

Module 1: Becoming a WIC Peer Counselor

Module 1: Becoming a WIC Peer Counselor

Sneak Preview

Module 1, “Becoming a Peer Counselor,” helps you learn ways to feel confident and comfortable in your new role as a WIC peer counselor.



You Will Learn:

- How peer counselors make a difference for WIC moms
- Your basic job responsibilities and duties
- A typical day as a peer counselor
- The scope of practice for a peer counselor
- The WIC team who will help you

Mapping the Journey

Handout 1.1
“Mapping the Journey”

Handout 1.1, “Mapping the Journey,” has a list of topics that will be covered throughout your peer

counselor training. Place a star beside the topics that you feel you already know a lot about. Circle the topics that you do not know much about. Place a question mark beside the topics that you are especially interested in learning more about. As peer counselors we are life-long

learners, always looking to travel to new places in our journey through life. We never want to stop learning!

How Peer Counselors Make a Difference

Think back to how you felt the first time you became a new mother. What excited you? What worries did you have? Who did you turn to for support with breastfeeding?

Many new mothers turn to other moms just like them to share experiences. When new moms have someone who understands what they have been through, it makes it easier to cope with the questions and challenges of being a new parent. WIC peer counselors are mothers in the community with personal breastfeeding experience who give information and support to new moms. As a peer counselor, you will become friends with WIC mothers and share ideas for how to have a good experience with breastfeeding.



Module 1: Becoming a WIC Peer Counselor

Your Job Responsibilities and Duties

As a peer counselor, your job is to support new mothers and babies with breastfeeding. This means you will provide information to help mothers make an educated choice about how they will feed their babies. You will share tips for helping mothers get off to a good start with breastfeeding, answer their common questions, and encourage them when they face challenges. You will also refer mothers who have challenging questions and concerns. Learning how to do this well will take time, so be patient with yourself. As a peer counselor, you will be traveling on your own special journey as you learn new skills. You will not be alone. Other peer counselors, breastfeeding experts, and WIC staff will take that journey alongside you as you work together to make a difference in the lives of WIC moms.

Handout 1.2
“Breastfeeding Peer
Counselor Job Description”

Take a look at Handout 1.2, “Breastfeeding Peer Counselor Job Description.” Place an “E” beside the duties that you feel will be EASY, and an “H” beside the duties that you feel might be HARD for you.

A Typical Day as a Peer Counselor

Handout 1.3
“Typical Day”

Peer counselors work in many different settings, so a typical day will be very different from place to place. Read the questions on Handout 1.3, “Typical Day,” and write down your thoughts.

WIC Clinic. Some peer counselors visit new mothers in the WIC clinic. They come to WIC during the regular clinic hours to visit one-on-one with new moms and help them feel more confident with breastfeeding. While you are at the clinic, you may telephone mothers to see how their pregnancy or breastfeeding are going, and will pick up referrals from the WIC nutrition staff.



Work from Home. Some peer counselors make and receive phone calls from new mothers at home. This enables you to reach mothers with their questions and concerns when the WIC clinic is not open. Being available to moms beyond the WIC clinic hours is very manageable when you plan ahead. Think about where your work space will be, and how you can keep your children occupied while you are on the phone. Some peer counselors make calls during naptime or when children have gone to bed, or provide a special quiet area for children to play during phone calls. Other peer counselors ask a family member or another peer counselor to swap babysitting services one or two days a week.

Module 1: Becoming a WIC Peer Counselor

Hospital. Some peer counselors visit new moms in the hospital to help them get a good start with breastfeeding. Having a peer counselor to help them when they are first beginning breastfeeding can be reassuring to new moms. Your WIC clinic will make arrangements with the local hospital for your services and will provide you with special training to prepare you.

Other Settings. Some peer counselors make home visits or lead mother's group meetings. Most peer counselors make phone calls to pregnant and breastfeeding mothers, receive calls from mothers who have questions and concerns, and refer mothers to breastfeeding experts when they are experiencing difficulties that are beyond normal breastfeeding. Handout 1.3, "Typical Day," helps you think through ways your job as a peer counselor can fit into your daily life.

Scope of Practice for a Peer Counselor

A peer counselor supports normal breastfeeding for new moms and babies. This means you will help mothers get off to a good start by giving her accurate information and encouraging her with your support. Your "scope of practice" is a term to describe the range of services you can provide. This includes:

- Working in a professional way that respects the dignity of the mother, the WIC staff, and other staff at the hospital or the mother's health clinic.
- Encouraging WIC mothers to breastfeed by helping them explore the barriers that stand in their way, and showing them how to fit breastfeeding into their lives.
- Helping mothers get off to a good start with breastfeeding.
- Helping mothers continue to breastfeed.
- Giving support to new mothers.
- Referring mothers to other breastfeeding experts when needed.

The WIC Team Who Will Help You

Handout 1.4

"Who Can Help Me in My Job"

There are many people within the WIC program who will help you. These people include your peer counselor supervisor or coordinator, the breastfeeding coordinator of your local agency, the WIC nutritionist or nurse, the lactation consultant or other breastfeeding expert, and fellow peer counselors. Use Handout 1.4, "Who Can Help Me in My Job," to record those who are available at your local WIC agency.



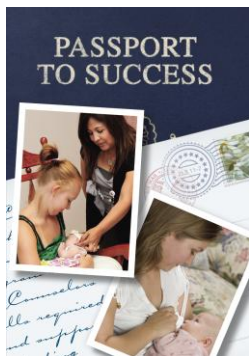
When you encounter situations that are beyond your basic scope of practice, you can call on these people to help you. In WIC we call this the "YIELD" concept. Think about a yield sign in traffic which allows drivers who have the "right of way" to move forward and then merge into traffic. As you travel alongside new mothers, it can be reassuring to know that you have breastfeeding experts you can hand a mother off to when she experiences more complex problems. When you yield a mother to the expert(s), you will continue to travel alongside her to support and encourage her.

Module 1: Becoming a WIC Peer Counselor



Learning More

Your journey as a peer counselor will become more rewarding as you continue your learning. Talk with an experienced peer counselor who works in your same job and ask her about her typical day. Ask for her ideas and tips for how to make the job meaningful for you. You can also continue your learning by looking over the peer counselor resource, *Breastfeeding: A Parent's Guide*. There will be specific assignments in this book after each module.



Passport to Success

Many people keep track of places they have traveled to by collecting postcards or taking photos. A passport is needed to travel outside the country. When traveling, a customs and border protection officer stamps the passport when the traveler is cleared to move ahead. Similarly, your *Peer Counselor Passport to Success* is your record of the amazing new skills you are learning as you move through each module. Ask your supervisor to stamp your passport when you finish each module.

Module 2: Helping Moms Say YES to Breastfeeding!

Module 2: Helping Moms Say YES to Breastfeeding!

Sneak Preview

Module 2, “Helping Moms Say YES to Breastfeeding!” explores the important reasons to breastfeed, and ways WIC promotes and supports moms.



You Will Learn:

- Reasons to breastfeed for babies and mothers
- How human milk differs from infant formula
- National breastfeeding goals and rates
- How WIC supports breastfeeding mothers and babies
- How peer counselors are part of the WIC circle of care for new families

Feelings About Breastfeeding

There is no right or wrong way to feel about breastfeeding. Each woman will have different feelings based on her knowledge, her expectations, her past experiences, and the experiences of the people close to her.

For instance:

- Some women will feel very positive about breastfeeding and will be eager to learn more.
- Some women will be uncomfortable or perhaps curious about what it may be like.
- Women who have more than one child may have had a different feeding experience with each child.

Peer counselors can be sensitive to the unique feelings and experiences of each mother. By meeting her where she is and respecting her feelings, you can build trust and support the breastfeeding goals she has set for herself and her baby.

Why WIC Promotes Breastfeeding

The focus of the WIC Program is to improve the health of mothers, infants, and children. Breastfeeding is one of the most important ways to ensure that babies get a healthy start in life.

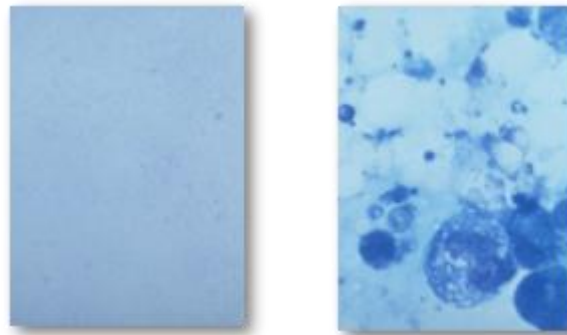
Did You Know?

- Mother’s milk has the perfect combination of nutrients babies need to grow and develop.
- Human milk has more than 200 nutrients in the perfect combination of fats, sugar, and protein to help babies grow healthy and strong.
- A mother’s milk changes during the feeding and throughout the day as her baby grows.

Module 2: Helping Moms Say YES to Breastfeeding!

- A mother's body adjusts to her baby's growing needs by making milk with just the right amount of nutrients.
- A mother's milk is flavored by the foods that she eats.

Human Milk Is Different from Formula



On the left is a picture of a drop of formula under the microscope. On the right is a drop of human milk. Human milk is a living substance which contains cells and other living matter that helps babies fight disease.

Babies who are not breastfed...are more likely to develop ear infections, respiratory infections, stomach illnesses, leukemia, diabetes, and skin conditions. They are also more likely to die from Sudden Infant Death Syndrome.

Mothers who do not breastfeed...have a greater risk of breast and ovarian cancer and Type 2 diabetes. They also have a greater risk of cardiovascular disease later in life.



A mother's own milk has:

- Vitamins and minerals
- Growth factors that help babies grow and develop
- Enzymes that help with digestion
- Antibodies that fight disease and infection
- Probiotics, which are microorganisms that help improve immune response

Module 2: Helping Moms Say YES to Breastfeeding!

Although vitamins and nutrients are added to infant formulas to make them more suitable for human babies, no infant formula can match the ingredients in human milk.

Breastfeeding Rates in the United States



Breastfeeding is so important that the United States has set national objectives for breastfeeding as part of our Healthy People 2020 goals. The goal for mothers initiating, or starting breastfeeding, is 81.9%. The goal for 6 months is that 60.6% of women will be breastfeeding, and the goal at 12 months is 34.1%. This chart shows that the rates are lower for mothers on the WIC Program compared to the national average. As a peer counselor you can help mothers choose to breastfeed and continue to breastfeed longer.

How WIC Supports Breastfeeding Moms

Breastfeeding promotion and support are an essential part of the WIC services provided to new mothers. WIC helps mothers make an informed choice about how they will feed their baby, and provides many services to help mothers reach their goals. These include:

- Counseling by trained dietitians and nutritionists.
- WIC Designated Breastfeeding Experts who know how to help mothers with breastfeeding questions or concerns that are beyond your training.
- Peer counselors like you who help moms outside the WIC clinic and the usual clinic hours.
- Group education such as classes that focus on pregnancy and breastfeeding.
- Mother's groups to give moms a way to meet other moms just like them.
- Breast pumps for a mom whose baby is sick or premature, or who has other special needs. (Always check with your local agency to find out what types of pumps are available and for what situations.)
- *Loving Support*® Makes Breastfeeding Work materials and support to help WIC moms have a positive breastfeeding experience.
- Breastfeeding-friendly WIC clinics which may include a quiet, private area for women to breastfeed if they wish, and promotional information and materials to support new moms.

Module 2: Helping Moms Say YES to Breastfeeding!

WIC Food Packages

WIC offers food packages that are tailored to the breastfeeding needs of each mother and baby. WIC encourages mothers to exclusively breastfeed for the first 6 months. WIC's food packages for exclusively breastfeeding mothers are designed to provide an additional incentive to mothers for breastfeeding to better support their intentions to breastfeed.

Handout 2.3

“WIC Food Packages for Breastfeeding Mothers and Babies”

Handout 2.3, “WIC Food Packages for Breastfeeding Mothers and Babies,” helps explain the various food packages for breastfeeding mothers and babies.



Fully
Breastfeeding
Food Package

Grand Deluxe
Package

- For mothers and babies who do not receive infant formula from WIC. They may receive it until the baby is 12 months of age.
- Provides the largest quantity and variety of foods to encourage moms and support them with exclusive breastfeeding.
- For infants 6 months and older, this package provides twice the amount of baby food fruits and vegetables as the package for infants who receive infant formula, and also provides baby food meat, a good source of iron and zinc.

Module 2: Helping Moms Say YES to Breastfeeding!



Partially Breastfeeding

Deluxe Package

- For mothers and babies who mostly breastfeed but also receive some infant formula from WIC after the first month postpartum. They may receive it until the baby is 12 months old.
- Provides extra quantities and varieties of foods – more than for moms who mostly formula feed, but not as much as for moms who fully breastfeed.
- For infants, formula amounts are kept to a minimum to help moms continue to breastfeed. Too much formula can lead to unhealthy weight gain in the baby and lower milk production for the mother.
- In addition to the extra foods from WIC, mothers and babies also receive valuable breastfeeding support to encourage them to breastfeed.

The WIC Team

As a peer counselor, you are part of a larger group of WIC staff who support WIC mothers and their families. Although each person's role is different, together you form an important team to help mothers reach their breastfeeding goals. This same team is here to support *you* in your journey toward becoming a peer counselor. You will walk hand-in-hand with the WIC team as you help mothers reach the breastfeeding goals they have set for themselves and their babies.

Team members may include:

- **WIC Director** makes sure all the federal and state policies are carried out and approves peer counseling program activities and funds.
- Clinic Manager manages the day-to-day issues that arise in the clinic. You may be asked to check in with the clinic manager when you come to the clinic.
- **Breastfeeding Coordinator** coordinates breastfeeding activities in the WIC clinic and community.

Module 2: Helping Moms Say YES to Breastfeeding!

- **Nutritionist or Dietitian** has special knowledge and experience in nutrition, certifies women and their children for WIC, and explores their dietary needs.
- **Nurse** may do WIC certifications and immunizations of infants and children, and provide maternity services.
- **Clerk** may answer the telephone, make appointments for WIC mothers, and process the paperwork needed to certify a mother and her children.
- **Peer Counselor Coordinator/Supervisor** supports you as you learn your job and coordinates the activities and work of peer counselors.

Your Role as a Peer Counselor

As a WIC peer counselor, you are an important part of the WIC team. WIC staff depend on you to support mothers, and to follow up with mothers who need encouragement and support. You can let staff know when you have completed these contacts so everyone is aware of how the mothers are doing and any other support they might need to continue breastfeeding. To be a trusted member of the WIC team, don't forget to:

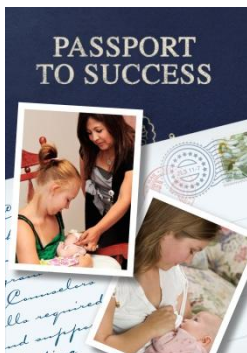
- Arrive at work on time on the days agreed upon with your supervisor.
- Call the clinic if you are not able to arrive when scheduled.
- Greet staff when you are in the clinic and introduce yourself to those you do not know.
- Dress in comfortable clothing that follows the clinic's guidelines.
- Be respectful of all clinic staff.
- Yield to other staff when mothers have problems beyond your training.
- Thank staff when they support breastfeeding mothers!



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

1. Read pages 8-10 in *A Parent's Guide to Breastfeeding*.
2. Read chapter 1, pages 3-26, in *The Womanly Art of Breastfeeding*
3. Read the breastfeeding pamphlets used by your State and/or local WIC agency.
4. Make a list of important reasons to breastfeed you were not aware of before your training or reading.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies! WIC is very proud of your role as part of the WIC team, and looks forward to making this journey together with you.

Module 3: Helping Moms Overcome Common Barriers

Module 3: Helping Moms Overcome Common Barriers

Sneak Preview

Module 3, “Helping Moms Overcome Common Barriers,” helps you learn how to address the worries that WIC moms have about breastfeeding.



