



## Breastfeeding Promotion and Support in the Spotlight #1



This is the first of two *WIC Update* memos that focuses on breastfeeding promotion and support.

With the new food packages we have a unique, one-time opportunity to “get off on the right foot” to use the packages to better promote and support breastfeeding. The way we prepare WIC staff, our partners, and WIC clients for this change is important.

WIC is sometimes perceived as “the formula program.” The new food packages provide an opportunity to let the world know that WIC is the health, nutrition, and *breastfeeding* program. This is an exciting opportunity to encourage every mother to initiate breastfeeding and to breastfeed exclusively!

### How the new food packages promote and support breastfeeding:

- **Infant’s and mother’s food packages are closely tied.** When infants are exclusively breastfed, mom gets the most food.
  - **Breastfeeding exclusively mothers** receive the most variety and largest quantity of food, including a \$10 cash value benefits for fruits and vegetables on the Michigan WIC Bridge Card
  - **Infants breastfeeding exclusively > 6 months** receive larger quantities of baby food fruits and vegetables than formula-fed infants. Infants breastfed exclusively are the only group to receive baby food meat.
- **Infant food package is tied to feeding practice & infant’s age**
  - Breastfeeding infants do not receive routine issuance of formula. This helps mothers to establish and protect their milk supply.
  - The formula quantities available to the breastfed infant are less than in the current food package, and *only* available if CPA assessment indicates that supplemental formula is appropriate.
- **Two feeding options for breastfed infants:**
  - **Breastfeeding Exclusively:** Receive mom’s priceless breastmilk! (No WIC formula)
  - **Breastfeeding Partially:** Receive limited amounts of formula, only after assessment and education.

### Overview of Food Packages for Breastfed Infants 0 through 5 months of age:

The new food packages are about helping mothers establish breastfeeding. While formula remains available, it is available to breastfed infants in reduced amounts and only after careful assessment.

- **First month of life:** The new food package is designed to support breastfeeding. **There will be no routine issuance of formula** to the breastfeeding infant. If, after careful assessment, the CPA determines that some formula is appropriate 1 can of powder formula can be prescribed for infants who are partially breastfeeding. If formula is prescribed, the mother should be advised on the appropriate amount to be fed, with the goal being minimal supplementation.
- **Second month and beyond:** While more formula *may* be issued, it can only be issued if assessment by CPA indicates providing formula is appropriate.
  - The amount of breastfeeding will determine the infant's food package.
  - Maximum amounts vary with infant's age and are rarely warranted.
  - Complimentary infant foods are added in the sixth month of life.

### Overview of Food Packages for Breastfeeding Women:

Food Packages	Breastfeeding Exclusively	Breastfeeding Partially
<b>Food Item</b>		
Juice, Single Variety	144 fluid ounces juice	144 fluid ounces juice
Milk, Fluid	6 gallons milk	5 ½ gallons milk
Cheese	1 pound	
Breakfast Cereal	36 ounces cereal	36 ounces cereal
Eggs	2 dozen eggs	1 dozen eggs
Fruits & Vegetables	\$10.00 Cash Value	\$8.00 Cash Value
Whole Grain Bread and Tortillas	16 oz loaf (1 #)	16 oz loaf (1#)
Peanut butter	18 ounces peanut butter	18 ounces peanut butter
Dry/Canned beans	4 cans beans or 1 pound dry beans	4 cans beans or 1 pound dry beans
Canned Fish	30 ounces fish: Light Tuna	

## What can WIC staff do now to prepare for the new food package?

Plan to use staff meetings to discuss breastfeeding and how to encourage exclusive breastfeeding, particularly in the early months.

