling.
- Some people may smile or laugh to mask other emotions.

5. Body Language

- The way we stand or sit, hand gestures and motion of the body are all signs of body language. When speaking to someone, we get an idea of the person's attitudes not only from what they say, but from their body language.
- Anglo-Americans use a firm handshake as a sign of goodwill, while other cultures prefer only a light touch. Native Americans may see a vigorous handshake as a sign of aggression.
- Touching or being touched by a stranger may be considered inappropriate or an intimacy signal by some Asians, but may be entirely appropriate to some Hispanics.
- Standing with hands on hips may imply anger to some. Pointing or beckoning with a finger may appear disrespectful, particularly to Asians who use that gesture to call their dogs.
- Conservative use of body language is helpful until you know the mother better and she has had time to give you an indication that she is comfortable with you.

6. Formality/Intimacy

- Most Americans tend to be informal in their verbal communication, but some other cultures prefer to keep relationships more formal. We tend to call each other by our first names without asking permission to do so. This would be considered a sign of disrespect

Cultural Beliefs (cont.)

by many and may also be too familiar for a participant's comfort. Counselors should ask a mother how she would prefer to be addressed.

- When in doubt, choose formality over intimacy.

7. Language Barriers

- Counselors will find themselves working with a mother or family whose native language is not the same as her own.
- The mother will have difficulty expressing thought and concerns completely, and will require more of the counselor's time and patience.
- Speak slowly and clearly. Try to find words the mother understands. Ask the mother questions that will help her repeat back to you the information you want her to know.
- Do not speak louder. The mother is not hard of hearing. A loud voice may be interpreted as hostility or disrespect and will only aggravate the situation.
- Fluency in a foreign language is not the same as intelligence.
- A mother who speaks a particular language may not read that language. If you give her written information, go over it verbally to be sure she understands. She may need written information in her first language.
- If you and the mother do not speak the same language, communication may be difficult or impossible. Try to explain using dolls, pictures, and the language of the heart - a smile.
- WIC is required to provide an interpreter to deliver necessary services to WIC clients. Peer counselors can request an interpreter to help them counsel WIC clients. Speak with your WIC supervisor if you need to request an interpreter.

Creating Comfortable Conversations

Remember your goals:

Help the mother feel like a great mother to her baby

Give the mother the information and support she needs

Enable the mother to solve problems

Before you start
remember to:

- ♥ Check your attitude.
 - ▶ Show that you genuinely want to be there.
 - ▶ People can sense if you really care.

- ♥ Respect the woman.
 - ▶ She is doing the best that she knows how with the information and resources available to her.
 - ▶ Be non-judgmental.
 - ▶ Be patient.
 - ▶ Do not argue or criticize.

- ♥ Be friendly.
 - ▶ Use her name often.
 - ▶ Use baby's name often.
 - ▶ Refer to the "baby's father" unless you know he is her

- ♥ Give comfortable eye contact.

- ♥ Be positive and understanding.

- ♥ Be open and honest.

- ♥ Be discrete about taking notes. Make them brief.

Avoiding Pitfalls in Counseling

Dr. Ruth Lawrence, a well-respected pediatrician and breastfeeding advocate, says:

"Don't make it seem hard." Most breastfeeding problems can be avoided or solved by putting the baby to the breast early and often. Pregnant women don't need to hear all the problems they may encounter. Be careful about making a mother feel she must eat right, must hold the baby a certain way, etc. Don't make breastfeeding seem so hard that she feels she will probably "do it wrong."

Never tell a mother she is doing it wrong.

Please don't...

- ▶ Don't say "problems."
Say, "Call me if you have any questions or concerns. Problems is such a negative word. You don't want it to be the last word a mom hears when she talks to you."
- ▶ Try not to make value judgments.
Mother will make decisions for her life, not you. Leave her comfortable to reject your suggestions. *I know you'll choose what's best for your baby.*
- ▶ Avoid overwhelming mother with facts or suggestions. A few suggestions at a time should do. If she doesn't need information to solve her problem, don't overload her with academic items.
- ▶ Don't be too solution-oriented. Listen for feelings and concerns. Allow time for the mother to define her situation and work out her solutions.
- ▶ Accept your own limitations. Admit you do not have all the answers. Admit you have limited influence on mother's behavior.
- ▶ Don't get overly involved in mother's private life. For serious personal or emotional problems refer her to a social worker, minister, or professional counselor for emotional support. Don't let her become too dependent on you. You are a breastfeeding counselor.
- ▶ Don't stress your own experiences. This diminishes the mother's experience.
- ▶ Don't interrupt. Let mother finish her ideas. Don't change the subject until you're sure she's finished with it.