You Will Learn:

- How to explore common questions and concerns mothers have about breastfeeding
- How to help mothers find ways to work breastfeeding into their lives
- When to yield to your WIC breastfeeding expert

Making the Infant Feeding Decision

Women make their infant feeding decisions at many different points, including before pregnancy, during pregnancy, and after birth. The decision to breastfeed is also influenced by many different people important in the mother’s life: her mother, her partner, her health care provider, her friends, and others. Remember that women who lack confidence may be reluctant to try breastfeeding. As a peer counselor you can help support new mothers, especially when they lack strong support from family members.

When mothers decide

Contact new mothers throughout their pregnancy and early days after the baby is born to provide information and support.

- **Before pregnancy...**many women may already have heard about breastfeeding and made a decision based on what other women in their family or community have done, or what they have seen and heard.
- **During pregnancy...**many women decide during pregnancy how they will feed their baby. Early contacts will help increase the likelihood they will consider breastfeeding. Don’t give up on mothers who tell you they have decided not to breastfeed. With continued information and support, many women change their minds later in their pregnancy.
- **After baby is born...**some women decide late in their pregnancy or even after the baby is born. Some women who hold their baby skin-to-skin after birth discover that their baby is interested in breastfeeding and they make the decision then to try it. Some women who at first chose not to breastfeed change their minds when their breasts become engorged and they realize that making milk is the primary function of their breasts.

Module 3: Helping Moms Overcome Common Barriers

Who helps her decide?

Mothers often turn to their family members for help in making their feeding decisions.



Grandmothers

New moms often turn to their own mothers for advice on how to feed and care for their children. The grandmother's influence can be even greater if the mother plans to return to work or school and will depend on her mother to care for her baby. You can support new mothers by involving grandmothers in conversations when possible, and sharing ideas of things other than feeding they can do to help care for the baby.



Fathers

Support from the baby's father is crucial to a mom's decision about breastfeeding. Fathers may worry that breastfeeding will ruin the mother's breasts, interfere with sex, or be too difficult. They may wonder if they will be left out if their partner breastfeeds. They may not have heard about the important reasons to breastfeed. Encourage women to talk with their partners about breastfeeding, and share strategies of ways they can be part of baby's life.



Health Care Providers

New mothers hear advice from their physician, nurse, and WIC staff. Health care providers can be very influential in a mother's decisions. Sometimes they may encourage a mother to wean or give formula supplements. You cannot contradict medical advice. However, you can provide information and encourage the mother to discuss her feelings about breastfeeding with her health care providers. This may require you to yield to your WIC breastfeeding expert.

Module 3: Helping Moms Overcome Common Barriers

What Women Want

Most women know that it is healthier for babies to breastfeed. However they often make other decisions based on emotional factors which make them feel:

- Close to their babies
- They are good mothers
- Their children are happy
- Successful

Many women do not know about the personal health benefits they will experience with breastfeeding. As a peer counselor, you can explore how breastfeeding can help them enjoy the things that are most important to them.

Overcoming Barriers

Many women are afraid to try breastfeeding because of potential “barriers” they perceive will make it hard to work it into their life. Some common barriers are embarrassment, returning to work or school, lack of support, a busy life, fear of pain, lack of confidence, and worries about making enough milk. Nearly all barriers to breastfeeding have solutions. You can share solutions that other mothers have found worked for them. Listening opens the door to learn what mothers need to make breastfeeding work for them. Mothers will be more comfortable and trusting if they are able to talk freely with you about their concerns.

Handout 3.4
“Solutions to Barriers”

Handout 3.4, “Solutions to Barriers,” provides a list of common barriers to breastfeeding, and examples of solutions you might share with new mothers. Read through these solutions and identify those that you found worked for you.

Can Mom Breastfeed?

Breastfeeding is possible in most cases. You can reassure mothers that breastfeeding is possible by giving them correct information. For women who need extra help with breastfeeding, you can be helpful by providing correct information and support. In a very small number of situations, breastfeeding may not be recommended. When these situations arise, or if you have any questions about a mother’s situation, you should always and immediately refer the mother to your WIC Designated Breastfeeding Expert.

What about:

Multiples? YES

Having more than one baby at a time is more challenging for parents. However, breastfeeding may make things easier since babies are likely to be healthier and can be fed at the same time. Multiples are often born early and may need to spend time in the Neonatal Intensive Care Unit

Module 3: Helping Moms Overcome Common Barriers

(NICU). Their mothers may worry if they can make enough milk. Women *can* make enough milk for more than one baby since milk is made based on the law of supply and demand.

Adopted baby? YES

Mothers who have adopted a baby can make milk, even if they have not breastfed before. A mother who wishes to breastfeed an adopted baby will need special support from the WIC Designated Breastfeeding Expert.

Baby is ill? USUALLY

Babies who are ill often need the antibodies in their mothers' milk even more than healthy babies. Mother's milk is also easily digested and absorbed. Babies with some medical conditions, such as PKU, anatomical or neurological disorders, will need help from health care providers. If a mother has been told to stop breastfeeding due to a sick infant, yield to your WIC Designated Breastfeeding Expert.

Mother is ill? USUALLY

In most cases, mothers who are ill with common colds and viruses should continue to breastfeed. Once the mother is showing symptoms her baby is already exposed, and the important antibodies she is making to help her fight the illness will help her baby. For most conditions, medications a mother takes will be safe for her baby. There are a few conditions when the American Academy of Pediatrics recommends a mother not breastfeed, including if the mother:

- Is HIV positive
- Has untreated, active tuberculosis
- Is infected with human t-cell lymphotropic virus type I or II
- Is taking prescribed cancer chemotherapy agents
- Is undergoing radiation treatments

Yield a mother who has questions about her illness or medications to the WIC Designated Breastfeeding Expert or ask her to talk with her physician.

HIV positive? NO

It is currently not recommended that mothers who are HIV positive breastfeed their babies. Always yield a mother who has questions about her HIV status to your WIC Designated Breastfeeding Expert.

Hepatitis? YES

Mothers with Hepatitis B or C can continue to breastfeed. The immunological properties of human milk will reduce the likelihood of transmitting the disease to the baby. Mothers with hepatitis are usually treated with a vaccine, and newborns are usually given a vaccine at birth.

Module 3: Helping Moms Overcome Common Barriers

Herpes Simplex II? **USUALLY**

With the exception of being HIV positive, breastfeeding can continue with most sexually transmitted diseases. If a mother has an active herpes lesion or open sore on her breast, however, she can breastfeed from the side that is not affected, and express and discard any milk she collects from the affected side until the sore heals. The lesion should also be covered carefully so the baby has no risk of contact. Always yield a mother with herpes to her medical professional for treatment.

Tattoo? **YES**

A mother with a tattoo can breastfeed, even if the tattoo is on her breast. The dyes used in tattoos do not affect the mother's milk.

Nipple ring? **YES**

A nipple ring does not affect the quality or quantity of a mother's milk. Nipple rings should be removed when breastfeeding to avoid harming the baby's mouth or causing choking. If scarring occurs from the nipple ring, the mother's milk release may be inhibited. If scarring has not occurred, milk may flow through the openings. This will not harm the baby.

Breast surgery? **MAYBE**

Mothers who have had breast surgery such as implants, biopsies, and breast reduction surgery, may be able to breastfeed. A mother's ability to make milk after surgery will depend on the type of surgery she had. If important nerve endings remained intact, she may be able to make milk. Mothers who had implants inserted can have more trouble with plugged milk ducts. Even if a mother is not able to make a full amount of milk, she may breastfeed while supplementing with formula. Yield all mothers who have had breast surgery to your WIC Designated Breastfeeding Expert.

Alcohol? **CAUTION**

Occasionally consuming an alcoholic drink does not warrant stopping breastfeeding. Breastfeeding women should be cautious about drinking alcohol. If breastfeeding is well established (no earlier than 3 months of age), a mother may consume a single alcoholic drink and wait at least 4 hours before breastfeeding. She can feed the baby or express her milk before consuming the alcoholic drink. If she is drinking more than an occasional alcoholic drink, yield to your WIC Designated Breastfeeding Expert.

Smoking? **YES**

It is always best for a mother to NOT smoke. If she cannot quit smoking, breastfeeding will help protect her baby, who is at higher risk for respiratory problems, allergies, and Sudden Infant Death Syndrome. Mothers who smoke should be encouraged to breastfeed, and to keep secondhand smoke away from the baby. A mother should never smoke near her baby, in the house, or in the car. She may want to change her shirt after smoking before going near her

Module 3: Helping Moms Overcome Common Barriers

baby. Mothers who smoke may also have lower milk production. Yield the mother to the WIC nutritionist for help in cutting back on smoking.

Illegal drugs? NO

Mothers who use street drugs (such as heroin, cocaine, methamphetamines, or marijuana) should not breastfeed. Drugs pass into the mother's milk and can harm the baby. Yield the mother to the WIC Designated Breastfeeding Expert.

Medications? CAUTION

Most medications are safe while breastfeeding. This is because they pass through the mother's digestive system before they go into her milk. Occasionally, however, some drugs are not safe for babies. Always yield to the mother's or baby's health care provider for answers to questions about medications.

Birth control? CAUTION

Most hormone birth control methods are safe for the baby. Some methods, such as combination birth control pills, can cause a drop in the mother's milk production. Most hormonal birth control methods (such as the Depo-Provera injection) should not be given until 6 weeks after the baby is born. Yield mothers who have questions about birth control to their health care provider, the family planning specialist, or the WIC Designated Breastfeeding Expert.

Stress? YES

The hormones released during breastfeeding, along with skin-to-skin contact with the baby, can actually *lower* a mother's stress levels and help her feel calm. A mother's milk does not spoil if she becomes upset.

Junk food? YES

Unless a woman is severely malnourished, her milk has the same nutritional makeup as a woman who eats a healthy diet. This means that even a mother who eats a poor diet produces healthy milk for her baby. Encourage all women to eat a balanced diet to ensure their own health and vitality. Yield a woman who eats poorly to the WIC nutritionist.

Mother is pregnant? USUALLY

Mothers who become pregnant while nursing a baby can usually continue to breastfeed, unless there is a history of miscarriage or contractions during breastfeeding. When the new baby is born, the mother may choose to breastfeed both babies. This is called "tandem nursing." During pregnancy, mothers may become uncomfortable and their nipples may become sore. This becomes a natural weaning time for many mothers. Respect the mother's choice about whether to continue breastfeeding after she becomes pregnant. Yield the mother to her health care provider for questions about the safety of breastfeeding during pregnancy.

Module 3: Helping Moms Overcome Common Barriers

Disabled? YES

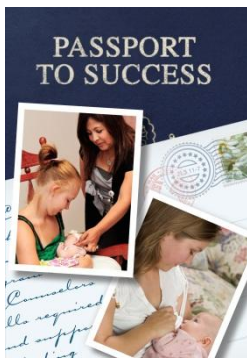
Mothers with a physical or mental disability, or who are blind or deaf, can make milk just like other mothers can. However, these mothers may need special help to learn how to care for their babies. Talk with your WIC Designated Breastfeeding Expert about mothers who have a physical or mental disability.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read pages 170-181, “Common Questions,” in *A Parent’s Guide to Breastfeeding*.
- Read Chapter 1, pages 3-26, in *The Womanly Art of Breastfeeding*.
- Have a conversation with your own mother, female relatives or friends. Ask why they chose to breastfeed or not. What were some of their feelings? What barriers stood in the way?



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 3: Helping Moms Overcome Common Barriers

This page intentionally blank

Module 4: How to Talk with Moms About Breastfeeding

Module 4: How to Talk with Moms About Breastfeeding

Sneak Preview

Module 4, “How to Talk with Moms About Breastfeeding,” helps you build counseling skills to build a strong connection with new mothers.



You Will Learn:

- How to build rapport with new moms
- Active listening skills
- Dealing with mothers in difficult situations

Connection Before Content

Knowing that we should adopt healthy behaviors does not always translate into action. For example, most of us know we should make physical activity a regular part of our lives, yet not everyone does so. The same is true with breastfeeding. This is why information alone is not enough. How that information is presented makes a difference in whether a mother acts on it. You can focus first on building a connection with new mothers so they know you care. Once a connection is built, mothers are more likely to feel safe sharing their concerns and listening to the information you have to share.

“People don’t care how much you know until they know how much you care.”
Teddy Roosevelt

The 3-Step Counseling Strategy

Active listening skills help build a connection with new mothers. The 3-Step Counseling Strategy focuses on three important principles of active listening that help you quickly determine a mother’s concerns so you can target information that will be most helpful to her.

The three steps are:

1. Ask open-ended questions
2. Affirm the mother’s feelings
3. Educate her



Module 4: How to Talk with Moms About Breastfeeding

These steps work best in this order. In other words, take the time to build the connection through asking open-ended questions and affirming the mother's feelings before educating her about breastfeeding.

Step 1: Ask Open-Ended Questions

What it is	Why it's important	Examples
<p>Closed questions can usually be answered by a simple response such as "yes" or "no."</p> <p>Open questions seek the mother's thoughts and feelings and draw more information from the mother.</p>	<p>With closed questions, mothers often feel interrogated or they feel they must come up with the "right" answer, whether they believe it or not.</p> <p>Open questions help build rapport, which helps mothers feel confident and safe sharing their concerns.</p>	<ul style="list-style-type: none">▪ What have you heard about breastfeeding?▪ What does your mother tell you about breastfeeding?▪ How do your breasts feel after he nurses?▪ How often does he nurse?▪ Tell me what worries you most.

TIP: Begin your questions with the words, "What," "How," or "Tell me..." to ask things in an open way. Remember that asking questions in an open way takes practice! The more you practice, the easier it will become.

Handout 4.2 and 4.3
"Open Questions" Practice

Handouts 4.2, "Open or Closed," and 4.3, "Open Questions: From Closed to Open" (Practice #1, 2, and 3) provide opportunities to practice creating open-ended questions. Complete the worksheets in your training or by yourself and share them with your

supervisor. Practice the open-ended questions skills on family and friends who can help you gain confidence.

Handout 4.4
"Conversation Starters"

Handout 4.4, "Conversation Starters," helps you practice using open-ended questions to begin a conversation with a WIC mother. Making a first call to someone you do not know can be somewhat like riding a bike for the first time. You may feel a little shaky at

first, but once you get practiced it will get easier and easier. Using a list of "Conversation Starters" can be somewhat like your "training wheels" to refer to until you grow more comfortable.

Some questions that can help you get to know a new mom include:

- How is your pregnancy going?
- Tell me about your family.
- What has your family said about having a new baby?
- What have you heard about feeding your baby?
- What are your plans after the baby is born?
- What are some things you are doing to prepare for the baby?

Module 4: How to Talk with Moms About Breastfeeding

Digging for More Information

Often the responses that mothers give to you are incomplete, and you will need to learn more to fully understand what they need. If you make assumptions, you might guess incorrectly and give a mother information that is not very useful. For example, when you travel, you can enjoy your trip more when you talk to people who have been there before, asking for good places to eat and activities you might enjoy. In the same way, both you and the mothers you counsel will benefit when you ask probing questions that help you learn more about the unique situation of each mom.



A “probe” is a follow-up question, usually asked in an open-ended way. Probes help you get a bigger picture of what the mother means by the things she says. There are many different types of probes that can be used to learn more.

What it is	How it works	Examples
Extending Probe	Asks the mother to tell you more.	<ul style="list-style-type: none">▪ What else have you heard about that?▪ How did you feel when he said that?▪ Tell me more.
Clarifying Probe	Helps you understand what the mother means by what she has told you. It often uses the words “do you mean?”	<ul style="list-style-type: none">▪ When you say it’s too hard, do you mean it will be too hard to learn to breastfeed?▪ Are you afraid breastfeeding will be embarrassing to you or to someone who might see you?
Reflecting Probe	Repeats the mother’s words back to her so she can hear what she said. It often begins with the words, “So you’re saying...”	<ul style="list-style-type: none">▪ So you’re saying you don’t think you can breastfeed?▪ You think the baby’s father will feel left out, and that worries you?▪ It sounds like it’s important to you to breastfeed.
Redirecting Probe	Helps you change the subject or steer the conversation in a different direction. This works best when the mother’s concerns are acknowledged before changing the subject.	<ul style="list-style-type: none">▪ I can see you’re concerned about your finances, and we’re going to get you some names of people who can help. Other than that concern, what else worries you?