### Suggested ideas:

- **Show and discuss a breastfeeding video.** Contact the State Office if your agency would like to borrow a video.
- **Anticipatory guidance – Discussing exclusive breastfeeding and barriers.**  
*Use handout on Breast milk. The perfect food in the right amount- Attachment A*  
What do you tell moms? Discuss what to expect in the hospital and early days. Do you include these topics?
  - Tell your health care provider you plan to breastfeed.
  - Request no supplements (no formula, no water, unless medically necessary) and no bottles or pacifiers. Even 1 bottle can affect breastfeeding.
  - Request to have baby placed on you right after birth.
  - Request that your baby “room in” with you.
  - Babies have tiny tummies. Your milk is all baby needs.
  - Don’t take the “free” marketing materials disguised as a diaper bag.
- **Review L.O.V.E counseling model** and using open ended questions to address a mother’s concerns or “barriers” to breastfeeding. Discuss what staff find effective in working with pregnant and breastfeeding women.
  - L- Listen**
  - O- Observe**
  - V- Validate the mother’s concerns**
  - E- Educate on issues relevant to mother’s concerns**
- **Discuss various scenarios and how CPAs could work with moms:**  
*Use sample scenarios-Attachment B*
  - Woman who planned to breastfeed comes to WIC when her baby is 3 days old and has switched to formula.
  - Breastfeeding woman, baby is 5 days old. She wants formula because she is concerned she doesn’t have enough milk.
  - Write your own scenarios.For each scenario, discuss possible open questions to start the discussion. Practice in the meeting. Use in clinic.
- **Discuss ways to help women to believe that their milk is all their baby needs in the first days and weeks.**  
*Use promotion and display ideas- Attachment C*  
For example use the teaspoon idea to start a conversation about breastfeeding and amount a baby needs.

## **Attachment A**

**Message:** Breastmilk. The perfect food in the right amount.  
*Your love and your milk: all your newborn needs.*

### **Why this message? Why now?**

In addition to the compelling reasons to breastfeed exclusively, the new food packages provide WIC staff additional incentive to promote and support exclusive or near exclusive breastfeeding in the first month of life, as there will be no routine issuance of formula. In subsequent months the maximum amount of formula that may be prescribed is also reduced. (Ideally babies will receive only breastmilk and no formula will be prescribed.)

### **Early breastfeeding without supplementing is:**

- Crucial to establishing milk supply.
- Important in increasing breastfeeding duration.
- Important for eliminating or minimizing the use of formula through baby's first year, and beyond.
- Best for maternal and infant health.
- Provides the greatest child spacing benefits.

### **Use this message when:**

- Counseling pregnant women who plan to breastfeed.
- Working with women in the early days postpartum.
- Promoting breastfeeding in the WIC clinic.
- Promoting breastfeeding in the community.

### **Benefits of breastfeeding without supplementing in the early days:**

- Babies have an instinct to crawl to the breast and initiate breastfeeding. It's important for baby and mother together for at least the first hour after birth.
- Keeping mom and baby together early and often helps her milk supply.
- More frequent breastfeeding results in more prolactin receptors, which leads to maximizing the amount of milk a woman is able to make. Without the prolactin receptors (which are developed early) mom may have milk supply challenges when her prolactin levels reach their normal levels (at about two to three months.) This can impact duration of breastfeeding.

### **Barriers to breastfeeding without supplementing in the early days:**

#### **Individual barriers**

- May believe that colostrum is "dirty" or not good for baby.
- May feel that they don't have enough colostrum. (Many people have the image of a baby bottle in their minds and think that's how much babies need to eat.)

## **Attachment A**

### **Barriers to breastfeeding without supplementing in the early days:**

#### **Individual barriers, continued.**

- May believe they need to supplement “until my milk comes in” (Not understanding that early and exclusive breastfeeding is what develops their milk supply.)
- May think of formula as adding nutritional benefits.

#### **Community / Institutional barriers**

- Family may not support exclusive breastfeeding.
- Health care providers may not understand the importance of exclusive breastfeeding in the first days and weeks.
- Supplementing with formula is common and may not be questioned.
- New mothers may not be comfortable breastfeeding in front of visitors.
- Clinics and hospitals often provide formula samples, implying that they encourage supplementing.
- Separation of mom and baby in the early hours and days for routine procedures.

### **Open-ended questions:**

- What have you heard about breastfeeding?
- What are your questions about breastfeeding?
- What have you heard about breastfeeding right after birth?
- What have you heard about how moms make milk?
- What have you heard about how moms make enough milk for twins or triplets?
- If mom requests formula:
  - “Please tell me what led you to request formula today.” or
  - “What led to your decision to request formula?” or
  - “Please tell me about why you’re requesting formula today.”

### **Counseling Guidelines:**

- Help each woman understand and believe that her milk is all her baby needs.
  - Believing that she can fully provide for her baby’s needs will help get breastfeeding off to a great start.
- Educate prenatal mothers on the importance of colostrum and small infant stomach size. Colostrum provides the perfect amount.
- Encourage moms to limit visitors in the early days.
- Assume that exclusive breastfeeding is the norm.
- If a woman is supplementing, learn about why, and support her. Assess her situation and work with her to return to exclusive breastfeeding, if she desires.
- If assessment indicates that a supplement is appropriate prescribe the minimum for the individual situation.

## **Attachment B**

### **Sample Scenarios**

#### Scenario #1- Lucy

Lucy is born on August 28, 2009. Mom comes in to certify on September 15<sup>th</sup>. She is currently breastfeeding except for a few bottles at night given by Dad. Baby has a good latch but her pediatrician is concerned about the baby's weight. (4 oz above birth weight) The CPA determines that Lucy is getting about 5 oz of formula every night. Mom is not confident that she will be breastfeeding much longer.

1. Who does mom talk to at the WIC clinic and what questions should be asked?
2. What would the infant feeding category be?
3. How many cans of formula can be issued to her today?
4. What food package would mom receive?

#### Scenario #2-Rolanda

Rolanda is born in 8/1/09, 4 weeks premature. Rolanda and her mom come in to certify on 8/21/09 and mom says she is mostly breastfeeding but using Enfacare powder to supplement per MD instructions. The CPA determines that mom is giving 2 (2oz) bottles/day.

1. What does mom need to know about the "Infant Breastfeeding Partially" food package for her baby? What else does mom need to know?
2. How many cans of formula can be issued to Rolanda on 8/21/09?
3. If mom calls the clinic on 9/4/09 and asks for more formula, can she receive more?

## **Attachment B**

### Scenario #3- Hazel and Harry

Hazel and Harry (twins) were born on September 6, 2009 and come in to certify on September 11<sup>th</sup>. Mom tells you that she is breastfeeding with an occasional bottle of formula.

1. If mom says that she will buy her own formula, what food package will mom receive?
2. If the CPA determines that mom will need 2 cans of formula per month (1 can each twin), what food package would mom receive?
3. If mom returns to request more formula on October 9<sup>th</sup>, can the WIC clerk issue more benefits for more formula?
4. Mom comes to in on December 11<sup>th</sup> and says that she is no longer breastfeeding Harry but she breastfeeds Hazel and supplements with about 12 ounces of formula/day. What food package would mom receive?
5. How many cans of formula would Harry receive? Hazel?

### Scenario #4- Brayden

Brayden was born September 25, 2009 and mom comes into the clinic on September 30<sup>th</sup> and asks for formula. She is breastfeeding but wants formula because she will be going back to work in 3 weeks. (Brayden's older brother is 23 months old and mom was on WIC in 2007 and was able to do some breastfeeding and still receive formula and a breastfeeding food package for herself)

1. Mom tells you that she needs formula this month.
  - a. What would you tell her if you were a clerk?
  - b. What would you ask her if you were a CPA?
2. During the discussion with the CPA, mom says "if I can't get more than one can of formula, just put me down as not breastfeeding and give me the full amount of formula."
  - a. What would you say?
  - b. What food package would you assign?
  - c. When would it be necessary to prescribe one can of formula to an infant < 1 month old?

## **Attachment C**

### **Promotion and Display Ideas**

#### **Materials:**

- Try wearing a teaspoon. (Get one from your kitchen and wear it on your name badge holder or on a necklace.) When asked why you are wearing a teaspoon you can share:
  - We want moms and families to know that a mother's milk is all her baby needs in the first day of life. Newborns have tiny tummies. Not supplementing is best for both baby and mom.

#### **Display ideas:**

- Ask women who have exclusively breastfed in the first day / first week to describe their experiences and post the experiences in clinic. You could ask them to describe their experience or give them a more structured format, such as:
  - Before my baby was born I thought .....about breastfeeding right after birth.
  - My experience breastfeeding right after my baby was born .....
  - My tips for other women are .....
- Have kids color the "Born to Be Breastfed" coloring sheets and hang the colored pictures in clinic. (If you need the coloring pages contact the state WIC office.)
- Question of the day (or month or 3 months.)

#### **Staff as Role Models:**

- Staff who have breastfed and feel comfortable sharing might post a picture of themselves and their baby in their counseling area or in the WIC clinic, with comments on their experience.
- The WIC clinic and counseling areas should positively portray breastfeeding. If materials related to formula / bottles are used for educating a client, the materials should be kept out of site when not actively used for education.

#### **Learning activities:**

- The open questions and question of the day, described above, can also be used for group discussion.

Have a question of the day (or month or 3 months) like the coffee shops use. Put up a sign asking a question and offer a prize for correct answers.

## **Attachment C**

Possible “Questions of the Day”

❖ **Q: How much does a newborn baby’s stomach hold (at a feeding)?**

Offer several choices: such as about a teaspoon, about ¼ cup, about a cup or use 3 or 4 different visuals – maybe a teaspoon and a couple of different measuring cups, or a baseball and a ping pong ball and the teaspoon.

**A: About a teaspoon on day one.**

❖ **Q: How does a mother’s body know to make enough breastmilk for one or two infants?**

**A: Mother’s milk supply adjusts to the amount of colostrum / breastmilk baby (or babies) remove from the breast and is also stimulated by her contact with the baby.** The skin-to-skin contact and removing the milk tells mom’s body to “make more milk.”

❖ **Q: What are two things that are important for developing a good supply of breastmilk?**

**A: Any one or all these:**

- Breastfeed. Baby doesn’t need formula. Baby doesn’t need sugar water or plain water.
- Breastfeed as often baby indicates he or she is hungry. Feed on cue.
- Spend time with your baby, skin-to-skin.
- Ask to have baby “room in” with you.

Incorrect – drinking extra water.

Develop your own questions! Please share them.

### **Ideas for prizes:**

- ◆ Contact the Office of Women’s Health and request their photo magnets. <http://www.4woman.gov/breastfeeding/index.cfm?page=home> or 1-800-994-WOMAN (1-800-994-9662.)
- ◆ Request donations of small items.
- ◆ Ask a community group if they would make baby quilts / bibs / nursing clothing to use for a prize drawing. There are a number of resources for patterns:
  - [http://sewing.about.com/od/maternitynursingpattern/Maternity\\_and\\_Nursing\\_Sewing\\_Patterns.htm](http://sewing.about.com/od/maternitynursingpattern/Maternity_and_Nursing_Sewing_Patterns.htm)
  - <http://www.sewbaby.com/patterns9.html>
  - <http://www.nearseanaturals.com/browse.php?category=92>
  - <http://www.breastfeeding123.com/free-pattern-to-sew-your-own-crew-neck-over-the-head-baby-bib/>

If you try these please share comments on the patterns.

## Attachment C

**Try wearing a teaspoon (On a pin, on a necklace, with your ID card holder).  
When someone asks you about the teaspoon you can share:**

**We want to get the word out that a mother's milk is all her baby needs in the first day of life. Not supplementing is best for both baby and mom.**

Babies can only eat small amounts when they are born. The early milk, called colostrum:

- ◆ Is made in the perfect amount for baby's needs.
  - ❖ Their tiny tummies can't hold much.
  - ❖ Newborn babies are learning to breastfeed. The small amount of the early milk is just right while baby learns to feed.
  - ❖ The most they can eat is a bit more than a teaspoon of the special early milk (colostrum) per feeding on their first day of life. (And many babies eat less than this, they don't need much.)
- ◆ Is nutritious and protects babies against getting sick.
  - ❖ This special milk is better than anything else for baby.
  - ❖ Breastmilk is the perfect food in the right amount.

Healthy newborn babies do not need anything else to eat or drink if they receive only their mom's milk.

- ◆ Babies are born with enough water in their bodies to last for several days.
- ◆ Breastmilk provides just the right amount of water for baby.

Providing only mom's milk ...

- ◆ Builds milk supply.
- ◆ Helps mom's body get back in shape.
- ◆ Reduces the chance of mom's breasts getting engorged.
- ◆ Protects baby against getting sick.
- ◆ Protects baby against some allergies.
- ◆ Provides mom and baby the special closeness they've shared during pregnancy.

Note that "belly balls" may also be used as a visual aid representing baby's tummy size. However they pose a choking risk for infants and toddlers so are not recommended to be used where they might be a choking risk.

Encourage others to wear a teaspoon and help get the word out. (See how many people in your agency or community are wearing a teaspoon at the end of the promotion.)