- ▶ Don't stall or skirt the issue. Get to the point. Be open and honest.
- ▶ Don't let too much time to pass between contacts. The mother may need you but may not call.
- ▶ Avoid contacting the mother at inappropriate times, such as meal time or nap time, or early morning. Find out a good time for her.
- ▶ Don't make calls too brief. Give mother enough time to think out her answers and formulate her questions.
- ▶ Don't make calls too long. Mother will avoid them if they drag on.
- ▶ Remember to follow-up to see if the situation has improved.
- ▶ Be sure to notify the mother if you will not be available. Arrange for backup from another counselor if you will be away. Give mother the new counselor's name and phone number.

REFERENCE:

This version of Counseling Tips and Techniques was adapted from the Washington D.C. WIC Program Peer Counselor Manual. The Washington D.C. Manual references: *A Reference Handbook for Health Care Providers and Lay Counselors*, Judith Lauwers and Candace Woessner; CEA of Greater Philadelphia.

Telephone Counseling

Remember:

- ▶ you can't see mother or baby
- ▶ be supportive, positive
- ▶ always ask the baby's age
- ▶ get as many details as possible
- ▶ when in doubt, have mother go to the WIC clinic or her doctor

Tips For Better Telephone Counseling:

- ▶ **Identify yourself**
 - ▶ Be sure to give your name at the start of the call.
- ▶ **Can she talk now?**
 - ▶ If you called the mother, ask if you've called at a convenient time.
 - ▶ If the mother calls at an inconvenient time, tell her clearly and politely. Take her name and phone number. Tell her when you will call back, then be sure you do.
- ▶ **Speak clearly**
 - ▶ Over the phone, high-pitched voices come across as squeaky, so try to pitch your voice as low as you comfortably can. Work at projecting warmth. Interest and sincerity will come across your tone of voice.
 - ▶ Silences over the phone seem longer than when you are face-to-face. Even while the mother is speaking, be sure to make a sound every now and then to show you are still there.
- ▶ **Body language**
 - ▶ You'll listen better if you sit in an alert position. Pretend she can see you.
- ▶ **Interruptions**
 - ▶ If you must take another call while talking to a mother, explain carefully and reassure her that you are still listening when you get back with her.
 - ▶ If you are making calls from home, have a small box of toys your toddler or older child can play with only when you are on the phone.
- ▶ **Take notes**
 - ▶ This may help. The Breastfeeding Counseling sheet will help you ask the important questions and remind you of the mother's situation if you call her again in a few days.

- ▶ **Verify instructions**
 - ▶ Before ending the phone call, repeat any instructions you gave. It also helps to ask the mother to repeat instructions back to you so you know she heard you correctly.

- ▶ **Follow up**
 - ▶ Call the mother in a few days to see how things are going. Mothers often call when there's a problem, but forget to let us know if our suggestions worked.

- ▶ **Make necessary referrals**
 - ▶ Some mothers call often and become overly-dependent. If she seems to need more than information or simple reassurance, try to set up a face-to-face meeting. ⚡⚡⚡
Be alert to situations in which a referral to the Breastfeeding Coordinator, Lactation Consultant or Social Worker may be necessary.

Conversation Starters

Always introduce yourself: "My name is _____. I am a WIC mother and your Breastfeeding Counselor." Knowing that you are a WIC mother will help the moms you counsel feel that you are "one of them," not just another staff person. Moms will be inspired by your example. You want them to think, "If she's a WIC mom and she can breastfeed, I can too."

Use Open-ended Questions

Encourage mothers to talk.

Avoid questions where the mother can answer with merely "yes" or no."

Start questions with words like: **who, what, when, where, why, how, how much, how often.**

Aim for conversation, not just questions and answers.