Handout 4.5
“Practice with Probes”

Use Handout 4.5, “Practice with Probes,” to practice coming up with probes that can be used to find out more information from a mother.

Module 4: How to Talk with Moms About Breastfeeding

Step 2: Affirmation

Affirmation is the single most important thing you can do to help a mother feel safe and comfortable.

What it is	Why it's important	Five ways to affirm
<p>Affirmation is a short, simple statement that lets a mother know her feelings are okay.</p> <p>Affirmation acknowledges not what she says, but her feelings behind what she is saying.</p>	<p>Many mothers feel uneasy after sharing their concerns, and worry that you may think they are silly. It can put a mother at ease to know she is not alone and that you recognize the feelings that are important to her. Once her feelings are validated, a mother is more likely to hear the information you will share with her.</p>	<ol style="list-style-type: none">1. Agree with her. "You're right. Breastfeeding can be time consuming at first."2. Assure her she's not alone. "Many moms have felt that way."3. Read between the lines to discover what she is worried about. "I can see that keeping your baby happy is very important to you."4. Shine the spotlight on what she is doing well. "It's great you are breastfeeding! A lot of moms would have given up."5. Show her she's a good mother. "It's obvious how much you love your baby."

Handout 4.6
"Ways to Affirm"

Handout 4.6, "Ways to Affirm," lists the five major ways to affirm, and examples for how it might sound. Keep it as a handy reference.

Handout 4.7
"The Gift of Affirmation"

Use Handout 4.7, "The Gift of Affirmation," to practice coming up with statements that would acknowledge a mother's feelings. Affirmation is a gift you give to people around you. The more you practice it the better both of you will feel.

Module 4: How to Talk with Moms About Breastfeeding

Step 3: Educate

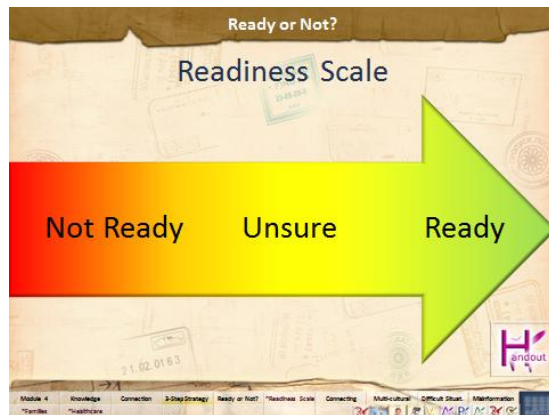
Once you have asked open-ended questions, used probes to identify the mother's true concerns, and affirmed the mother's feelings, you are ready to begin educating the mother. Education is in the form of simple bits of information that help address the mother's concerns. It works best when it focuses on options and solutions.



Education tips	Why it's important	Ways to use it
Keep it simple.	Complicated instructions make breastfeeding sound difficult or unmanageable.	Focus on 2-3 simple ways to handle her concerns. Think "tweet" to keep it short and simple.
Target her concerns.	Adults tend to "tune out" people who are sharing information that does not interest them. Mothers will remember information they find relevant to them.	Once a mother has identified her concern, give her a couple of options that address the concern she has identified, not your own "laundry list" of information you want her to know.
Reinforce your message.	Adults are more likely to remember information they've heard more than once.	Record the mother's concern in your notes, and review it in your next call or visit. Or, send a brochure that addresses that concern.
Give options.	When adults receive options, they feel they are more in control of their choices, and can select the options they believe will work best for them. Offering options also helps them feel their concerns can be overcome since there is more than one solution.	Consider offering 2-3 options that worked for you or for other moms. You can say, "Here are a couple of things that worked for other moms. You can pick whatever you think might work best for you."
Share resources.	Moms may like to have resources to refer to later, in case they forget things you shared.	Share WIC pamphlets, simple breastfeeding books, or videos to reinforce your information. You can also share information about classes or mother's groups she might like to attend.

Module 4: How to Talk with Moms About Breastfeeding

Ready or Not?



When talking about breastfeeding with WIC mothers, remember that not all women are at the same place in their “readiness” to hear your information. You will want to change the way you talk with a mom depending on where she is in her decision-making process. The 3-Step Counseling skills will help you identify where a mother is in that process and how you can best reach her.

Not Ready

A mother who is not ready may need more time to think about breastfeeding. She may be feeling overwhelmed, or have had a previous negative experience. Your role is to keep the conversation going and help her not feel judged. Your power tool is affirmation.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you have been thinking about”
Affirmation	“It sounds like you’ve been giving this a lot of thought. That’s great!” “That’s a common reaction from other moms.”
Education	Encourage her to: <ul style="list-style-type: none">▪ Think about breastfeeding▪ Be open▪ Learn about breastfeeding to make an informed choice

Unsure

A mother who is unsure has some awareness of the importance of breastfeeding, but may be weighing pros and cons. Avoid giving her too much information.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you’ve been thinking about.” “Who might be around to support you?”
Affirmation	“I can tell you’re giving this a lot of thought.” “It sounds like being a good mom is very important to you.”
Education	Encourage her to: <ul style="list-style-type: none">▪ Explore options that might work for her.▪ Take baby steps by learning more.

Module 4: How to Talk with Moms About Breastfeeding

Ready

When a mother is ready, she has weighed the pros and cons and feels she can work breastfeeding into her life. She is open to your ideas and suggestions.

3-Step power tools	How they might sound
Open-ended Questions	“What are some things you feel will make it a good experience for you?” “Who will support you with breastfeeding?”
Affirmation	“It’s great you are planning to breastfeed!”
Education	Encourage her to: <ul style="list-style-type: none">▪ Talk with the people close to her about breastfeeding.▪ Attend a breastfeeding class to be well prepared.

Multi-Cultural Aspects

As a peer, you will relate well to most of the mothers in your community. You will also meet mothers who do not share your experiences, beliefs, customs, or even your language. The 3-Step Counseling principles are an effective tool for dealing with mothers of other cultures because they enable you to treat each mother as the unique individual she is. Even though some women share common characteristics or cultures, there can be differences within small groups of those cultures, within communities or neighborhoods, and even within individual families. If you encounter a situation that seems different from what you are used to, consider the possibility that the mother’s response may be a cultural practice that is different from yours. Rather than making assumptions because of a woman’s cultural group, it is better to be curious and learn as much as you can about each mother.



Some words of wisdom in dealing with mothers from cultures other than yours:

- Seek to understand.
- It’s more important what you learn.
- Work to build confidence.
- Build relationships, not walls.

Module 4: How to Talk with Moms About Breastfeeding

Counseling in Difficult Situations

The 3-Step Counseling principles can help you handle more challenging situations. Affirmation, in particular, is a “power tool.” Be sensitive to the mother’s situation and honor her wishes. Realize that you only see part of the snapshot of her life, and seek to understand rather than judge. Remember that you are not alone in this journey! Your WIC team is here to support you if you encounter uncomfortable situations.

Not interested

- Show understanding and affirm her decision to do what she feels will be best.
- Tell her WIC wants to help her make an informed choice and will support her.
- Ask if you can check on her periodically to see how her pregnancy is progressing. This builds trust and allows her to change her mind later if she chooses.

Rude

- Be sensitive to what may be going on in her life.
- Affirm her and avoid the temptation to react negatively to her rudeness.

Shy

- Ask open-ended questions that cannot be answered with one or two words.
- Let her know that WIC peer counselors are moms just like her.
- Affirm where she is and let her know it is okay to be unsure about things right now.

Previous sexual abuse

- Let her know that WIC can put her in touch with people she can talk with if she desires.
- Affirm the mother, who may be feeling overwhelmed and scared.
- Let her know that for some mothers, breastfeeding is a way to bring about healing.

Current physical abuse

- Refer to your WIC Designated Breastfeeding Expert or supervisor.

Overly dependent on you

- Affirm the mom’s willingness to come to you with questions.
- Point her to resources to learn more so that many of her questions can be answered in other ways.
- Remind her that you have many other WIC participants to counsel and she might need additional assistance from the WIC Designated Breastfeeding Expert.

Module 4: How to Talk with Moms About Breastfeeding

Received misinformation

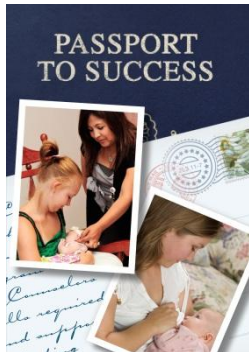
- Rather than contradicting the information she received, support the important relationships in the mother's life.
- Share new information the mother might not be aware of to help her make an informed decision.
- Encourage her to bring family members with her to the breastfeeding class.
- Report any misinformation incidents.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Listen in on counseling sessions with new mothers provided by experienced peer counselors or WIC staff.
- Be aware of how people respond in stressful situations. Note how often you hear affirmations that help put people at ease.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 4: How to Talk with Moms About Breastfeeding

This page intentionally blank

Module 5: Ways to Reach New Moms

Module 5: Ways to Reach New Moms

Sneak Preview

Module 5, “Ways to Reach New Moms,” gives ways to effectively counsel with mothers in various settings.

You Will Learn:

- Maintaining confidentiality of WIC mothers
- How to document your contacts
- Ways to counsel mothers in the WIC clinic
- Effective telephone skills
- Appropriate use of cell phones and social media

Client Confidentiality

All WIC staff, including peer counselors, keep a mother’s information confidential. You do not share anything about WIC mothers, even the fact they are on the WIC Program, with anyone except other WIC staff, your supervisor, or your WIC Designated Breastfeeding Expert. Your agency may ask you to sign a “Confidentiality Agreement.” This means that you understand how important confidentiality is.

Tips when working from home:

- When making calls, try to do it at a time and in a place where other family members will not hear you.
- Do not discuss information about WIC mothers with your family members.
- Electronic communication may not be secure; be sure to log off the computer so others cannot see or access information about clients.
- Be careful about leaving voicemail messages on an answering machine, or sending text messages, unless the mother has given her permission.

It is best to assume that all information you receive from a mother is confidential. If you are not sure if information is confidential, check with your WIC supervisor.

Documenting Contacts

In the health care world, all contacts made with patients are documented. This is a record of what has been done and is very important. WIC peer counselors also document all contacts with WIC participants. This includes telephone calls, visits with mothers in the clinic, home visits, hospital visits, and classes or mother’s group meetings.

Module 5: Ways to Reach New Moms

Why we document



Documentation is your permanent record of the contacts you make with mothers. It helps you remember what you told the mother, what her concerns are, what worked and what did not, and the support she will need. It also protects you from liability because it shows how you handled a situation and the referrals you made for mothers having problems. Documentation also educates the rest of the WIC team about what the mother's needs are and how they can support your efforts.

Documentation forms

Each State or local WIC agency will use their own documentation forms, and will train you on how to use them. Though every agency may use slightly different versions, most documentation forms give you a place to record such things as the mother's name and contact information, topics you discussed with her, and referrals you made. Some forms also provide a place for "narrative notes" for you to write a little more detail about the mother's situation.

Tickler file

You may find it helpful to set up what is called a "tickler file" system to remind you when it is time to contact a mother again. You might use your computer or an electronic calendar to note when mothers need to receive another contact. With electronic calendars, "pop up" messages can alert you when it's time to contact a mother.

You might use a manual tickler card box by creating an index card for each mother you are following.

Here's how it works:

- In a card box, place divider tabs 1 through 31 for each day of the month.
- Put each mother's name on a separate index card, along with her phone number and her baby's due date or birth date.
- Place the card behind the tabbed divider when she should be contacted next. (Ex: a woman having problems might need to be called in 2 days, so you would place her card behind the tab for the date 2 days from now.)



Module 5: Ways to Reach New Moms

- Once the contact has been made, move the card to the next date when the mother should be contacted.
- Keep the documentation forms filed in a notebook binder alphabetically so you can easily find a mother's information when you're ready to contact her.

Communicating in the WIC Clinic

Some WIC agencies have peer counselors counsel mothers during clinic hours. You may meet mothers who need special help on an "as needed" basis, or you may come to the clinic on certain days that the agency feels are needed. You may also contact mothers by telephone while they are in the clinic. Being in the clinic helps WIC staff get to know you and appreciate the role you serve. It also gives you an opportunity to meet the mothers face-to-face, which helps you get to know one another.

Tips for success:

- Be on time when coming to the clinic. If you must be late, always call your supervisor or the WIC clinic manager so they know how to plan.
- Introduce yourself to staff who may not know you.
- Dress comfortably and appropriately. It is important to relate well to both the WIC mothers you will counsel and other WIC clinic staff.
- Wear a nametag, if possible.
- Attend WIC clinic staff meetings to which you are invited.
- If your clinic's policy allows you to bring your baby to work with you, always take responsibility for your baby and follow the policies set by your agency.
- When face to face with a mother, your body language becomes very important! Use your facial expressions and eye contact to show the mother you are listening to her.
- Document your clinic visits on your documentation log, and talk with your supervisor about any other policies for documenting contacts at the WIC clinic.



Module 5: Ways to Reach New Moms

Communicating by Telephone

Many of your contacts with pregnant women and new mothers will be made by telephone. The WIC clinic staff will make sure that mothers are okay receiving phone calls from a peer counselor before giving you their names and contact information. Remember to keep your phone calls limited because small bits of information are remembered better than long calls.



Tips for success:

- Never give out personal information such as your address to mothers.
- Remember that WIC mothers do not always call for help; be proactive by calling them first.
- Check on moms to see how things are going with their pregnancy or breastfeeding. Most mothers like knowing that someone cares enough to see how they are.
- One of the benefits of having peer counselors is they are available after WIC clinic and doctor's offices are closed. However, you want to set limits with mothers by letting them know the best hours to call you. Your supervisor will give guidance on your agency's policies for making and receiving phone calls from home.
- Keep a list handy of breastfeeding experts in the community who are available after usual business hours.
- Follow your agency's policies on leaving voicemail messages or text messages.
- Remember that because mothers cannot see you on the telephone, your tone of voice is critical in helping put her at ease.

Handout 5.4

"Telephone Tips"

Handout 5.4, "Telephone Tips," gives basic steps to making calls with WIC mothers.

Cell phones

Some WIC agencies provide cell phones or pagers to peer counselors. If your agency provides a cell phone, follow all policies outlined by your supervisor. This will include not using the WIC cell phone for any use other than your WIC work. You will also be required to secure your phone so that it will not be used accidentally by other people in your household. Note that anytime you notice a missed call from a mother, it is a sign of help needed. Respond as quickly as possible. If you are not going to be available to take calls for an extended period of time, let your supervisor know so that your phone can be shared with another peer counselor who is available.

Module 5: Ways to Reach New Moms

Text messages

Text messages can be a great way to give short, simple messages to WIC mothers. Many WIC mothers prefer to communicate through texts. Texting can be appropriate for messages to check in on mothers, issue class or group meeting invitations, send reminders about WIC food packages, etc. Keep text messages short and simple, using abbreviations that are commonly understood.



Remember that whatever you text becomes a permanent record of what you said. Pause before texting to be sure your text is clear and that the tone is appropriate. Always discuss with your supervisor the agency's policy for using text messaging, and document contacts in whatever way your agency requires.

Handout 5.5
"Texting Tips"

Handout 5.5, "Texting Tips," lists common abbreviations, as well as sample short messages appropriate for WIC mothers.

Communicating with Email

Email can be used as a means of communicating quick messages with mothers (similar to text messages above) as long as WIC mothers have given their permission to be contacted that way. Not all WIC mothers have access to a computer, so many peer counselors find that text messaging through the phone may be more desirable. Any time you use email, remember to avoid bombarding a mother with too much information. Keep messages short and simple, and remember that anything you send through email can easily be forwarded to anyone. Make sure you would be comfortable with any information you send being printed in the newspaper or shared with your mother. Also remember to maintain her confidentiality.

Communicating with Social Media

Social media is a conversation through technology. Today's online world is a rapidly growing means of communicating with others. Discuss with your local agency whether you will be allowed to use social media (such as Facebook®, Twitter®, and other means) to connect with WIC mother, and follow your agency's social media policy.

Module 5: Ways to Reach New Moms

Tips for success:

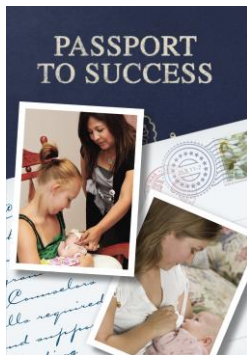
- Be respectful.
- Share ideas and thoughts in a supportive and caring way.
- Keep all messages posted short and simple.
- Pause before posting! Assume that anything you post could be circulated widely
- Keep all information about WIC mothers confidential.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Visit the WIC Works Resource System to view YouTube® videos and podcasts created for peer counselors.
<http://wicworks.nal.usda.gov>
- Visit the website of the New York WIC Breastfeeding Partners at www.breastfeedingpartners.org and note information for new mothers you feel is helpful.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 6: Encouraging Exclusive Breastfeeding

Module 6: Encouraging Exclusive Breastfeeding

Sneak Preview

Module 6, “Encouraging Exclusive Breastfeeding,” gives the basics of milk production and how to build moms’ confidence they can breastfeed.



You Will Learn:

- Why WIC promotes exclusive breastfeeding
- Why women begin formula supplements
- Barriers to exclusive breastfeeding
- How the breast makes milk
- How to address moms’ concerns about their ability to make milk for their babies

Exclusive Breastfeeding

Major organizations such as the American Academy of Pediatrics recommend that babies receive nothing but breastmilk for the first six months of life. This is called “exclusive breastfeeding.” Babies who receive only their mother’s milk receive the greatest health benefits. WIC promotes exclusive breastfeeding by not routinely giving formula to breastfeeding babies and giving moms the “grand deluxe” food package with more foods.

The nation’s Healthy People 2020 goal for exclusive breastfeeding is 46.2% breastfeeding exclusively at three months, and 25.5% exclusively breastfeeding at six months. You can make a difference by teaching WIC moms why exclusive breastfeeding is so important.



Why Mothers Begin Formula

For most new breastfeeding mothers, making enough milk is their most important concern. The concern about making enough milk is also the main reason women begin formula supplements or wean their baby in the first six months. There are many reasons for this.

Module 6: Encouraging Exclusive Breastfeeding

Hospital factors

Formula supplements may be given to breastfed babies in the hospital for medical reasons (ex: the baby is not gaining weight properly or the mother's milk production is delayed). If this occurs, you can remind mothers that this was a "temporary tool" and that a lactation consultant or the WIC Designated Breastfeeding Expert can help her return to exclusive breastfeeding when the medical reason has passed.

Sometimes formula is given for non-medical reasons (ex: the mother feels her baby is too fussy or she wants to sleep). Encourage the mother not to request formula for these reasons so she can build her milk production and baby can learn to breastfeed. If mothers receive gift bags from the hospital containing formula, remind them that gift bags and formula samples are marketing tools from infant formula companies designed to sell formula.

Home and other factors

When moms get home from the hospital, they may begin formula supplements because their baby is fussy or cries, there is family pressure to use formula, they want to see how much the baby is getting, or because they do not realize the impact that formula supplements will have on their milk production. Sometimes moms start formula because they are returning to work and want to get their baby used to a bottle, or because they used a breast pump and did not express much milk.

As a peer counselor, you can reassure moms that the best way to build milk production is to breastfeed often, 8-12 times every 24 hours. Praise moms for breastfeeding, and yield to the WIC Designated Breastfeeding Expert if a mom continues to have concerns about her milk production.

How the Breast Works

The breast is an important gland with many different parts all designed to help the mother make milk. A simple way to talk about milk production with a new mom is to explain that her breasts are similar to a factory. When the demand is high, a factory produces enough products to meet the demand. When the demand is low, the factory slows down until the demand is high again. In the same way, the breast makes plenty of milk as long as the demand is high.

Keys to a good milk production:

- Breastfeed right away after the birth of the baby (preferably in the first 30 minutes).
- Breastfed at least 8-12 times every 24 hours.
- Avoid supplements and pacifiers unless medically needed.

If the baby is unable to breastfeed directly, moms can remove their milk by hand or with a breast pump. If the mother replaces her baby's feedings with anything else, the amount of milk she makes will go down because the demand is lower.

Module 6: Encouraging Exclusive Breastfeeding

How the Breast Makes Milk

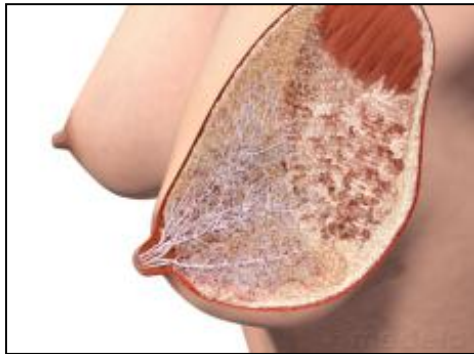
The milk factories go through three important phases of development.

Phase 1: Breast tissue grows

The milk-making factories in a woman's breasts begin developing very early when a young girl reaches puberty at around 10-12 years of age. With each menstrual cycle, breast tissue continues to develop. When she becomes pregnant, her body will prepare her for milk production. Many women will feel those changes as tenderness.



Outside the breast: As the pregnancy continues, women will notice the dark circular area around their nipple (called “areola” and pronounced “air-ree-oh-la”) becomes darker with small pimply-like bumps (called “Montgomery glands”). These glands secrete an oily, lubricating substance that helps the baby find the breast by using his sense of smell. You can reassure mothers that these changes are very normal, and signs that their bodies are going to produce plenty of milk for their baby.



Inside the breast: “Milk highways” (known as “milk ducts”) will transport the milk through the breast. Once the milk begins to flow, the milk highways expand in size so the milk can flow freely. The milk flows through openings in the nipple called “nipple pores.”



The “milk factories” (known as “alveoli”) are where the milk is made. Each milk factory is surrounded by special muscles that squeeze the factories and cause milk to begin flowing. The milk factories complete their development in the first month after the baby is born, as long as the baby is breastfeeding.

Note: Photos courtesy of Medela, Inc.

Module 6: Encouraging Exclusive Breastfeeding

Phase II – Milk production begins

Around the middle of the mother's pregnancy, at 16-20 weeks, her body begins making the first milk, called "colostrum." This is concentrated milk that is thick and yellowish in color. It is packed with infection-fighting ingredients. Some mothers leak colostrum while they are pregnant, and some do not. Either is normal. The amount of colostrum is very small because a baby's tummy is very tiny and does not stretch well in the first day or so. As the baby's tummy grows, the amount of milk the mother makes also grows.

Hormones – Prolactin

After the baby is born, pregnancy hormones drop rapidly and the mother's body naturally releases prolactin, a hormone necessary for making milk. Mothers may notice their breasts feeling fuller, usually by around 2-3 days after baby is born. Even if she does not plan to breastfeed, her body will begin making milk because of this release of prolactin.

Hormones – Oxytocin

A second hormone, oxytocin, releases the milk. Oxytocin causes the muscles around her milk factories to squeeze, which causes milk to begin flowing through the milk highways. This is called a "milk ejection reflex" or "milk release." Mothers may experience a tingling or tightening sensation. Mothers may have 4-5 milk releases in every feeding, though they may not feel any or all of them. Many mothers also report feeling thirsty and sleepy when the milk is released. Remind moms to have a glass of water nearby in case they feel thirsty. Oxytocin is a conditioned response. This means that when mothers hear, see, smell, or touch their baby their milk may begin to flow. If mothers are in pain, afraid, or extremely stressed, oxytocin may not flow as freely. Remind moms to get relaxed and comfortable to help their milk release more easily.

Hormone Receptors

To help these hormones work properly, mothers build hormone "receptors" in the first two weeks after the baby is born. These receptors allow the hormones to get into the breast. They are grown when babies breastfeed or the milk is removed by hand or with a breast pump. The more hormone receptors there are the more milk a mother will make. Giving formula supplements during the early weeks will prevent her body from making all of the receptors she needs.

Phase III – Making milk for baby's needs

The third stage of lactation is making milk long-term. The best way to make plenty of milk is to begin breastfeeding right after the baby's birth in the first hour, and to continue breastfeeding whenever the baby shows signs he is ready to eat. If the mother breastfeeds (or removes the milk with a breast pump) at least 8-12 times every 24 hours, she will form the important hormone receptors and finish growing her milk factories. This builds a high starting point for milk production.

Module 6: Encouraging Exclusive Breastfeeding

The jars of rice and beans at the left illustrate how the milk production process works. Every time the mother's milk is removed her body replaces it for as long as she breastfeeds (jar of rice). If the mother replaces feedings with something else (jar with a few beans), the milk that stays in her breast for that feeding signals her body to stop making so much milk and her production will go down. Often mothers who realize their milk production is going down will offer more



supplement (jar with more beans), which only causes her milk production to go down even more. Before long, her body is making very little milk (jar with mostly beans and little rice). This is why WIC gives little to no formula to breastfeeding mothers in the first month.

Talking to Mothers About Milk Production

Pregnancy is the best time to begin preparing women for their breastfeeding journey, with information about how the breast makes milk. In the early days after the baby is born, you can remind them why the small volume of colostrum, or concentrated milk, is so important for the baby. You can affirm the mother by telling her that her fears and concerns are normal. Beyond the early days, mothers may need continued reminders that exclusively breastfeeding will develop good milk production and give babies important health benefits that will last a lifetime!

Handout 6.1

"Moving Mothers from Worries to Confidence"

Handout 6.1, "Moving Mothers from Worries to Confidence" will help you practice using your 3-Step Counseling skills to affirm and support mothers who are worried about their milk production.

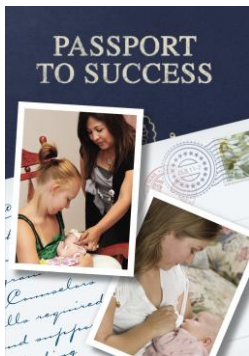


Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 3, "How Breastfeeding Works," on pages 13-19 of *A Parent's Guide to Breastfeeding*.

Module 6: Encouraging Exclusive Breastfeeding



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 7: Supporting New Breastfeeding Moms

Module 7: Supporting New Breastfeeding Moms

Sneak Preview

Module 7, “Supporting New Breastfeeding Moms” explores the magic of the first hour after birth in helping get breastfeeding off to a good start.



You Will Learn:

- The importance of the first hour after birth
- Skin-to-skin contact with baby
- Laid-back breastfeeding
- Tips for early success with breastfeeding

Getting it Right from the Start

How you begin a journey makes a difference in the final destination. The first hour after birth is a magical time when all of the baby’s five senses are at a high alert status. The baby uses these senses to begin his journey and reach his final destination: his mother’s breast. When babies make the journey themselves, breastfeeding gets off to a great start, and many of the problems that commonly occur can be prevented.

Skin-to-Skin

After making the journey through the birth canal, a baby has a second important journey to make: finding the breast on his own. The journey works best when it begins at home, and for a newborn, home is in the arms of his mother and against her chest, “skin to skin.” “Skin to skin” means the baby is wearing nothing but a diaper and is placed against the mother’s bare chest so that his entire body faces the mother’s body. A lightweight blanket can be placed over the baby.

Babies feel calm, safe, and warm when held skin to skin. The baby can use his heightened senses to hear the mother’s heartbeat and hear her voice that he knows so well. He can smell her familiar scent, see her eyes, and feel her closeness. Being held skin to skin helps lower a baby’s pain level. In this calm, relaxed state, his heart rate and respiration rate stabilize, and he can begin to use his energy to find his way to the breast without assistance.



Module 7: Supporting New Breastfeeding Moms

Baby's Senses

A baby uses all five of his senses to learn about his mother and his new world. Skin-to-skin contact helps baby use those senses.



Touch

Touch triggers the stepping or crawling reflex, which allows baby to begin crawling toward the breast.



Sight

Babies love to look at eyes, and are able to see a distance from the mother's arms to her eyes. Babies are also able to see the darkened areola around the mother's nipple more clearly because they can see contrast between light and dark.



Hearing

Babies recognize the voice of their mothers and fathers. When a mom talks to her baby, he breastfeeds longer.



Smell

Babies use their strong sense of smell to seek out smells they like. Research shows babies know the smell of their mother and the unique scent of her milk!



Taste

When babies get to the breast and smell their mother's unique aromas, they begin to salivate and make mouthing motions. They may lick their hands and the breast. The tongue action shows the baby how he will need to suck at the breast once he is latched.

Photos from UNICEF India

Module 7: Supporting New Breastfeeding Moms

Baby-led Breastfeeding

Learning about a baby's in-born abilities to find the breast ("baby-led breastfeeding") helps mothers grow confidence. You can encourage mothers to give the baby opportunities to be skin-to-skin with their baby as soon as possible after birth, and as much as possible in the early days and beyond. The more opportunities babies have to be "at home base" skin to skin with the mother, the more they can exercise their unique instincts to find the breast and attach correctly. Encourage her to be patient. Rushing the process might skip over some key steps that the baby needs to take to get to the destination.

Laid-Back Breastfeeding

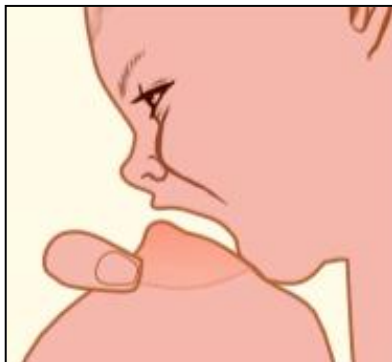
The way mothers hold their babies can also help trigger sucking reflexes that help babies learn to breastfeed well. When mothers sit upright and hold their babies in the traditional cradle hold, babies are working against gravity and may not always attach effectively as they first learn to breastfeed. When mothers lie back semi-reclined, babies work with gravity and it becomes much easier for them to attach properly. Having the baby's body entirely against the mother's body triggers special sucking and feeding reflexes.



Photo courtesy of Kittie Frantz and Geddes Productions from the DVD, "Laid Back Breastfeeding for Mothers." Used with permission.

Laid back nursing is also more comfortable for mothers because they are more relaxed, with the weight removed from their arms, back, and neck. As a peer counselor, you can also be "laid back" in how you talk with mothers by letting them take the lead. Show confidence that the baby's abilities will be triggered when he is lying on the mother's body, and let the mother take the lead in showing you what she feels comfortable doing.

Signs of Good Attachment



Babies are attached well when the baby's mouth is open wide and the nose is opposite the mother's nipple. This helps the baby lower his chin and lower jaw to take in a large amount of breast rather than merely "nipple feeding," which can break down nipple tissue and become very painful for the mother. The mother should be comfortable and be able to hear swallowing.

From "Animated Latch" video by Peter Mohrbacher. Used with Permission

Module 7: Supporting New Breastfeeding Moms

Flexibility in Positioning

There is no one “right” breastfeeding position for every situation. No single position can meet the needs of every baby or mother all the time. Many women like to try different positions. Using the laid back nursing position helps get breastfeeding started well in the early days. There are also many other ways to position the baby once the mother and baby become more practiced at breastfeeding. This helps moms select options they feel work best for them.

As the baby grows, the “right” position can be anything the mother feels works for her as long as the baby gets milk and the mom is comfortable. When helping mothers position their infants, remember that the mother learns more by doing it unassisted. Your job is to be her coach and to give her some gentle suggestions on the side as needed. If the mother has difficulty, her comfort and milk production can be compromised and her baby may not gain weight properly, so always yield to the WIC Designated Breastfeeding Expert.



Cradle Hold



Cross-Cradle Hold



Clutch Hold



Side-Lying

Module 7: Supporting New Breastfeeding Moms

Tips for Success

There is no one right answer or “magic bullet” for every breastfeeding situation. The following tips are guides to help mothers be more in tune with their babies so breastfeeding works easier.



1. Breastfeed early and often.

When a baby begins breastfeeding in the first hour, the mom’s breasts begin making milk. It also helps babies begin to breastfeed while they are alert and ready to learn.

2. Breastfeed 8-12 times per day.

Breastfeeding 8-12 times per day assures that the baby is getting enough calories, and tells mom’s body to make lots of milk.

3. Watch the baby, not the clock.

Mother’s milk is fully digested in about an hour and a half. We don’t know the amount of milk her breasts can store because each woman’s storage capacity is different. It’s best to let the baby tell her when it’s time to eat again. If the baby does not wake on his own after about three hours, mom can change his diaper and place him skin to skin on her chest in the laid-back position. Yield to your WIC Designated Breastfeeding Expert if the baby does not wake to feed 8 to 12 times every 24 hours, or if the mother is concerned about her baby’s feeding patterns.

4. Look for signs of hunger.

Babies often show signs they are hungry by sucking on their fist, making mouthing movements, smacking their lips, moving their head around, and rooting or turning their head to search for the breast. Crying is a late sign of hunger. When babies become upset, it can sometimes be difficult to calm them to feed. Watching for hunger signs will help the baby breastfeed well when he is more calm and relaxed.

5. Let the baby finish the feed.

Each baby has a unique feeding style. One baby may remove milk quickly and spend less time at the breast, while another baby may prefer to savor the meal and take longer. Mothers should follow the baby’s lead to be sure she is not limiting his time at the breast. Breast compressions can help a baby stay interested.

Module 7: Supporting New Breastfeeding Moms

6. Avoid formula, bottles, and pacifiers.

Babies use their tongues differently when they breastfeed than when they take a bottle or pacifier. They need time to learn how to breastfeed before offering other nipples.

How to Know Baby Is Getting Enough

Mothers can be sure babies are getting enough when:

- Their breasts soften during the feeding.
- The baby breastfeeds 8 to 12 times every 24 hours, including night feedings.
- The baby awakens on his own to feed.
- The mother can hear her baby swallowing in a rhythmic way.
- The baby seems satisfied and content after feeding.
- The baby has plenty of wet and dirty diapers.
 - At least 5-6 wet and 3 soiled diapers per day in the first 3-5 days of life.
 - At least 6 or more wet and 3-4 soiled diapers per day by days 5-7.
 - Less than 4 soiled diapers by day 4 is an indication the baby is not getting enough to eat. Yield the mother to your WIC Designated Breastfeeding Expert.

Handout 7.2

“Breastfeeding Record for Baby’s First Week”

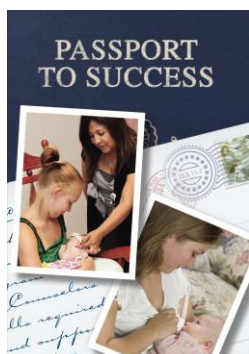
Handout 7.2, “Breastfeeding Record for Baby’s First Week,” helps moms track their baby’s intake and output during the first week.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 7, “Your First Breastfeed,” pages 47-58 in *A Parent’s Guide to Breastfeeding*.
- Read Chapter 4, “Latching and Attaching,” pages 62-81, and Chapter 5, “Ages and Stages,” pages 85-102, in *The Womanly Art of Breastfeeding*.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 8: Helping Moms When Things Don't Go as Planned

Module 8: Helping Moms When Things Don't Go as Planned

Sneak Preview

Module 8, "Helping Moms When Things Don't Go as Planned," gives strategies for addressing common concerns that may arise with breastfeeding.



You Will Learn:

- Maternal concerns: sore nipples, engorgement, plugged ducts, mastitis, and low milk production
- Infant concerns: weight loss, jaundice, reflux, and fussiness
- Hand expression
- When to yield

Solving Concerns When They Are Small

Most breastfeeding challenges can be prevented through proper position and latch of the baby. If a problem does occur, dealing with it early can help keep it from becoming a bigger issue. As a peer counselor, you can reassure moms that there are always solutions and options for breastfeeding challenges.

Three Rules

Three important rules should always be followed when mothers are experiencing breastfeeding challenges:

1. **Feed the baby.** The baby must receive adequate nourishment.
2. **Protect the mother's milk production.** If the baby is not able to breastfeed, the mother will need to remove her milk with a breast pump or hand expression.
3. **Seek a solution.** Mothers can quickly become discouraged and bottle feeding may seem like an attractive option.



Yield a mother having problems to your WIC Designated Breastfeeding Expert while you continue to support her as she works through concerns.

Handout 8.2
"Solutions to Share with Mothers"

Handout 8.2, "Solutions to Share with Mothers," provides a quick and easy chart to guide you in supporting mothers who are experiencing challenges with breastfeeding. Refer to this handout

Module 8: Helping Moms When Things Don't Go as Planned

when addressing common challenges of breastfeeding mothers. Should the recommendations you suggest to mothers not bring about improvements in her situation within 24 hours, be sure to yield the mother to the WIC Designated Breastfeeding Expert.

Sore Nipples

Nipple soreness is the most common concern of new mothers. Although mild discomfort is common, pain that continues or becomes severe is *not* normal and should be assessed. Nipple soreness is a sign that something is not working properly. Mothers with sore nipples need quick relief options because very few people put up with pain for long.

Common causes	What mom needs to hear	Solutions to offer
<ul style="list-style-type: none"> • Baby not positioned properly • Poor latch • Baby's mouth is not open wide • Baby has had other bottles/nipples • Delay between feedings • Incorrect use of a breast pump • Wet nursing pads • Baby has short frenulum • Fungal infection of mom or baby 	<ul style="list-style-type: none"> • "There are solutions!" • "What a great mom you are to be nursing through this." • "It's obvious how much you love your baby." 	<ul style="list-style-type: none"> • Start the feeding on the least sore side. • Try different positions. • Massage the breast before feeding to get milk to flow. • After the feeding, apply small amount of breast milk. • Apply lanolin. • Get treatment for thrush. • Yield to the WIC Designated Breastfeeding Expert if symptoms do not improve.

Engorgement

Between days two and five, most mothers experience changes in their breasts as the transition to mature milk begins. Her breasts become full as the volume of milk increases and extra additional fluids and nutrients are carried to the breast. When fluid collects in the breast tissue, it is normal for the breasts to enlarge and become swollen. If the breasts become overfull, they may become hard and painful, and babies may find it difficult to latch on. Untreated engorgement can cause a domino effect by leading to many other greater issues such as plugged ducts, mastitis, and low milk production.

Common causes	What mom needs to hear	Solutions to offer
<ul style="list-style-type: none"> • Missing or delaying feedings • Baby is too sleepy to wake up to feed (especially at night) • Mother is busy or overlooked feedings • Baby is being pacified in other ways 	<ul style="list-style-type: none"> • "There are solutions!" • "What a great mom you are for nursing through this." 	<ul style="list-style-type: none"> • Before feeding: massage breasts and apply warm compresses; hand express a little milk. • After the feeding: express enough milk to feel comfortable; ice packs. • Ask mom to talk with her doctor about anti-inflammatory meds. • Yield to the WIC Designated Breastfeeding Expert if symptoms do not improve.

Module 8: Helping Moms When Things Don't Go as Planned

Plugged Ducts

Sometimes milk can collect in the milk highways or ducts and form a thick plug that can be very tender to the touch. Mothers may report a raised area that feels like a lump in their breast. Plugged ducts can usually be prevented by not allowing the breasts to get too full or engorged, not delaying or missing feedings, avoiding bras that are too tight, and varying the positions that a baby is breastfed in throughout the day.

Common causes	What mom needs to hear	Solutions to offer
<ul style="list-style-type: none"> • Baby is not positioned well • Pressure on the milk ducts (ex: diaper bag, purse strap, underwire bra) • Unresolved engorgement • Baby feeds in same position • Delaying or missing feedings 	<ul style="list-style-type: none"> • “There are solutions!” • “It sounds like nursing is very important to you.” • “We can get you some quick help.” • “Plugged ducts are not unusual.” 	<ul style="list-style-type: none"> • Yield to the WIC Designated Breastfeeding Expert. • Warm compress on plugged area. • Gentle massage over the plugged area. • Feed baby on affected side. • Massage plugged area while baby is feeding on that side. • Express after feeding on the affected side. • If mother reports flu-like symptoms, yield immediately.

Mastitis

Mastitis is a breast infection that can occur when engorgement or a plugged duct are not properly treated, or when bacteria enters through a cracked nipple. The mother may report flu-like symptoms (fever >100.4° F, chills, body aches, painful and/or red breast that is hot to the touch). Mothers experiencing these symptoms should be yielded immediately to their physician for treatment and to the WIC Designated Breastfeeding Expert.

Common causes	What mom needs to hear	Solutions to offer
<ul style="list-style-type: none"> • Untreated engorgement or plugged duct • Bacteria from sore/cracked nipples • Mother is stressed or fatigued • Mother is overdoing activity too soon • Other medical conditions 	<ul style="list-style-type: none"> • “There are solutions!” • “Call your physician to see if you need to be on antibiotics.” • “I can see you are hurting right now; let’s get you some help.” 	<p>While being treated with antibiotics as recommended by physician:</p> <ul style="list-style-type: none"> ▪ Continue to breastfeed! ▪ Feed on affected side first. ▪ Warm compress over affected area. ▪ Rest and drink fluids. ▪ Get help with household chores.

Module 8: Helping Moms When Things Don't Go as Planned

Low Milk Production

When mothers get a slow start with breastfeeding, or have already begun giving formula, they may experience low milk production. Women who doubt their ability to make enough milk may be fearful and worried about the baby. They may begin formula supplementation early or wean altogether. Always yield a mother who is worried about low milk production to the WIC Designated Breastfeeding Expert.

Common causes	What mom needs to hear	Solutions to offer
<ul style="list-style-type: none">• Supplementation• Not breastfeeding 8-12 times/day• Delaying or missing feedings• Previous breast surgery• Mother is pregnant• Birth control pills• Smoking• Antihistamines• Some medical conditions• Baby not able to effectively remove milk from the breast (ex: tongue tie, weak suck, neurological issues, premature, oral problems, recessed chin, etc.)	<ul style="list-style-type: none">• “There are solutions!”• “What a great mom you are to be concerned about this.”• “I can tell you really care about your baby.”• What’s normal: cluster feedings, growth spurts, baby’s feeding patterns, stooling patterns.	<ul style="list-style-type: none">• Yield to the WIC Designated Breastfeeding Expert.• Continue breastfeeding.• Increase # of feedings, especially at night.• Hold baby skin-to-skin to increase oxytocin levels.• Use breast compression.• Fully drain the breast.• Gradual weaning off formula under supervision of the WIC Designated Breastfeeding Expert.

Other Common Challenges

Cesarean Section Birth

- During the early days, moms may be more focused on their own recovery from surgery. It may also be painful to move around much.
- Show moms positions for breastfeeding after a C-section (including laid-back nursing across her chest, clutch, or side-lying position).
- Avoid limiting feedings as this may make breastfeeding more difficult later.
- Accept offers of help!
- Limit visitors and nap when the baby naps.
- Yield the mother to her physician if she has fever or reports problems recovering from the surgery.



Module 8: Helping Moms When Things Don't Go as Planned

Recovery from Childbirth

- The first 2 weeks after the baby's birth are a time for mom and baby to get comfortable with each other.
- It is easy to overdo with activities early after birth.
- Encourage moms to get lots of rest, limit visitors, and take care of themselves.
- "Nap when the baby naps" is great advice.
- Accept offers of help.



Flat/Inverted Nipples

- An "inverted" nipple sinks in like a dimple when the baby tries to latch on.
- True inverted nipples are rare and often affect only one nipple.
- In most cases, moms can still breastfeed though they may need extra help from a lactation consultant to latch the baby onto the affected side.
- Refer a mother worried about having flat or inverted nipples to the WIC Designated Breastfeeding Expert.

How to Conduct a Nipple Check

1. Place thumb and first finger slightly behind the dark area behind the nipple.
2. Press fingers together.
3. If the nipple pushes out, it is not inverted.
4. If it does not move, it may be flat. Most babies can latch onto a flat nipple.
5. If the nipple sinks in when compressed, it might be inverted.
6. Yield the mother to your WIC Designated Breastfeeding Expert.



Module 8: Helping Moms When Things Don't Go as Planned

Lack of Sleep

- Many parents believe that the loss of sleep is the hardest part about being a parent. For moms, this occurs as a result of labor and delivery that leaves them feeling exhausted. Plus, babies need to be fed around the clock.
- Mothers who are sleep deprived may find it difficult to comprehend a lot of new information, especially if the advice seems hard.
- Strategies to offer mothers:
 - Sleep when the baby sleeps whenever possible.
 - Resist the temptation to do too much in the first few weeks.
 - Accept offers of help.
 - Breastfeed! Studies show lactation hormones help mothers get up to 45 minutes additional sleep each night.

Feeling Overwhelmed

- It is easy for new mothers to feel overwhelmed, especially if they are sleep deprived, are single mothers, or their partners are unable to help much.
- Pain from childbirth recovery and fatigue from labor and delivery can be exhausting.
- Well-meaning advice can leave mothers feeling they are not doing things “right.”
- A fussy baby and “baby blues” can add to overwhelming feelings.
- Mothers who are overwhelmed need lots of support from peer counselors.

Strategies to offer mothers:

- Remind them that what they are feeling is normal for many moms.
- Taking care of herself and her baby is most important.
- Breastfeeding does get easier and easier.
- Ask for help from family and friends.
- Yield if you or the mom are concerned about her feelings.



Module 8: Helping Moms When Things Don't Go as Planned

Baby's Weight Loss

- It is common for babies, no matter how they are fed, to lose a few ounces of weight in the first few days of life as they pass the first stools and eliminate extra fluids.
- Babies whose mothers get off to a good start breastfeeding and have lots of support rarely lose more than a few ounces.
- If the mother is concerned about her baby's weight, yield her to the baby's doctor.
- Yield to your WIC Designated Breastfeeding Expert to get her the help she needs.



Baby Won't Latch

- Moms whose babies will not latch, or who are latching poorly, need lots of help and support from qualified lactation experts at the hospital or at WIC.
- While the mother is receiving expert assistance, you can encourage her to continue breastfeeding and affirm her feelings. Women whose babies do not latch often feel rejected and sad. Your support will help her remember why she is making this important effort to breastfeed.

Baby Is Jaundiced

- It is common for some babies to become jaundiced in the early days and weeks.
- During pregnancy, babies need extra red blood cells to meet their oxygen needs. After birth, these red blood cells break down and a substance called "bilirubin" is released into the blood. The baby's liver filters it and removes it through the stools.
- Because the baby's liver is not functioning fully immediately after birth, it is hard for a baby to remove the bilirubin. When bilirubin is not removed, the baby can become jaundiced.
- A baby who is jaundiced may have yellow eyes and skin, be very sleepy, and breastfeed poorly.
- If the bilirubin count is too high, the doctor may place the baby under special phototherapy lights to help break down the bilirubin.
- Encourage the mother to breastfeed as often as possible since mother's milk has a laxative effect.
- Always yield the mother to her baby's physician and your WIC Designated Breastfeeding Expert if she reports her baby looks yellow.

Module 8: Helping Moms When Things Don't Go as Planned

Baby Has Reflux

- It is normal for babies to spit up. Sometimes, mothers interpret normal spitting up as “reflux” and wonder if the baby is allergic to their milk.
- Sometimes babies have issues with certain foods the mother takes in (primarily cows’ milk based products). This can cause painful spitting up for the baby.
- True reflux is different from food sensitivity. Reflux occurs when the valve between the baby’s stomach and esophagus does not close completely after the baby eats. Acid from the baby’s stomach goes back into the esophagus and irritates it.
- Yield a mother who worries about her baby spitting up or vomiting to the baby’s doctor.
- Breastfeeding should continue with reflux because it is gentler on the baby’s stomach and esophagus. Suggest that mom hold the baby upright after feeding so milk flows into his stomach more easily.

Baby’s Transitions

- Many moms notice a change in their baby’s behavior once they are home from the hospital. The change in environment from hospital to home can cause babies to be overstimulated. They may want to be closer to mom during this time.
- Holding babies skin to skin and offering continual access to the breast during this period helps calm them while lowering the likelihood of engorgement.
- Yield to the WIC Designated Breastfeeding Expert if the mother is concerned about excessive crying by her baby.



Baby Is Fussy

- It is normal for babies to be fussy from time to time. Babies do not always fuss because they are hungry. They can also be:
 - Overstimulated
 - Needing to be held
 - Uncomfortable
 - Going through a growth spurt
 - Teething, ill, or overtired
 - Sensitive to dairy or other products the mother is taking in

Module 8: Helping Moms When Things Don't Go as Planned

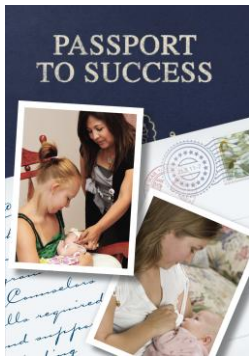
- Suggest calming solutions such as skin-to-skin contact, holding, rocking, and frequent feeding if baby is going through a growth spurt.
- Encourage the mom to continue breastfeeding and yield to the doctor or WIC Designated Breastfeeding Expert.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Select two problems in this module and find solutions in the book, *A Parent's Guide to Breastfeeding*.
- Read about the same problem in *The Womanly Art of Breastfeeding*. What new solutions did you discover?



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 8: Helping Moms When Things Don't Go as Planned

This page intentionally blank

Module 9: Talking with Pregnant Women About Breastfeeding

Module 9: Talking with Pregnant Women About Breastfeeding

Sneak Preview

Module 9, "Talking with Pregnant Women About Breastfeeding," gives strategies for communicating effectively with women during pregnancy.



You Will Learn:

- Stages of pregnancy
- Talking with pregnant women about breastfeeding
- Preparing for breastfeeding
- Talking about pregnancy loss

Stages of Pregnancy

As women begin preparing to be mothers, what we say to them and how we say it (the right words at the right time) make a difference. The 3-Step Counseling principles will help you use active listening skills at each stage of pregnancy. Understanding what a mother might be feeling during each stage will help you better tune in to her feelings so you can share information that is most meaningful to her.

Early pregnancy

The first three months of pregnancy can bring mixed feelings to the mother. As her hormone levels change, she may feel both excited and scared. Some mothers may not know they are pregnant in the first weeks. The pregnancy may or may not have been planned. The baby may not even seem real during this trimester, or she may be worried about health concerns or practices that affect the baby. The mother may also notice changes in her body. She may experience nausea and extreme fatigue, and notice that her breasts are larger and feel tender. During this period, many women are more focused on the changes to their body and their own feelings about the pregnancy.

Talking with Mothers

- Focus questions on how she is feeling.
- Ask what she has heard about breastfeeding and help her address barriers that she feels will make it hard for her to work breastfeeding into her life.
- Tell her how WIC will support breastfeeding.
- Help her know what is normal and why her breasts are going through so many changes.
- Ask for permission to contact her periodically to check on her.



Module 9: Talking with Pregnant Women About Breastfeeding

Mid-pregnancy

During mid-pregnancy, many women begin to feel a little better. Their clothes may become tight and they may begin to wear maternity clothes. Many feel energetic, though some continue to feel tired. Feeling the baby's first fluttering movements can build excitement for the baby on the way. Mid-pregnancy is a great time to encourage mothers to attend a prenatal class and to assess support, as well as the mother's plans for after the baby is born. Mothers may be more open to talking about breastfeeding during this trimester and be more willing to consider options for working through concerns.



Talking with Mothers

- Refer mothers to prenatal classes and educational materials.
- Provide anticipatory guidance by telling mothers what to expect in mid-pregnancy
 - Your breasts are growing during this period.
 - The dark area behind your nipple will get darker with little pimply bumps.
 - It is not necessary to toughen your nipples or prepare them.
 - You have concentrated milk (“colostrum”) by 16-18 weeks of pregnancy. If you happen to deliver early, you will be able to provide food for baby right away.
 - Leaking is normal for some women.
 - WIC has breastfeeding counselors and experts who can help moms with their breastfeeding questions and concerns.

Late pregnancy

As the baby grows, pregnancy often seems more real to mothers. They may be excited about preparing for the baby's birth, and may be preoccupied getting the nursery and the baby's things ready. Mothers can also feel tired and uncomfortable, and have trouble sleeping at night. They may become impatient waiting for the baby to be born, and may worry about lifestyle changes they will need to make. They may also worry about labor.



Talking with Mothers

- Explain how the breast makes milk.
- Help mothers prepare for the hospital experience by reviewing the importance of the first hour, skin-to-skin contact, and tips for early breastfeeding.
- Refer mothers to prenatal breastfeeding classes and childbirth classes.

Module 9: Talking with Pregnant Women About Breastfeeding

Handout 7.4 “My Breastfeeding Plan”

Share the Texas WIC “My Breastfeeding Plan” (Handout 7.4) with pregnant moms to help them prepare for the hospital.

- Provide anticipatory guidance by telling mothers what to expect:
 - Your breasts are continuing to prepare you for feeding your baby.
 - Your nipple is becoming more elastic so it can conform to the shape of your baby’s mouth.
 - The dark area behind the nipple is getting darker, and the little bumps appearing will help your baby find the breast by his sense of smell.
 - You can begin breastfeeding immediately after birth.
 - Your first concentrated milk is small in quantity and perfectly suited to what your baby’s stomach can hold in the first few days.
 - WIC supports your intention to breastfeed by not giving formula routinely in the first month. The more your baby breastfeeds during the first month, the more milk you will make. Giving formula too soon will decrease your milk production.

Breast Care During Pregnancy

There is no need to toughen nipples or prepare breasts for breastfeeding. The mom’s body takes care of that. However, there are some things moms can do to take good care of their breasts during pregnancy.

What moms can do:

- Avoid tight fitting bras.
- Purchase a larger bra since her breast size will grow about a cup size or two.
- If she chooses to buy a nursing bra, wait until the last few weeks so she can find one that is loose fitting and can be unfastened easily with one hand.
- Avoid lotions and other products that can break down sensitive skin.
- If the breast is overly dry, a small amount of pure anhydrous lanolin can help.
- Avoid harsh soaps and alcohol that can dry out the breast skin.
- If mothers experience leaking they can wear reusable cotton or disposable nursing pads inside their bra and change them when they become damp.



Module 9: Talking with Pregnant Women About Breastfeeding

Empowering Mothers for Success

Giving mothers information to help with the first few important days of breastfeeding will help prevent many of the common issues that can arise. Keep your messages short and focused on the most important tips for success.

- Keep the baby skin to skin right from birth.
- Enjoy the first hour with your baby and your partner before visitors hold the baby. You waited a long time for this moment!
- Keep your baby near you so you can learn his signs of hunger and respond to his needs.
- Feed your baby 8 to 12 times every 24 hours to build milk production.
- Talk to your family about the support you will need and what they can do to help you.
- Call for help if you are concerned that things are not going well.



Empty Arms

The loss of a baby at any time during pregnancy is upsetting and can be challenging. Mothers respond to grief in many different ways. Some common emotions are shock, denial, anger, and profound sadness. Often people go through these emotions at differing times before finally coming to a place of acceptance. The amount of time it takes to move through each stage of grief varies from person to person. Some women might actually be relieved that a miscarriage occurred if the pregnancy was unplanned or unwanted. It is not your job to “fix” emotions and feelings, but to listen to moms and let them know you care. Always yield a mother who experienced a loss to the WIC Designated Breastfeeding Expert and tell her about any support groups available in the community that she might find helpful.

Contacting Mothers

Regular contacts throughout the mother’s pregnancy will help you establish a positive relationship with her. This builds trust and opens the mother to education about breastfeeding when she is ready for it. Calling mothers monthly during pregnancy is ideal. Toward the end of the pregnancy, mothers may need more frequent contacts if they have more questions or need more support. Weekly contacts in the last month will help you stay in touch so you know when she is ready to deliver.

Module 9: Talking with Pregnant Women About Breastfeeding

Handout 9.3

“Contacting WIC Mothers”

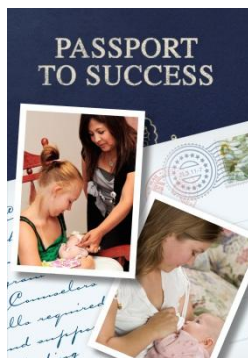
Refer to Handout 9.3, “Contacting WIC Mothers,” for ideas on when to contact mothers during pregnancy. Be sure to follow your agency’s policy for using social media when contacting WIC moms.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 23, pages 169-181, in *A Parent’s Guide to Breastfeeding*.
- Read pages 20-26 in *The Womanly Art of Breastfeeding*.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 9: Talking with Pregnant Women About Breastfeeding

This page intentionally blank

Module 10: Talking with Mothers About Breastfeeding in the First Month

Module 10: Talking with Mothers About Breastfeeding in the First Month

Sneak Preview

Module 10, “Talking with Mothers About Breastfeeding in the First Month,” addresses practical solutions for common concerns about breastfeeding in the first month.



You Will Learn:

- Recovery from childbirth
- Dealing with emotional challenges
- Understanding baby’s transitions
- Normal newborn behaviors in the first month
- Assessing how well breastfeeding is going
- When to yield

The First Month

The first month, and especially the first two weeks, is a critical period when mothers often begin formula supplementation or wean if they do not feel breastfeeding is going well. They may receive well-meaning advice from family and friends that is not evidence-based, and they may be coping with their own recovery from delivery. Once mothers are past this adjustment period, breastfeeding can seem easier for many mothers. Support during this period is crucial!

Baby is Home

Mothers often experience a wide range of emotions when they come home from the hospital. Parenting can seem like a wonderful, frustrating, confusing, glorious, exhausting, and exhilarating experience all at the same time. While having the baby home can be exciting for parents and families, it is also an adjustment. Peer counselors can support mothers dealing with situations that might otherwise sidetrack them from successful breastfeeding.

Dealing with Emotional Challenges

Women often experience a wide range of emotions, along with rapidly changing hormones, new responsibilities, and new ways of viewing their body in the early weeks after the baby is born. Recovery from childbirth and the normal maternal “brain fog” can make it hard to focus. Lack of sleep and “baby blues” can lead to feelings of being overwhelmed. Rapid changes in the breasts, including a sudden fullness from extra fluids and milk, can be surprising.



Module 10: Talking with Mothers About Breastfeeding in the First Month

Women often do not understand normal newborn behaviors. They can misunderstand their baby's natural need to be held as a sign their milk is not satisfying him. As a peer counselor, you are a valuable resource by providing mothers with ongoing encouragement and support during this important period.

Tips for the First Two Weeks

1. Rest when the baby sleeps.
2. Limit visitors.
3. Eat healthy foods.
4. Breastfeed the baby when he shows signs of hunger.
5. Hold the baby skin to skin.
6. Ask for help!



Secrets of Baby Behavior

If only babies could talk! Babies have very few ways of communicating with their parents in the first year of life. Noises and body movements are the only ways they have! When babies fuss or cry, or do not sleep well, it can be overwhelming to new parents who are already feeling stressed adjusting to the many changes in their lives. Many moms who are breastfeeding interpret their baby's fussiness to mean he is hungry, and therefore they must not be making enough milk to satisfy him. Once parents understand their baby's unique language and receive coping solutions, they are more likely to feel confident continuing to breastfeed.

Infant states

Babies use their own unique language of behavioral cues to convey their feelings and needs to their parents. Their various "states" or patterns of behavior range from very intense (crying) to deep sleep. Understanding these states will help moms read their babies better and gain confidence meeting their needs.

Module 10: Talking with Mothers About Breastfeeding in the First Month



Crying

Tears; jerking motions; color changes; tight muscles; rapid breathing; and slow response.



Irritable

Frequent body movement; facial movements; eyes open but may not want to interact; fussy; sensitive to what's going on. (Common before feeding.)



Quiet Alert

Little body movement; eyes open and wide; steady, regular breathing; highly responsive; wants to learn and play; can be tiring for young babies.



Drowsy

Variable movement; irregular breathing; opens and closes eyes; eyes glazed; takes time to react; easily startled.

Module 10: Talking with Mothers About Breastfeeding in the First Month



Active Sleep

Occasional movement; variable breathing; facial twitches; rapid eye movements (REM); easy to wake.



Quiet Sleep

No body movement; rhythmic breathing; bursts of sucking; startles but does not wake; does not respond.

Why Babies Cry

Hearing a baby cry can be stressful for everyone. Parents often find it easier to cope with crying when they understand the cause.

Common reasons include:

- Dirty diaper
- Too hot or too cold
- Tired
- Too loud or bright in the room
- Wants to be near the parent
- Wants to do something different
- Hungry
- Lonely



Module 10: Talking with Mothers About Breastfeeding in the First Month

Persistent crying could be caused by digestion problems, inability to self-soothe, illness, injury, or inability to handle stimulation of sounds and sights. If the baby is crying due to hunger, common signs they will give include:

- Brings hands to the mouth
- Clenches the hands
- Flexes arms and legs
- Roots
- Makes sucking noises

Coping strategies:

- Respond early to cues before the baby gets to the crying stage.
- If the baby is not showing hunger signs, investigate other reasons for crying.
- Repetition often works (holding, rocking, speaking softly).

Sleep

Mothers often believe that babies wake because they are hungry, and that they will stay full longer if they are overfed. Mothers may offer formula believing it will make the baby feel full longer. Babies are not built to go all night without eating. They need the calories of frequent feeds to grow and develop well. Sometimes babies wake after being put down because they are not in the “quiet sleep” stage yet and awaken easily in the “active sleep” stage. Suggest moms hold their babies a little longer after feeding them before putting them down. As babies grow, they will fall asleep in the quiet sleep stage more quickly and stay in that sleep state longer.

WIC Foods for Breastfeeding Moms

WIC has special food packages for mothers who fully breastfeed. *Refer to the descriptions of the food packages in Module #2.* Encourage moms to breastfeed exclusively without any formula supplementation to receive the greatest quantity and variety of foods for themselves and their baby.

Supporting exclusive breastfeeding

WIC’s exclusively breastfeeding food packages are for mothers and their babies who do not receive formula from WIC. WIC does not routinely give formula to breastfeeding babies so the mother can build her milk production. Formula supplements during this period will cause her body to make less milk. Mothers who exclusively breastfeed give the gift of their priceless milk for as long as they and their babies want to breastfeed. WIC supports mothers with exclusive breastfeeding by providing a food package with the largest quantity and variety of foods that WIC offers, along with breastfeeding support.

Module 10: Talking with Mothers About Breastfeeding in the First Month

Supporting partially breastfeeding mothers

WIC's partially breastfeeding food packages are for mothers and their babies who mostly breastfeed but also receive some infant formula from WIC after the first month postpartum.

For WIC mothers who want to “do both” (breastfeed and give formula) suggest that the mother breastfeed exclusively at least for the first month. This allows her body to set a good foundation for milk production that will give her more options for doing both later on. Even if mothers want to use formula, they should be praised for wanting to give their baby a healthy start by also breastfeeding. Encourage and support the mother to feed as much breastmilk as possible.



Supporting mothers who want to formula feed

For a mother who formula feeds only, or feeds her baby more formula than breastmilk, WIC provides a food package with a smaller number and variety of foods for the mother that she can receive for six months only. At six months, the baby will receive some baby food fruits and vegetables, but not as many as the fully breastfeeding mom, and no meats. Your role is to help mothers make an informed decision, and to let her know in a nonjudgmental way that WIC will support the decision she has made. Affirm her decision, such as, “You’re a great mom. You made a decision that works best for your family and WIC will continue to support you.” Sometimes mothers who choose not to breastfeed make a different decision with the next baby. Your role is to plant seeds of kindness and to respect the journey each mother has chosen. This keeps the door open for perhaps a different conversation with the mother’s next baby.

Supporting mothers who want to return to breastfeeding

Sometimes mothers decide to formula feed, and change their mind when their milk volume increases or if their baby does not do well on formula. It is possible to breastfeed again. Yield the mother in this situation to the WIC Designated Breastfeeding Expert so she can be properly assessed in making a safe transition back to breastfeeding again. As a peer counselor, your role is to support and encourage the mom and to praise her for her decision.

Contacting Mothers

New mothers will benefit from frequent contacts with you in the first month, and especially in the first two weeks after the baby is born. As mothers are faced with new challenges, they gain confidence when they know they can rely on you to check on them and provide support. Keep

Module 10: Talking with Mothers About Breastfeeding in the First Month

calls brief in the early days and offer information in very small amounts. Calls can taper off as the mother becomes more confident and breastfeeding is going well. If the mother is experiencing challenges, follow up within 24 hours, and yield to your WIC Designated Breastfeeding Expert if the suggestions you give her do not improve her situation. You can also remind mothers to keep their WIC appointments and the appointments with the baby's doctor.

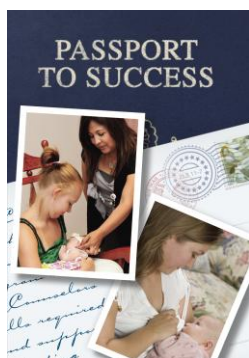
Handout 9.3 "Contacting Mothers"

Handout 9.3, "Contacting Mothers," provides basic guidelines for how often to contact mothers in the first month. Be sure to follow your agency's social media policy when contacting WIC moms.

Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 8, pages 59-64 in *A Parent's Guide to Breastfeeding*.
- Read Chapters 5, "The First Few Days: Hello Baby," Chapter 6, "The First Two Weeks: Milk!" and Chapter 7, "Two to Six Weeks: Butterfly Smiles," pages 84-148 in *The Womanly Art of Breastfeeding*.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 10: Talking with Mothers About Breastfeeding in the First Month

This page intentionally blank

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Sneak Preview

Module 11, “Talking with Mothers About Breastfeeding As Baby Grows” provides strategies for supporting mothers with common questions that arise as their baby grows.



You Will Learn:

- Growth patterns and appetite spurts
- Fitting breastfeeding into a busy life
- Introducing solid foods to the breastfed baby
- Supporting moms with common challenges

As Baby Grows

Beyond the first month is an exciting time for new mothers as they discover more about their baby and their new skills, and truly become a family. While mothers often grow in their confidence with breastfeeding once they reach the first month and beyond, new challenges and questions can arise. You can help reassure mothers about what is normal and how to remain confident that breastfeeding is going well.

Growth Patterns

Breastfed babies normally gain 4-7 ounces per week in the first 6 months. If a baby has not regained birth weight by 2 weeks, refer the mother to her baby’s physician. Typically they double the amount they weighed at birth by the time they are 4-6 months old, and triple their birth weight by the time they are a year old. However, each baby’s growth is very different depending on his genetic makeup.

Growth charts help health care providers keep track of the baby’s growth. Mothers who are unsure about their baby’s growth can be encouraged to bring their baby to the WIC clinic to be weighed.

Baby’s Age	Normal Weight Gain
Early Weeks	4 - 7 ounces per week
4 - 6 months	Double birth weight
7 - 12 months	2 ½ - 3 times birth weight
24 months	4 times birth weight

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Feeding Patterns

How often babies feed varies depending on the baby's age and size, the mother's milk storage capacity in her breast, and her baby's needs. In the early weeks, most babies breastfeed 8 to 12 times or more every 24 hours. This helps babies grow and helps mothers establish and maintain a good milk production. As babies grow, they tend to become more efficient at breastfeeding, and may breastfeed less frequently or finish feeds more quickly. It is normal for babies to wake at night to feed for a very long time. This helps the mother keep up her production since she produces more prolactin hormones at night, and helps the baby get the extra calories needed to grow well. Remind mothers to breastfeed every time the baby shows signs of being hungry, or at least 8 to 12 times every 24 hours.

Did You Know?

It is normal for some babies to “cluster” feed or group several feedings back-to-back. This often occurs in the evening when they may be overstimulated from the day and/or are preparing for longer sleep stretches at night. This is normal, and often means the baby simply wants to be close to the mother.



Appetite Spurts

Babies typically have periods of rapid growth when they want to breastfeed more frequently for a day or more. This is called a growth or appetite spurt. Babies vary in the times they experience growth spurts.



They typically occur around:

- Two weeks
- Six weeks
- Three months
- Six months

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Because babies are growing and may be uncomfortable and restless during this period, the extra nursing helps calm them and may even help with pain relief for the baby. Mothers may misinterpret the demand for extra nursing to mean they are not making enough milk. Be sure to prepare mothers for appetite spurts, and affirm them with such comments as, “I can tell how worried you are about your baby. It’s obvious how much you love him.” Also suggest moms keep baby close during this “mommy/baby time” and avoid formula supplements.

Nursing Strike

Occasionally an older baby suddenly refuses to breastfeed for a period of time which could last several days. This is called a nursing strike, and it can occur for many reasons such as illness in the baby, stress, or overstimulation. Often, the reason is never known. Mothers may feel rejected and worried about the baby’s well-being. Affirm her concerns and suggest she minimize distractions, dim lights, hold her baby skin to skin, and offer the breast when her baby is not yet fully awake. Yield to the WIC Designated Breastfeeding Expert if these suggestions do not help.

Fitting Breastfeeding into a Busy Life

By the end of the first month after the baby is born, many mothers are interested in resuming normal activities. Breastfeeding can fit into a busy life, and peer counselors can help moms feel confident continuing to breastfeed.

Exercise

Mothers often wonder if it is safe to exercise and breastfeed. Affirm the mother’s desire to take care of herself. Suggest she take it slow at first and check with her doctor about when it is safe to begin exercising.

Losing weight

Often mothers want to lose the pregnancy weight they gained and wonder if it is safe to do so while breastfeeding. Affirm the mother’s desire to lose those extra pounds. Encourage her to talk with the WIC nutritionist about a safe weight loss plan. Remind her that breastfeeding helps her lose those extra pounds more quickly.

Foods to eat

Most foods are fine to eat while breastfeeding, though many women may be told they need to eat a special diet to make good milk. A balanced diet is important for the mother, but the foods the mother eats do not affect her milk. Sometimes dairy products the mother takes in can cause problems for babies. The best rule is to assume that all foods are okay unless the mother notices her baby seems extra



Module 11: Talking with Mothers About Breastfeeding As Baby Grows

fussy when she eats certain foods. Suggest she talk with her WIC nutritionist about discontinuing any foods she suspects are causing fussiness in her baby. Moderate amounts of coffee and other caffeinated beverages (two to three per day) are generally okay. More than that can cause the baby to be fussy.

Going out in public

Mothers often worry about how they will feed the baby in public. Affirm her concerns and suggest she practice breastfeeding in front of a mirror to grow more comfortable nursing discreetly. Some mothers carry their baby in a sling to breastfeed while out in public, or wear nursing tops that allow for discreet nursing. Often women can find private places such as a dressing room if they are not comfortable nursing in public, or may pump their milk to provide in a bottle when away from home.

Returning to work

Many WIC mothers return to work or school, either full-time or part-time after the first month. This can place unique demands on new mothers, and some women choose to discontinue breastfeeding during this time. Affirm the mom's concerns, and remind her that Federal laws require employers to provide private space and the flexible time for them to express milk when they are at work. See Module 12 for more suggestions on combining work and breastfeeding.

Resuming sex

Mothers may have questions about how breastfeeding will interfere with sexual activity, though they may be uncomfortable bringing up the subject. Ask open-ended questions about how breastfeeding is going for her and her partner, and affirm any concerns she raises. It is important to maintain a good relationship with the partner, and normal to have questions about this.



Encourage the mother to share her feelings with her partner. Many women find their desire for sex to be low for a while after the baby is born. Others find they are more interested in sex due to hormonal changes. Vaginal dryness is also normal for many women; using K-Y jelly or other products can make lovemaking more comfortable. Many women find that breastfeeding before making love can help create a peaceful environment with a sleepy, satisfied baby and more comfortable breasts for mom. Many birth control options are available for breastfeeding women. Yield questions about birth control to the mother's health care provider or your clinic's family planning specialist.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Helping Baby Begin Solid Foods

The American Academy of Pediatrics recommends that babies be exclusively breastfed for around the first six months of life, with complementary foods added at that time. Babies are not developmentally ready to handle solid foods until that time, and their digestive system is not mature until then. Introducing solids too early can also increase the baby's risk of allergies, and replaces a superior food (breastmilk) with an inferior food. Refer questions about solid foods to the WIC nutritionist at your clinic.

Is Baby Ready for Solid Foods?

- He can hold his or her neck steady
- He shows interest by opening his mouth and leaning forward
- He has lost the tongue thrust reflex and no longer pushes food out of his mouth
- He picks up items with his or her thumb and index finger
- He seems eager to grab food and participate in the mealtime experience



Where Should Baby Sleep?

Many parents have questions about where their baby can sleep safely. The American Academy of Pediatrics recommends that babies sleep in the same room as the mother. Some mothers place a bassinet or cradle near the bed. This helps mothers get more sleep, nighttime feedings are easier, and babies have less risk of Sudden Infant Death Syndrome (SIDS) when they are nearby. Babies should always sleep on their backs to lessen their risk of SIDS.



Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Teething

The mother may be concerned about teeth and how they will affect breastfeeding long before a baby's first teeth appear. Many women assume that they must discontinue breastfeeding when teeth erupt. Babies can continue to breastfeed while teething without causing pain to mom. As teeth emerge, babies learn how to breastfeed without biting. If the baby bears down on mom before the teeth come in, mothers can break suction by slipping a finger in the baby's mouth and remove the baby from the breast to discourage that behavior. Babies learn quickly not to bite down if the feeding is stopped.

Weaning

Weaning begins whenever foods or liquids other than breastmilk are introduced to the baby. When other foods or liquids replace breastfeeding, the mother's breasts respond by making less and less milk until they completely stop. WIC encourages mothers to breastfeed through the first year of life and beyond. The decision to wean is a very personal one, and personal judgments about how long the mother is nursing are not appropriate.



Feelings about weaning

Some women may feel sad about weaning the baby and losing this special relationship. Others may be anxious to wean. Still others may feel guilty for feeling they need to wean. Affirm the mother's feelings by letting her know they are normal, and let her know what a lucky baby she has for having breastfed.

Ways to wean

Weaning can be led by the baby or the mother. The baby leads weaning by gradually dropping feedings as he takes in more solid foods. This is less stressful for the baby and mother and allows babies to continue receiving the many benefits of breastmilk. If the mother leads the weaning, she can do so gradually or abruptly.

- To wean gradually: discontinue the feeding the baby is least interested in first; after three or four days, drop another feeding. This allows mom to be more comfortable physically by allowing her breasts time to adjust to the dropped feedings.
- To wean abruptly: hand express or pump just enough milk to remain comfortable without draining the breast. Apply ice to reduce swelling, and wear a firm but non-binding bra for support.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Contacting Mothers

Continue to contact WIC mothers beyond the first month. Many women appreciate receiving a call at least monthly to check on them. If the mother is returning to work or school, contact them shortly before and immediately after they return to provide support.

Handout 9.3
"Contacting Mothers"

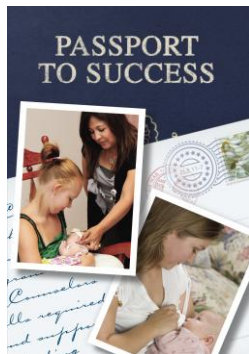
Handout 9.3, "Contacting Mothers," provides guidelines for how often to contact mothers beyond the first month. Be sure to follow your agency's social media policy when contacting WIC moms.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapter 8, "Continuing to Breastfeed," pages 59-64, and Chapter 23, "Common Questions," pages 170-181 in *A Parent's Guide to Breastfeeding*.
- Read Chapter 13, "The Scoop on Solids" and Chapter 16, "Everybody Weans" in *The Womanly Art of Breastfeeding*.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

This page intentionally blank

Module 12: Talking with Mothers About Breastfeeding When Separated

Module 12: Talking with Mothers About Breastfeeding When Mother and Baby Are Separated

Sneak Preview

Module 12, “Talking with Mothers About Breastfeeding When Mother and Baby Are Separated” explores strategies to preserve breastfeeding even when mother and baby must be apart.



You Will Learn:

- Preterm babies and sick mother or baby
- Returning to work or school
- Maintaining milk production
- Expressing, storing, and handling human milk

Supporting Mothers and Babies Who Are Apart

There are many reasons a baby and mother may be apart. This can include returning to work or school, hospitalization of the mother or the baby, or occasional outings when the mother is away for a short period. You can support mothers by showing them how they can continue to breastfeed even when they must be away from their babies.

Sick or Preterm Babies

Mothers of sick or preterm babies may believe their baby is too weak or fragile to breastfeed. The fact is babies who are born early need their mothers’ milk even more to fight infections that are common among preemies. The milk a mother produces for a preterm baby has extra fat, protein, iron, and infection-fighting ingredients important to her baby’s survival. Preterm babies who receive their mother’s milk leave the hospital sooner, have greater brain development, and are less likely to have dangerous infections common to preterm babies.

Breastfeeding helps mothers contribute something vital to the health of their baby. It also gives them a feeling of control at a time when they may not be feeling in charge of their baby.



Module 12: Talking with Mothers About Breastfeeding When Separated

How you can give support:

- Encourage the mother to talk with the physician and nurses about her wishes to provide milk for her baby, and to hold her baby skin to skin in the NICU as soon as he is stable.
- Yield to the WIC Designated Breastfeeding Expert who can help the mother with pumping and breastfeeding when the baby is ready.
- Encourage the mother to begin pumping her milk right after delivery with a medical grade breast pump from WIC or the hospital.
- Praise the mother for expressing milk for her baby.
- Remind the mother that milk production drops or rises depending on how well her baby is doing. She can try hand expressing after pumping if she notices a drop.

Sick or Hospitalized Mother

Mothers who are sick or hospitalized may not feel able to continue breastfeeding. Affirm mothers for any amount of breastfeeding they are able to do, and yield them to the WIC Designated Breastfeeding Expert. Continuing to breastfeed will help the mother's breasts from becoming painfully full. It may also help her feel she is able to do something important for her baby at a time when she is not feeling in control.



How you can give support:

- Encourage the mother to speak about her breastfeeding or milk expression wishes with the physician and nurses, and with her family who may help transport the milk to the baby's caregiver.
- Praise the mother even if she feels she cannot express milk during this time.
- Support her with ways to keep her breasts comfortable while she is away from her baby.
- Encourage her to contact the hospital lactation consultant if she cannot be with her baby.

Module 12: Talking with Mothers About Breastfeeding When Separated

Returning to Work

Balancing motherhood with a job and a personal life can be challenging for any woman. WIC mothers who return to work may face even greater challenges if they are employed in a low wage, hourly job with a schedule and setting that are not conducive to expressing milk routinely. Mothers can be encouraged to express their milk to feel connected to their baby, even though they are apart. Breastfed babies of working moms are less likely to become ill, which means mom and dad are less likely to have to miss work to care for a sick child. It also saves money for the family and the employer.



How you can give support:

- Encourage mom to talk with her supervisor during her pregnancy, if possible, so arrangements for time and space in compliance with the Affordable Care Act can be made.
- Suggest mothers take as long of a maternity leave as possible, and to consider returning to work part-time for a while before coming back full-time.
- Help her explore childcare options close to her workplace so she might be able to directly breastfeed during her lunch or meal break.
- Encourage her to connect with other working moms who are breastfeeding.
- Praise her for any amount of breastfeeding she does, even if it's just when she is home with the baby.
- Tell mothers about “reverse cycle feeding” where babies choose to breastfeed more when they are home with the mother. Encourage the mother to be sure the baby is getting at least 8 to 12 feedings every 24 hours so the baby gets adequate calories to grow.
- Yield to your WIC Designated Breastfeeding expert if the mother notices a drop in her milk production, needs a breast pump from WIC, or needs help expressing her milk.

Module 12: Talking with Mothers About Breastfeeding When Separated

Returning to School

Mothers returning to school can continue to breastfeed. This helps mothers recover from pregnancy faster, which is especially important if they cannot take a long leave from school. It helps the mother feel more in charge of caring for her baby, and helps reduce illness in the baby. This means the mother is less likely to need to stay home with a sick baby.



How you can give support:

- Encourage the mother to talk with a female teacher or counselor about her desire to express her milk at school.
- Help the mother explore options for expressing milk while at school.
- If she is unable to express milk at school, encourage her to breastfeed when she is with her baby.
- Praise the mother for any amount of breastfeeding she is able to do.

Occasional Outings

There may be many times when a mother may want or need to be away from her baby for a short period of time. Breastfeeding is very doable for these short periods away.

How you can give support:

- Praise the mother for breastfeeding and assure her she is a good mother.
- Reassure the mother that breastfeeding can easily continue.
- Encourage her to express her milk to leave with the caregiver.
- If the mother will be away for longer than 2-3 hours, suggest she express her milk by hand or with a breast pump to keep her breasts from becoming overly full.

Maintaining Milk Production

Whatever the reason for separation, mothers may need help maintaining milk production. Mothers who are separated from their baby often begin formula supplements because they believe their milk production has dropped. A rule of thumb is to keep her “magic” number constant.

Module 12: Talking with Mothers About Breastfeeding When Separated

Here's how to maintain milk production:

1. Suggest the mother keep track of the number of times she typically breastfeeds every 24 hours. This number, which will be different from one mother to another, is her “magic” number.
2. This number is her guide. She will need to either breastfeed the baby or remove milk by hand or with a breast pump this many times every 24 hours. For example, if her magic number is 10, and she is feeding the baby 7 times at home after returning to work, she will need to pump at least 3 times at work to equal 10 feeding sessions.
3. If she has a day when she misses a feeding or milk expression time, she can try to get back to her magic number as soon as she can.

If moms have a supply of milk in their freezer, urge them to be careful about using this without also expressing milk to replace it. Using the stored milk without replacing it through milk expression or breastfeeding will reduce her overall production.

Using a Breast Pump

Follow the guidelines of your State or local WIC agency regarding the various types of pumps that may be available for mothers who are separated from their babies. Praise the mother for wanting to give her milk to her baby. The following tips can be helpful to share with moms.

- For moms separated from the baby immediately after birth, pumping should begin as soon as possible, preferably within 6 hours.
- Moms separated day and night from their baby should express milk 8 to 12 times every 24 hours, the same number of times they would ordinarily have been feeding the baby.
- A mother returning to work or school can begin practice pumping around 2 weeks after the baby is born, whenever her breasts feel overly full. Some women find that breastfeeding on one breast while pumping the other breast helps them release more milk.
- Many women like to pump early in the morning when their breasts are fuller.



Pumping at the same times each day will signal the mom's body to continue producing milk for that period of time.

Module 12: Talking with Mothers About Breastfeeding When Separated

Mothers Who Want to Pump Exclusively

Some mothers prefer to pump their milk without ever putting the baby to their breast. There could be many reasons, including embarrassment, previous sexual abuse, breastfeeding was too difficult, or the mother feels it will be easier or more convenient. Praise mothers who want to pump, because it is far better to have breastmilk in the bottle than formula. They also need to be able to make an informed choice, and understand that pumping exclusively can be tiring and doubles her workload. Yield the mother to the WIC Designated Breastfeeding Expert for help with identifying the reasons for the mother wanting to pump exclusively.

How to Store Human Milk

- Store milk in 2-4 ounce containers.
- Store milk in clean, hard plastic containers that are unbreakable.
- Label all milk with the baby's name and the date the milk was collected; use the oldest milk first.
- Store milk in a refrigerator or freezer after expressing. Place milk to be frozen in the center of the freezer, not in the door where temperatures change every time the door opens.
- If adding new milk to a container of frozen milk, chill the milk first before adding to avoid thawing any of the frozen milk.
- If transporting the milk to and from work or the childcare provider, keep it in a cooler or insulated lunch bag with gel packs
- If transporting milk to the NICU, ask the nurse how they would like the milk to be brought.
- Milk that will not be fed to the baby within 72 hours should be frozen.
- Milk that will not be fed to the baby within an hour should be refrigerated immediately.
- Human milk can be stored in the freezer for 3-6 months.
- Thaw frozen milk under warm water. Never microwave human milk!
- Milk that has been warmed should be used immediately and used only for that feeding. Discard whatever is left.
- Never refreeze milk that has been thawed.



Module 12: Talking with Mothers About Breastfeeding When Separated

Contacting Mothers

When deciding how often to contact a mother who is separated from her baby, talk with the mother or her family about what they feel will be appropriate. Show sensitivity to the situation of the mother and her family and respect her need for privacy and minimal disruptions.

Handout 9.3
"Contacting WIC Mothers"

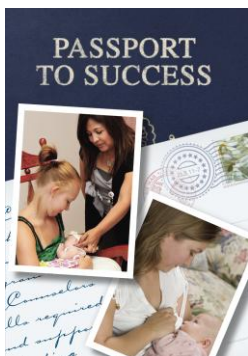
Handout 9.3, "Contacting WIC Mothers," provides general guidelines for contacting mothers who are separated from their babies. However, remember that each situation is different and the needs of each mother will be unique. Follow her lead and respect her wishes for how often she wishes to be contacted. Be sure to follow your agency's social media policy when contacting WIC moms.



Learning More

Here are some ways you can build your knowledge about how to support breastfeeding moms.

- Read Chapters 10 and 11, pages 71-82, in *A Parent's Guide to Breastfeeding*.
- Read Chapter 14, pages 263-288, "When You can't Be With Your Baby," in *The Womanly Art of Breastfeeding*.



Passport to Success

Ask your supervisor to stamp your passport once you have completed the module and individual learning. Be proud of the journey you are making to support new moms and babies!

Module 12: Talking with Mothers About Breastfeeding When Separated

This page intentionally blank

Module 13: Providing Peer Counselor Services in Other Settings

Module 13: Providing Peer Counselor Services in Other Settings

Sneak Preview

Module 13, “Providing Peer Counselor Services in Other Settings” prepares peer counselors to work in the hospital, home visits, and leading group meetings with WIC mothers.

You Will Learn:

- Being a professional at the local hospital
- Making home visits
- Strategies for effective support group meetings

Lifeline Beyond WIC Walls

Research shows that being available to mothers when they need it most helps them continue to breastfeed, especially if they experience problems or need extra support. Mothers do not experience concerns or have questions only during business hours. As a peer counselor, you become a lifeline of support beyond the usual WIC clinic hours and settings where moms may most need help.

Supporting Moms in the Hospital

Many WIC agencies have established a relationship with a local hospital to allow peer counselors to visit new moms after they deliver. This support can mean the difference for new moms in the critical first few days when breastfeeding is just beginning. Having a peer counselor there to affirm them and answer their questions can help moms feel more positive about continuing to



breastfeed. Your supervisor will let you know the terms that have been worked out for peer counselor visits with new moms in your local hospital, and your specific role and job duties.

Module 13: Providing Peer Counselor Services in Other Settings

Job duties for hospital visits

Handout 13.1

“Job Description for WIC Peer Counselors in the Hospital”

Refer to Handout 13.1, your job description for peer counselors working in the hospital. Essentially, your role is to provide basic education and encouragement to new moms.

This includes:

- Answering common questions about breastfeeding.
- Helping mothers position and latch their babies (if this has been agreed upon by the hospital).
- Respecting each mother by keeping her information confidential.
- Making referrals to the appropriate hospital staff and the WIC Designated Breastfeeding Expert.
- Arranging for follow-up contacts with the mother once she is discharged from the hospital.

Typical day in the hospital

In many hospitals, peer counselors go through the hospital’s volunteer program to learn about the hospital’s policies and protocols that all staff and volunteers follow. The WIC agency may sign an agreement with the hospital to outline the specific duties of your work. You will also be trained by the WIC supervisor and perhaps by a lactation consultant at the hospital as well.



A typical day at one hospital in Oakland, California:

Shadow the IBCLC

Follow the lactation consultant at work in the hospital to learn how she talks with patients and to understand her role. This shadowing occurs before peer counselors see patients on their own.



Check in upon Arrival

Each hospital will designate a point person to check in with when you arrive each day. It may be a hospital lactation consultant or other staff.

Module 13: Providing Peer Counselor Services in Other Settings



Check the List of Patients to See

The hospital will let you know how they will communicate names of patients to visit. Normally, moms about to be discharged and moms having breastfeeding problems are highest priority.



Discuss Questions with Staff

If you need more details about a patient, discuss the patient's situation with the lactation consultant or other designated staff.



Follow Hospital Sanitation Requirements

Follow the hospital's required hand washing policy and universal precautions as you learned in your volunteer training at the hospital.



Record Your Notes for Other Staff

Find out how the hospital wants you to report out your visits with moms. Some hospitals provide a log book for peer counselors to record important information for staff follow-up.

Module 13: Providing Peer Counselor Services in Other Settings

Helping moms in the hospital

Your role will be to encourage WIC mothers with breastfeeding using your 3-Step Counseling skills and the training you have received on helping mothers get off to a good start with breastfeeding.

Ways you may help mothers:

- Introduce yourself.
- Discuss milk production and what to expect when milk volume increases.
- Discuss the importance of concentrated milk (“colostrum”).
- Encourage mothers to exclusively breastfeed.
- Share WIC resources.
- Remind mothers to return to the WIC clinic for certification of themselves and their baby.
- Leave your contact information so moms can call you when they are home from the hospital.



Counseling moms in the hospital

Mothers who have just had a baby may be overwhelmed, exhausted, and in pain, while at the same time full of joy over the birth of their baby. Family members and visitors may tax the



mother’s energy. Pain therapy drugs may make it difficult for her to concentrate on learning new skills. Take time to ask about the birth experience. Keep information about breastfeeding short and simple. Praise mothers and affirm them often! Respect family members and others who have come to the hospital to be with her.

Information to review:

- Importance of skin-to-skin contact and baby-led breastfeeding
- Frequency of breastfeeds – at least 8 to 12 times every 24 hours
- Ways to wake a sleepy baby (unwrapping the baby, changing the diaper, holding baby skin-to-skin, breast compressions while nursing)

Module 13: Providing Peer Counselor Services in Other Settings

- How to know baby is getting enough (wet/dirty diapers, swallowing, avoiding formula and bottles, baby is gaining weight)
- Avoid pacifier use in the postpartum period. Pacifiers can be used by breastfed infants once breastfeeding has been well established after the first month.

Being a team player

Peer counselors who are working effectively in hospitals across the country have found that simple steps can help you to become accepted and valued as an important member of the hospital's patient care team.



The steps include:

- Always have a professional appearance.
- Wear your WIC name badge so mothers know you are there in an official capacity.
- Always be well groomed.
- Arrive on time and ready to work.
- Be positive and ready to help moms.
- Always check in with the nursing staff so they know you are there.
- Always wash your hands when you enter and leave every room.
- Respect the privacy needs of mothers; knock before walking into a patient room.
- Avoid touching the mother's breasts and always ask permission before you help her.
- Respect mothers of different cultural backgrounds and beliefs.
- Support other hospital staff.
- Never contradict the advice given by another health care provider.
- Do not diagnose or attempt to "treat" medical conditions.
- Avoid discussing other topics unrelated to breastfeeding with patients.
- Make referrals!
- Practice within your scope that your agency and hospital agreed upon.
- Give out only information you have been trained on.
- Document your hospital visits as instructed by your supervisor.

Yield any mothers experiencing difficulties to your WIC Designated Breastfeeding Expert and the nursing staff so mothers can continue to receive timely follow-up after they are discharged.

Module 13: Providing Peer Counselor Services in Other Settings

Supporting Moms in Their Homes



Most breastfeeding concerns can be handled through telephone calls. Sometimes it is necessary to see the mother breastfeeding, especially if she complains that breastfeeding is painful. This can usually be accomplished by asking her to meet you at the clinic. In some situations, a mother cannot get to the WIC clinic and may request a home visit. If your WIC agency has authorized you to make home visits, it can be a way of reassuring mothers that they are

doing well and can confidently continue breastfeeding. Many peer counselors making home visits go with an experienced peer counselor, the breastfeeding coordinator, or with another staff member such as the home visiting nurse.

Always follow safety guidelines, such as:

- Try to go with someone else, when possible.
- Clear the home visit day/time with the mother so she is not surprised by your visit.
- Dress appropriately.
- Ask about any pets she may have and that they be secured during your visit.
- Notify your supervisor of your plans and report in when the visit is completed.
- Leave valuables at home.
- Check driving directions before you leave.
- Park in well-lit, heavily-traveled areas.
- Leave immediately if you feel uncomfortable at any point during the visit.

Counseling mothers at home

- Remember you are a guest in the mother's home. Always show respect for her and her family.
- Introduce yourself to her and to family members. Explain the purpose for your visit.



Module 13: Providing Peer Counselor Services in Other Settings

- Wear your WIC identification badge.
- Call the mother and baby by name.
- Be sensitive to cultural practices that may be different from your own.
- Ask where she would be comfortable breastfeeding with you observing.
- Affirm her frequently, remembering that mothers with problems often feel they have failed.
- Include family members in the conversation when possible, and show them ways they can support the mother.
- Share WIC approved resources and numbers of people she can contact for additional help.
- Thank the mother and discuss a follow-up plan.
- Document the home visit, and contact the WIC Designated Breastfeeding Expert if the mother needs more specialized help.

Moms' Groups

Think back to the last time you called a friend about a situation you were facing with your children. Women tend to seek out other people who are experiencing similar things. In many WIC clinics, peer counselors lead mother's meetings to bring moms together to share common experiences, and to



build friendships and connections. These groups also help moms gain support as they work through challenges. They may meet at the WIC clinic or at a community location.

Some keys to successful mothers' groups:

- Call them something besides "support groups" (ex: Mom's Group, Mommy & Me, Between Us Moms, Baby Time, etc.)
- Help all women feel welcomed. Greet them as they arrive and call them and their babies by name.
- Explain that the mom's group is a safe place, and that what they share in the room will stay there.

Module 13: Providing Peer Counselor Services in Other Settings

- Remember that people like to be heard and to know they are validated. Rather than doing all the talking, ask lots of questions and invite moms to tell their stories.
- Pick a “hot topic” question and ask moms to share their thoughts about it. Or ask about any challenges they are facing and what they have done to overcome them.
- Ask moms to share something good that happened the previous month, or to share something their baby did since last month that made them smile.
- Invite moms to have a turn sharing if others are doing more of the talking. For example: “Mary, you’ve been a little quiet. What do you think about that?”
- Ask the moms what *they* would like to discuss. Be prepared the next meeting with any resources or handouts that moms might find interesting.
- Encourage moms to breastfeed while in the group to increase their confidence breastfeeding in front of others.
- Invite moms to share favorite recipes, photos of their children, etc.
- From time to time, schedule meetings in fun locations such as a local park or library. Hold a potluck meal. Invite family members and children to attend.



Classes

Breastfeeding classes or discussion groups are often similar to mothers’ groups. Sometimes they may have more structure to address specific breastfeeding topics. Breastfeeding discussion groups can be offered for moms before or after their baby is born. You may be involved in helping lead certain parts of the meeting. Remember not to teach so much information that you make breastfeeding seem difficult. Focus on the most important messages: how to get off to a good start with skin-to-skin contact, how to get support from family members, working breastfeeding into a busy life, and how to be sure baby is getting enough milk.