Ask lots of questions that will encourage discussion.

During Pregnancy:

- ▶ What have you heard about feeding your baby?
- ▶ Who do you know that has breastfed?
- ▶ What are some of the reasons you think women choose to breastfeed?
- ▶ What do you think are some ways breastfeeding is good for your baby and for you?
- ▶ What have you heard about the ways breastfeeding can help you and your baby?
- ▶ Have you considered breastfeeding your baby?
- ▶ How do you think breastfeeding would fit into your plans?
- ▶ What would concern you most about breastfeeding?
- ▶ Have you heard anything about breastfeeding that you've been wondering or worrying about?
- ▶ You seem a little uncertain about breastfeeding. Can you tell me why?
- ▶ How does the baby's father want you to feed the baby?
- ▶ Will there be someone to help you the first few weeks after the baby is born?
- ▶ Do you plan to work or go to school after the baby is born? How soon? Several mothers who go to this clinic are working and successfully breastfeeding.

- ▶ Women used to learn about breastfeeding by watching their mothers or a relative. Many women don't have that chance today. Do you know anyone who has breastfed? Have you ever talked with them about their experience?

For Postpartum Breastfeeding Mothers:

- ▶ What do you enjoy most about breastfeeding?
- ▶ Can you think of some pleasant surprise about breastfeeding?
- ▶ Tell me how things are going at home.
- ▶ It sounds like you and your baby are doing well. What kinds of changes can you expect in the next few weeks?
- ▶ Tell me what happens when your baby cries.
- ▶ How does your baby let you know he/she is hungry? How often is he/she interested in eating?
- ▶ How often does (baby's name) want to eat?
- ▶ Could your baby be in a growth spurt?
- ▶ How are you feeling? Getting enough rest? Help at home? Eating well?
- ▶ How do your breasts feel when you are nursing?
- ▶ How does the rest of the family feel about your breastfeeding?
- ▶ Have you had any problems nursing with others around?
- ▶ Has anyone encouraged you to give your baby formula or baby food? How have you handled that?
- ▶ What are some of the ways your baby is letting you know he/she is getting enough to eat?
- ▶ Do you have any concerns about how breastfeeding is going?

Conversation Hushers

Sometimes in a group, one mother will get carried away with her own personal story. She may give a negative impression of breastfeeding, or simply run off on another topic. As the class leader, you need to get the conversation back to a positive attitude without embarrassing the mother. Here are some suggestions:

- ▶ I am very glad that worked for you. Other mothers have found that _____ worked better for them.
- ▶ I know this is very important to you, but I am not allowed to talk about something that is not in my approved lesson plan. I am so sorry, but I know you understand.
- ▶ Your points are very interesting, but we need to cover some more material. Please call me tomorrow (or see me after class) and we'll talk some more then.
- ▶ Your experience is highly unusual, and we need to spend our time discussing the common situations that most mothers face. Let's get together to talk after the class.
- ▶ I am not sure if you understand that I am not qualified to speak on this matter. Unfortunately, it is something that I know nothing about.
- ▶ I'm glad that worked for you, but I certainly can't recommend it for all mothers. My sources don't recommend this practice.
- ▶ Let me look this up in The Womanly Art of Breastfeeding to see what La Leche League says. (It's all right to spend a minute looking something up to be sure of your facts.)
- ▶ That's too bad. What could you have done differently if you had the information we have talked about today? Or, what would you advise another mom in that situation to do to avoid that problem?

REMEMBER: If you must interrupt a mother, be sure you have a question ready for another mother to quickly change the subject. It is important to visit with the woman after class so that she doesn't feel bad, or take it personally. Do not let her leave without an encouraging word from you.

♥ Ideas to Share with Families ♥

Research indicates that the father and the grandmothers of the baby are extremely influential in the mother's breastfeeding success. Peer counselors need to try to involve family members in their education and support efforts whenever possible.

- ♥ Fathers and other family members will be the mother's best supporters of breastfeeding if they have helped the mother make the decision to nurse. Invite fathers and grandmothers to attend the WIC classes with the pregnant mom. Request their help in seeing that the mother has read the breastfeeding material you assign.
- ♥ If a critical family member will not attend classes, suggest that the mother try to share parts of the information you give her that you have circled or highlighted. She may conveniently leave brochures open in the bathroom, in front of the TV, or anywhere - maybe on a chair where he or she would have to pick it up in order to sit down.
- ♥ Many women have chosen to bottle-feed because the father wanted to help, until he discovered there was nothing really interesting about watching a baby feed from a bottle. The father gave the baby one or two bottles, and the mother regretted not breastfeeding.
- ♥ Some women and many men worry that breastfeeding will reduce their desire for each other. It helps if they can talk to each other about sex. If a mother suddenly finds after the baby is born that she wants nothing to do with sex, she should talk to her doctor or nurse. It may have nothing to do with breastfeeding, but could be from a difficult birth or just a fast change in her image of herself. Some women experience some dryness while breastfeeding. This can be taken care of with a little lubricant and a sense of humor.
- ♥ Babies usually have a fussy time in the early evening. This is also when the father gets home and his first sight of home is a crying baby and frantic mother. Fortunately, babies quickly respond to the broader chest and deep voice of daddy, and he can become the baby's favorite person during the fussy period. Since the father sometimes feels left out of the close mother/baby breastfeeding relationship, this is a good way to involve the father in something very special. See the "neck nestle" WAB p. 193.
- ♥ A new baby changes a couple into a family. This adjustment can be difficult for one or both parents. If the father shows signs of being jealous, he could need some reassurance that he is still loved and needed in the family. Most changes are easier to take with a sense of humor.
- ♥ Children who were bottle-fed can be told that the mother tries to do her best for each of her children. Since she has learned more about breastfeeding, she would like to nurse this new baby. Breastfeeding will give her time with the older children that she used to spend fixing bottles and nursing gives her one hand free to help the older children.

- ♥ Two-year-olds can be very creative in getting the mother's attention. Mother can give the toddler something to do with her while she's nursing, with just a little advanced notice: a book, coloring, sing a song or play a game.
- ♥ Children need lots of love and reassurance. They can be given small jobs to help with the house and baby.

Tackling the Tough Issues



Recognizing when referrals are necessary is a key role of the peer counselor.

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

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. 🌱🌱🌱 **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. **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.

**Mother with
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Limitation** (WAB
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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? **☛☛☛ Counselors should encourage women who confide that they use drugs to see a counselor or social worker.**

☛☛☛ 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 (galactocele), 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

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.
(WAB 322)

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. **↗↗↗ 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 who's 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. Make sure mother has a copy of the WIC video developed for mothers of premies.

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 states 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. ❖❖❖ **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. If mother is experiencing pain when breastfeeding and there are white patches on the baby's tongue and gums, they may both need to be treated by a doctor, and possibly the mother's partner, too. There is no reason to stop breastfeeding while being treated. New research, published by Thomas Hale, Ph.D., in 2009, indicates that mother's who are asymptomatic may not need treatment. Suggest to mom to rinse nipple after breastfeeding with clear water. Remind the mother to wash her hands often (after changing diapers 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 a 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?"

Guilt

- ▶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. **🚩🚩🚩 The counselor can recommend an appropriate support group.** When appropriate, work with the mother to establish breastfeeding.

🚩🚩🚩 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.

Adapted from On Death and Dying by Elisabeth Kubler-Ross.

Teaching Classes



Peer counselors bring energy and enthusiasm to the prenatal/breastfeeding classes they teach.



Class 5 Outline

I. Class 4 Review

II. Civil Rights

III. Breastfeeding Counselors at Work

IV. Review of WIC Materials

V. Peer Counselor Training Evaluation

VI. Invitation to Graduate

Class 4 Review

1. What is Jaundice? Can the mother still breastfeed?

2. What are some things that could make a mother with a newborn feel grief?
 - 1.
 - 2.
 - 3.

3. What are some feelings that are part of grief?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

4. Should a mother wean who is returning to work or school? What information could you share?

5. How long can you store breastmilk in the refrigerator?
In the freezer?

6. How often should a breastfed baby nurse?
How long on each side?

Final Review - Cont.

7. If a pregnant mother tells you she has inverted nipples, what would you suggest?

8. Can a mother with diabetes breastfeed her baby?

Can a mother with herpes breastfeed?

Can a mother with HIV virus breastfeed?

Can a baby with Down's Syndrome breastfeed?

Can a mother with twins breastfeed?

9. When a mother asks you a question you don't know, what will you do?

10. Who is your supervisor?

Who is the social worker you may refer mothers to?

Do you have the phone number of La Leche League in your area?

Is there a lactation consultant in your community?

WIC Civil Rights Policies

How we do business

C.R. - 2.0

The same standards for determining eligibility and participation in the WIC Program apply to everyone regardless of sex, age, disability, race, color, or national origin. All locally developed materials concerned with outreach, program information, or participants= rights that are distributed to the public or posted for public viewing must include a nondiscrimination statement.

Staff responsibilities

C.R. - 1.0

The local agency (LA) is required at the time of each certification to have the participant or parent/guardian/caretaker of the participant read, or be read, the rights and obligations of a participant in the WIC program. The LA staff shall at the time an applicant is found ineligible, have the applicant or parent/caretaker of an applicant read, or be read to, the rights of an applicant to the WIC Program. In Texas, the rights and obligations are spelled out thoroughly on the Supplemental Information Form (SIF).

Compliance issues

C.R. – 10.0

Where a significant proportion of the area served by a local agency is composed of non-English or limited-English speaking persons who speak the same language, LA shall insure that required WIC services provided to such persons in the appropriate language and/or in writing.

C.R. - 3.0

If an individual wishes to appeal any state agency (SA) or LA actions, the LA shall refer that individual to the SA. Individuals may make an oral or written request for a >Fair Hearing= to the Director of the WIC Program in Austin, Texas.

C.R. - 5.0

If any individual feels his/her civil rights have been violated they can register a complaint with the LA, the SA, the Food & Consumer Service Regional Office, or the USDA. The LA must immediately send all civil rights complaints to the SA. The SA will send all complaints to the Regional Civil Rights Director.

C.R. - 6.0

Each LA must have mechanisms in place to make services available to persons with disabilities. Each LA will use the SA=s >504 Checklist= to evaluate program accessibility for the persons with disabilities.

C.R. - 9.0

The LA must collect participation data by racial/ethnic category from each participant on the WIC Program.

O.R. – 1.0

Each local agency (LA) shall develop and implement a plan for outreach emphasizing the enrollment of pregnant women in their first trimester and migrants.

C.R. - 4.0

The SA will monitor each local agency at least once every two years to determine the LA=s compliance with state and federal civil rights policies and legislation.

C.R. - 8.0

LA employees shall receive civil rights training in appropriate time frames on specific content points.

Civil Rights Review

Fill in the blank or circle the correct answers below:

1. Standards for determining eligibility and participation in the WIC Program apply to everyone regardless of (list six classes from policy C.R. - 2.0):

2. Participant=s complaints become a civil rights complaint when they refer to:

- a. being discriminated against because they are a member of a class listed in C. R. 2-0.
- b. having to wait too long for an appointment.
- c. staff being rude to them.

3. If a participant says she has been discriminated against by the local agency because she is a member of a class listed in policy C.R. - 2.0, what does the local agency do with the complaint?

4. What does WIC staff do if they do not speak the same language as the client who wants services?

- a. find another staff member who can speak the participant=s language to help the client or interpret.
- b. call an interpreter.
- c. call the Language Line interpreter services.
- d. any of the above, a.,b., and c. are all correct answers.

5. Can a participant in a wheelchair file a civil rights complaint if she says she was discriminated against by clinic staff because she was in a wheelchair?

- a. no
- b. yes

Peer Counselor Training Evaluation

Please help us evaluate this training course:

1. What did you like most about the training?

2. What did you like least about the training?

3. Do you feel the training has prepared you to counsel WIC mothers about breastfeeding? If not, what additional information do you need?

4. Did you feel the instructor was:

Excellent ___ Good ___ Fair ___ Poor ___

Comments:

5. Did you feel the handouts were:

Excellent ___ Good ___ Fair ___ Poor ___

Comments:

6. Did you feel the audiovisuals were:

Excellent ___ Good ___ Fair ___ Poor ___

Comments:

7. Other suggestions or comments: