



MODULE 1

How WIC Supports Breastfeeding

Core Competencies

- Promotes and supports breastfeeding in a manner that is consistent with WIC regulations, policies and initiatives.
- Discusses with mothers and their families how WIC promotes and supports breastfeeding.

Learning Objectives

Training attendees will be able to:

- Identify how breastfeeding benefits infants and mothers.
- Recognize personal role and responsibilities as part of the WIC “team” that promotes, protects, and supports breastfeeding.
- List the ways the WIC Program supports breastfeeding families.
- Explain how the WIC food packages support the breastfeeding mother and infant

Overview

This module provides a general overview of the “Using *Loving Support To Grow and Glow in WIC*” competency-based breastfeeding curriculum. It addresses the various ways WIC supports breastfeeding, and the central component of all breastfeeding services provided in WIC. The curriculum describes each staff’s role as part of the “Circle of Care” protecting and supporting the breastfeeding goals of WIC mothers.

Topics Covered

- Breastfeeding core competencies for all WIC Staff
- Why WIC promotes and supports breastfeeding
- National breastfeeding goals and rates
- Resources available to breastfeeding mothers and infants through WIC
- WIC food packages for breastfeeding mothers and infants
- Staff roles in promoting and supporting breastfeeding

Time: 2 hours

Materials and Supplies

Handouts

- Handout 1.1: “Breastfeeding Core Competencies for All WIC Staff”
- Handout 1.2: “WIC Food Packages for Breastfeeding Mothers and Babies”
- Handout 1.3: “Is Your WIC Breastfeeding-Friendly?”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower



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General Training Materials

- Wind chimes, bell, or other object to signal the end of group activities (used in all modules)
- Flip chart easel
- Flip chart notepad
- Flip chart markers

Training Materials by Activity

Activity: What Does WIC Mean to You?

- Sheet of 8½- by 11-inch paper for each small group

Activity: Growing Healthy Babies and Moms

- Large sized plant pot
- Household items that represent benefits of breastfeeding. Examples:
 - Plastic clock (time savings)
 - Packet of seeds (growing a lifetime of health benefits)
 - Breast self-exam card (lower risk of breast cancer in mom)
 - Back massager (lower stress levels)
 - Boarding pass (mom can travel conveniently with a breastfed baby)
 - Tissue packet (fewer respiratory infections)
 - Baby thermometer (fewer infections)
 - Diabetes brochure or glucose monitor (lower risk of diabetes in both babies and moms)
 - Toy dollar bill (breastfeeding is more economical)
 - Weight scale, skin fold calipers, or other items that represent weight loss (helps mothers lose extra weight gained during pregnancy)
 - Growth chart of healthy weight baby (decreased risk of childhood obesity)
 - Air freshener (diapers smell less)
 - Leave statement showing accrued leave or perfect attendance sheet (less time off from work because of a sick baby)
 - Heart-shaped item (bond of love)
 - “Back to Sleep” campaign material or Sudden Infant Death Syndrome (SIDS) brochure (decreased risk of SIDS)

Activity: The WIC Mother’s “Circle of Care”

- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower , printed from the image on the CD-ROM onto 8½ by 11inch paper. Consider laminating the flowers to reuse for additional training events.
- Dry erase marker pens, one for each table



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Activity: Building Breastfeeding Support

- Pipe cleaners (50 for each small group of 5 - 6 training attendees)

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)



SPEAKER NOTES AND TALKING POINTS

SLIDE #1 “USING *LOVING SUPPORT* TO GROW AND GLOW IN WIC: BREASTFEEDING TRAINING FOR LOCAL WIC STAFF”

[Key Talking Points]

- Welcome to “Using *Loving Support* To Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff.”
- This training is designed for all staff who interact with WIC mothers, including clerical staff, Competent Professional Authorities (CPAs), and Nutritionists.

SLIDE #2 WHY BREASTFEEDING TRAINING

[Key Talking Points]

- After completing this training, it is our hope that staff in every WIC clinic will have the basic knowledge and skills or core competencies needed to encourage WIC mothers to breastfeed, and to provide them with the support they need to continue the breastfeeding relationship.
 - Handout 1.1 – “Breastfeeding Core Competencies for All WIC Staff” provides a list of breastfeeding core competencies that this training curriculum addresses.
 - Note how these competencies reflect skills all staff should possess to support breastfeeding in the WIC local clinic.
- This training goes beyond just imparting details or facts about breastfeeding. It is designed to provide numerous skills-building opportunities so you can easily apply what you learn in the clinic setting.

SLIDE #3 MODULE 1: HOW WIC SUPPORTS BREASTFEEDING

[Key Talking Points]

- Module 1, “How WIC Supports Breastfeeding,” provides an overview of the various ways WIC promotes and supports breastfeeding through the many services it provides WIC mothers and their families.
- Every WIC staff person is a valued part of a WIC mother’s “Circle of Care,” the team of WIC staff and health care professionals who are working to provide new families with the breastfeeding support they need.
- This module is very important because not only does it identify the various services WIC provides, it also describes each staff person’s role as part of this



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team, the “Circle of Care” whose ultimate goal is to protect and support breastfeeding goals of WIC mothers.

SLIDE #4 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address two core competencies. WIC staff:
 - Promote and support breastfeeding in a manner that is consistent with WIC regulations, policies, and initiatives.
 - Discuss with mothers and their families how WIC promotes and supports breastfeeding.

SLIDE #5 LEARNING OBJECTIVES

[Key Talking Points]

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Identify how breastfeeding benefits infants and mothers.
 - Recognize your roles and responsibilities as part of the WIC “team” that promotes, protects, and supports breastfeeding.
 - List the ways the WIC Program supports breastfeeding families.
 - Explain how the WIC food packages support the breastfeeding mother and infant.

SLIDE #6 BREASTFEEDING IS A PRIORITY IN THE WIC PROGRAM

[Key Talking Points]

- WIC’s goal is to safeguard the health of women, infants, and children. WIC promotes breastfeeding as the optimal infant feeding method because of the many health benefits breastfeeding provides infants and their mothers.
- WIC’s focus is to help mothers make an informed choice about how to feed their babies by providing accurate education on the advantages of breastfeeding over formula feeding, timely anticipatory guidance on mothers should expect, and appropriate support.
- Breastfeeding promotion and support are important components of WIC nutrition services that have grown through the years. The revisions to the WIC food packages in 2009 have further reinforced our breastfeeding efforts by providing incentives for the initiation and continuation of breastfeeding.



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- For some, these recent efforts have changed the way they view WIC, calling attention to the fact that WIC is a source of breastfeeding support rather than just a place to get infant formula.

SLIDE #7 WHAT DOES WIC MEAN TO YOU?



ACTIVITY

Activity: What Does WIC Mean to You?

Purpose: To examine WIC staff's perceptions about the WIC Program's role in breastfeeding promotion and support, and to facilitate teamwork among staff.

Materials Needed:

- Sheet of 8½- by 11-inch paper for each group
- Flip chart and markers

Time Needed: 5 minutes

Instructions:

1. Invite training attendees to work in groups.
 - Larger groups (5-6 people): work well for this activity.
 - For smaller groups (2-3 people): Consider using this as a general group discussion, or invite the single learner to record his or her thoughts.
2. Provide each group or individual with a sheet of paper.
3. Ask each group or individual to brainstorm alternative words that express the work they do in the WIC Program that start with the letters W, I, and C other than "Women, Infants, and Children" on the sheet of paper provided.
4. Encourage the group to be creative and have fun thinking outside the box.
5. Allow 2-3 minutes, and ring the wind chimes to signal the activity is over.
6. Ask groups to report on their new definitions; write meanings on a flip chart.

Points for Discussion:

- What are some of the "new" meanings for W-I-C that you identified
- How might a WIC mother's' perception of WIC might be different from ours?



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Take-Away Points:

- Thinking about WIC in new ways can be helpful for both staff and WIC families.
- The diverse alternative meanings come out of our varied experiences with WIC.
- Just as we were able to come up with many different words that “WIC” could stand for, the WIC Program itself may mean different things to staff and mothers.
- For many years WIC has been perceived by WIC mothers and the general public as the place to come for infant formula. Today, breastfeeding is a priority in the WIC Program and it should be known as a place that provides breastfeeding promotion and support.
- All staff can help WIC mothers and their families understand the many ways that WIC supports them in reaching their breastfeeding goals.

SLIDE #8 WHY WIC SUPPORTS BREASTFEEDING

[Key Talking Points]

- Leading health organizations and authorities, such as the American Academy of Pediatrics (AAP) and the United States Surgeon General emphasize breastfeeding as the preferred method of infant feeding.
- Breastfeeding is unmatched in its ability to provide the right amount of nutrients and disease-fighting substances to keep babies healthy.
- Breastfeeding truly is the NORMAL way to feed babies, and the standard by which all other feeding methods are measured.

SLIDE #9 DEFINITIONS OF BREASTFEEDING AND EXCLUSIVE BREASTFEEDING

[Key Talking Points]

- During this training, we will use the terms “breastfeeding” and “exclusive breastfeeding.” What do these terms mean?
- In WIC, we define breastfeeding as “the practice of feeding a mother’s breast milk to her infant(s) on the average of at least once per day.”
- “Exclusive breastfeeding,” as used in this training, is when an infant receives only breast milk and nothing else. This means no formula, sugar water, baby foods,



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anything else except for drops or syrups consisting of vitamins, minerals, or medications.¹

SLIDE #10 BREAST MILK: THE STANDARD BY WHICH EVERYTHING ELSE IS MEASURED

[Key talking Points]

- Breast milk has just the right amount of fat, sugar, water, and protein a baby needs for growth and development. It also has many other substances babies need to be strong, healthy, and smart that are not found in infant formula.
- These images show the difference. One image shows what a drop of formula looks like under a microscope. The next image shows what a drop of breast milk looks like under a microscope.
- The difference is that breast milk is a living substance and contains cells, hormones, and antibodies that help babies fight disease.

SLIDE #11 BREAST MILK: THE STANDARD BY WHICH EVERYTHING ELSE IS MEASURED (CONT'D)

[Key Talking Points]

- Breast milk has over 200 nutrients in the perfect combination to help babies grow healthy and strong.²
- In addition to the antibodies and disease-fighting components, breast milk also contains:
 - Vitamins and minerals needed for proper nutrition
 - Growth factors that help with infant growth and development
 - Enzymes that promote easier digestion.

SLIDE #12 BREAST MILK: CUSTOM MADE FOR BABY

[Key Talking Points]

- Breast milk has the ability to change in composition throughout the feeding, throughout the day, and even throughout the duration of the breastfeeding relationship itself to meet the unique needs of each individual baby.
- The milk a mother makes for a newborn is different from the milk she makes for an older baby.

¹Centers for Disease Control and Prevention. (2007). Breastfeeding trends and updated national health objectives for exclusive breastfeeding – United States births years 2000-2004. *MMWR Weekly*, 56(30)760-763.

²Lawrence R. (2005). *Breastfeeding: A Guide for the Medical Profession*. St. Louis: Mosby, Inc.



SLIDE #13 BREASTFEEDING: GROWING HEALTHY BABIES AND MOMS



ACTIVITY

Activity: Growing Healthy Babies and Moms

Purpose:

To help WIC staff identify the benefits of breastfeeding for mothers and babies.

Time Needed: 10 minutes

Materials Needed:

- Large plastic plant pot
- Items that represent benefits of breastfeeding. Examples:
 - Clock (time savings)
 - Packet of seeds (growing a lifetime of health benefits)
 - Breast self-exam card (lower risk of breast cancer in mom)
 - Back massager (lower stress levels)
 - Boarding pass (mom can travel conveniently with a breastfed baby)
 - Tissue packet (fewer respiratory infections)
 - Baby thermometer (fewer infections)
 - Diabetes brochure or glucose monitor (lower risk of diabetes in baby and mom)
 - Toy dollar bill (breastfeeding is more economical)
 - Weight scale, skin fold calipers, or other item to represent weight loss (helps mother lose extra weight gained during pregnancy)
 - Growth chart of healthy weight baby (decreased risk of childhood obesity)
 - Air freshener (diapers smell less)
 - Leave statement showing accrued leave or perfect attendance sheet (less time off from work because of a sick baby)
 - Heart-shaped item (bond of love)
 - “Back to Sleep Campaign” material or Sudden Infant Death Syndrome (SIDS) brochure (decreased risk of SIDS)



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Instructions:

1. Place items in plant pot.
2. Tell the group that breastfeeding helps grow healthy babies and moms.
3. Pass around the pot and ask volunteers to remove an item and guess how the item relates to benefits of breastfeeding.

Points for Discussion:

- Are there any reasons to breastfeed that you were not aware of?

Take Away Points:

- Breastfeeding offers enormous health advantages to both infants and mothers.
- It also fits well into the lifestyle of many mothers and provides practical benefits, such as greater convenience and cost savings.

SLIDE #14 BABIES GROW AND GLOW WITH BREASTMILK

[Key Talking Points]

- In summary, breastfeeding has been shown to reduce babies' risks of:³
 - Obesity^{4, 5,6}
 - Ear infections
 - Respiratory infections
 - Gastrointestinal infections
 - Atopic dermatitis (eczema)
 - Type 1 and Type 2 diabetes
 - Leukemia

³ Agency for Healthcare Research and Quality. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Washington, D.C.: Agency for Healthcare Research and Quality. Available online at: www.ahrq.gov.

⁴ Centers for Disease Control and Prevention. (2007). Does breastfeeding reduce the risk of pediatric overweight? Research to Practice Series #4. Atlanta, GA: Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. Available online at: http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf.

⁵ Harder T, Bergmann R, Kallischnigg G, Plagemann A. (2005). Duration of breastfeeding and risk of overweight: a meta-analysis. *American Journal of Epidemiology*, 162:397-403.

⁶ Owen CG, Martin RM, Whincup PH et al. (2005). Effect of infant feeding on risk of obesity across the life course: A quantitative review of published evidence. *Pediatrics*, 115:1367-1377.



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- Sudden Infant Death Syndrome (SIDS).
- Breast milk is also easier for babies to digest than infant formula.
- Many mothers decide to breastfeed because of the special bond breastfeeding helps them form with their baby.

SLIDE #15 BREASTFEEDING IS ALSO GOOD FOR MOTHERS

[Key Talking Points]

- Breastfeeding also has many health benefits for mothers, including reducing their risks of:⁶
 - Premenopausal breast cancer
 - Ovarian cancer
 - Type 2 diabetes.
- Breastfeeding mothers also:
 - Miss less work (since their baby is healthier) ⁷
 - Recover from childbirth faster since their uterus shrinks back to its pre-pregnancy size faster
 - Have fewer expenses since there is no formula to buy.

SLIDE #16 INCREASING BREASTFEEDING RATES: A NATIONAL HEALTH OBJECTIVE

[Key Talking Points]

- Healthy People 2010 specifies national health objectives for breastfeeding initiation and duration in recognition of the significant contribution breastfeeding makes to infant health.⁸
- The chart below shows how breastfeeding rates for 2006 compare with the Healthy People 2010 objectives. While the percentage of women who initiate or try breastfeeding at birth are close to the national target of 75 percent, the percentage of women who are still breastfeeding at 6 and 12 months fall short.⁹

⁷Cohen R, Mrtek MB & Mrtek RG. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American J of Health Promotion*. 10(2):148-153.

⁸ U.S Department of Health and Human Services. (2008). Healthy People 2010. Washington, D.C.: U.S. Department of Health and Human Services, Centers for Disease Control.

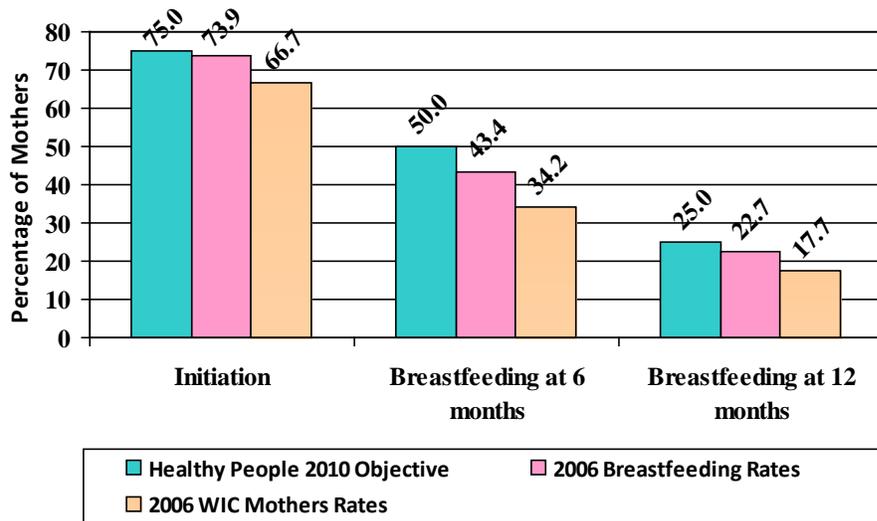
⁹ Centers for Disease Control and Prevention. (2009). National Immunization Registry. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.



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- Breastfeeding rates among WIC mothers are even lower compared to the national average.¹⁰
- Although WIC breastfeeding rates have risen over the years, they remain lower than those of women not participating in WIC.
- There are many reasons that women decide to stop breastfeeding, and there are also many ways WIC staff can help mothers breastfeed longer.

Healthy People 2010 Objectives and 2006 Breastfeeding Rates^{9, 10}



PLANT YOUR LOCAL INFO

Insert State-specific data into the chart. Use data from the National Immunization Registry, available at www.cdc.gov/breastfeeding, from the Pediatric Nutrition Surveillance System (PedNSS), or other data used in your State to help WIC staff see the status of breastfeeding in your community. If breastfeeding rates are extremely low, remind staff that WIC mothers face greater challenges than the general population, which means we must be even more intentional about the support provided. If the rates exceed the national goals, note whether duration and/or exclusive breastfeeding rates decline. This, too, shows that mothers need support to sustain breastfeeding.

¹⁰ Centers for Disease Control and Prevention. (2006). CDC Guide to Breastfeeding Interventions. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.



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SLIDE #17 AN OPPORTUNITY TO MAKE A DIFFERENCE

[Key Talking Points]

- Research has shown that breastfeeding promotion and support activities result in more women breastfeeding.¹¹
- Today, half of the babies born in the United States are served by the WIC Program. Consequently, the WIC Program has an opportunity to reach millions of low-income women with breastfeeding education and support.

SLIDE #18 *LOVING SUPPORT* MAKES BREASTFEEDING WORK

[Key Talking Points]

- In 1997, USDA launched a national breastfeeding campaign known as “*Loving Support Makes Breastfeeding Work*” [also called *Loving Support*] that continues to provide the framework for WIC’s breastfeeding promotion and support efforts.
- The theme, “*Loving Support makes breastfeeding work,*” emphasizes how the support of friends, family, WIC staff, and the community can help mothers have a long and positive experience with breastfeeding.
- The goals of *Loving Support* are to:
 - Increase the percentage of moms who initiate breastfeeding.
 - Increase the duration or amount of time a mom breastfeeds.
 - Increase public awareness and support for breastfeeding.
 - Increase referrals to WIC.

SLIDE #19 *LOVING SUPPORT* MATERIALS

[Key Talking Points]

- A series of *Loving Support* pamphlets and posters address common barriers identified by WIC mothers as reasons they chose not to breastfeed, or discontinued. These include embarrassment, time and social constraints, returning to work/school, and a lack of support from those around them.
- There are also many State nutrition education materials that have been developed around the *Loving Support* theme.

¹¹ Centers for Disease Control and Prevention. (2005). CDC Guide to Breastfeeding Interventions. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.



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SLIDE #20 EXPANDING OUR GARDEN – BUILDING UPON *LOVING SUPPORT*

[Key Talking Points]

- *Loving Support* is more than just a collection of materials.
- The initial campaign also introduced new ways for communicating with mothers about breastfeeding using a 3-Step counseling method.
- Additional training curricula and projects have also been developed, such as:
 - Peer counseling training curriculum
 - Resources to facilitate community partnerships
 - Educational materials targeting Hispanic families and African American fathers
- And now...
 - “Using *Loving Support* to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff”
- *Loving Support* is the foundation for all of our efforts in breastfeeding promotion and support.
- All of USDA’s breastfeeding support materials can be accessed through the WIC Works Resource System at:
http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html

SLIDE #21 HOW WIC HELPS

[Key Talking Points]

- Breastfeeding promotion and support are important components of WIC nutrition services and include:
 - Providing WIC mothers with current and accurate information about breastfeeding
 - Sponsoring breast pump loan programs, peer counseling programs, breastfeeding classes, and support groups to help mothers breastfeed longer
 - Making our clinics “breastfeeding-friendly” places where mothers feel comfortable breastfeeding.



SLIDE #22 USING NEW EYES



ACTIVITY

Activity: Using New Eyes

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Purpose:

To assist participants in taking another look at ways to approach common concerns that mothers might experience with breastfeeding.

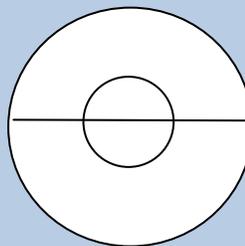
Materials Needed:

- Flip Chart Sheet and marker
- Sheet of paper, one for each participant

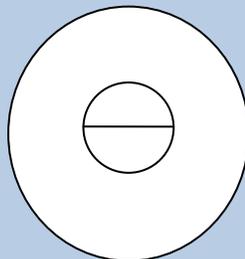
Time Allowed: 3-4 minutes

Instructions:

1. Draw the first figure below on a flip chart and ask training attendees to work independently to draw that same figure on a sheet of paper at their table.
2. There are two rules: (1) complete the drawing without lifting their pen off the paper; and (2) do not retrace any lines.



3. Allow 1 minute and ask someone who has figured it out to draw it on a flip chart to show the rest of the group. Then show a second drawing and ask the groups to repeat the process.





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4. Tell attendees: *If you think you cannot do it, you are probably right. If you think you can do it, you are probably right.*
5. After 1 minute, ask who was successful. Invite someone to come to the flip chart and demonstrate how they did it.
6. If nobody can figure it out, demonstrate 1 option for solving the puzzle.
Example: (a) *After drawing the inside circle drawing lay the pen on its side to move it toward the outer circle; (b) use a ballpoint pen and after drawing 1 of the circles, click the pen so the ballpoint is up and move the pen, still touching the paper, to the next circle.*

Points for Discussion:

- What made the second drawing more difficult?

Take-Away Points:

- The first drawing was easier. The second one was more difficult, but once you saw the solution, you may have wondered why you didn't think of it before.
- The second drawing may have been more difficult if you used the same kind of thinking you did on the first drawing. But it is impossible to solve using that thinking. Older solutions do not always work when facing new challenges.
- As WIC staff consider promoting and supporting WIC mothers with breastfeeding, it might require a new and different way of thinking.
- Viewing our WIC clinics, our counseling, our services, and our food packages through new eyes can help us apply innovative solutions to helping mothers continue breastfeeding.

SLIDE #23 A NEW LOOK AT WIC FOOD PACKAGES

[Key Talking Points]

- WIC's food packages are another way WIC helps breastfeeding mothers and infants.
- In 2005, the Institute of Medicine (IOM) issued recommendations for improving the WIC food packages to better serve the needs of WIC participants. The IOM selected a Committee of experts in nutrition, health, and economics to review the WIC food packages. In making its recommendations, IOM accepted input from WIC staff, health professionals, advocates, and others.
- One of the IOM's primary recommendations was to improve the WIC food packages to better promote and support breastfeeding.
- IOM recommended that WIC:



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- Increase the dollar value and attractiveness of the food packages for breastfeeding mothers and babies to address concerns that WIC mothers saw food packages for formula feeding mothers and babies as worth more.
- Provide food packages that address the differences in nutrition needs of breastfeeding and formula feeding mothers and their babies.
- Minimize the amount of formula provided to breastfed infants to help mothers establish and continue breastfeeding.

SLIDE #24 VALUED ADDED FOOD PACKAGES FOR BREASTFEEDING MOMS

[Key Talking Points]

- The WIC Program made various changes to its food packages based on the IOM recommendations.
- In 2009, WIC began offering food packages to mothers and babies that better promote and support breastfeeding. These food packages are designed to provide an additional incentive to mothers for breastfeeding and better support mothers' intentions to breastfeed their babies.
- Ways the food packages better support breastfeeding women and their babies:
 - Provide a greater quantity and variety of foods to breastfeeding mothers and babies.
 - Help mothers make enough milk for their babies by supporting exclusive breastfeeding during the first month. This is critical for establishing a good milk production that will enable mothers to breastfeed successfully whether they wish to continue breastfeeding exclusively or partially breastfeed later on. To support exclusive breastfeeding in the first month, WIC provides mothers with lots of breastfeeding support and little to no infant formula during this time.
 - Protect mothers' milk production and maximizes the health benefits of breastfeeding for mothers who decide to partially breastfeed by tailoring the amount of formula provided and providing breastfeeding support.
- See Handout 1.2, "WIC Food Packages for Breastfeeding Mothers and Babies" for details regarding the food packages breastfeeding mothers and infants receive.



INSTRUCTIONAL GUIDANCE

Refer staff to Handout 1.2, "WIC Food Packages for Breastfeeding Mothers and Babies," which outlines what the food packages provide breastfeeding mothers and infants. Keep this tool handy as you discuss the following 2 slides, as well.



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SLIDE #25 FULLY BREASTFEEDING FOOD PACKAGE

[Key Talking Points]

- The food package a mom receives and the length of time she receives food benefits depends on the amount of formula her baby receives from WIC.
- Fully breastfeeding food packages are for mothers and their babies who do not receive formula from WIC and are considered exclusively breastfeeding. Mothers and infants may receive this package until the infant is 12 months of age.
 - For moms, this package provides the largest quantity and variety of foods, including a \$10 cash value voucher for fruits and vegetables.
 - 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 formula, and also provides baby food meat, a good source of iron and zinc.
 - These food packages can be called the “WIC Grand Deluxe” food packages because they offer the greatest amounts of food and benefits to both mom and baby and help WIC support its efforts to encourage moms to exclusively breastfeed.

SLIDE #26 PARTIALLY BREASTFEEDING FOOD PACKAGE

[Key Talking Points]

- Partially breastfeeding food packages are for mothers and their babies who mostly breastfeed but also receive some formula from WIC after the first month postpartum. Mothers and infants may receive this package until the infant is 12 months of age.
 - For moms, this package provides extra quantities and varieties of foods – more than for moms who mostly formula feed.
 - For infants, formula amounts are kept to a minimum to help moms continue to successfully breastfeed. Too much formula can lead mothers to wean. The goal is to help moms maintain their milk supply by feeding as much breast milk to the baby as possible.
 - These food packages can be called the “WIC Deluxe” food packages because they offer extra foods for moms and support her efforts to provide mostly breastmilk to her infant.
- In addition to the extra foods from WIC, mothers and babies also receive valuable breastfeeding support and services (such as breast pumps) and the priceless health benefits of breastfeeding (something for which there is no substitute).



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PLANT YOUR LOCAL INFO

State agencies should supplement the general information about WIC food packages described in this module with their own State-specific policies, procedures, and terminology.

SLIDE #27 APPLICATION TO PRACTICE

[Key Talking Points]

- Practicing the language we can use to help discuss the food packages with new mothers can help build confidence in presenting WIC services in a positive way.



ACTIVITY

Activity: Application to Practice

Purpose: To help staff practice talking about WIC food packages with mothers.

Materials Needed:

Handout 1.2 – “WIC Food Packages for Breastfeeding Mothers and Babies”

Time Needed: 7-8 minutes

Instructions

1. Invite training attendees to work in pairs. One person should play the role of a new mother and the other should play the role of a WIC staff member (clerk or CPA).
2. Ask the pairs to discuss the story starter below:
 - **Story Starter:** A pregnant woman is thinking about breastfeeding, but feels she will probably want to give formula too. She did this with her last baby. She asks what breastfeeding support services are available through WIC and how WIC can help her with breastfeeding.
 - Ask the speakers to discuss how they might present the food packages to one of these mothers, using Handout 1.2, “WIC Food Packages for Breastfeeding Mothers and Babies,” as a guide.
3. Include information about support services that are available in your WIC clinic to support breastfeeding mothers.



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4. Allow 2-3 minutes and ring the wind chimes to signal the role play is over.
5. Invite training attendees to discuss how they handled the situation.

Points for Discussion:

- What was easy? What was most difficult?
- What are common concerns you have or are already hearing regarding the WIC food packages for breastfeeding mothers?
- What breastfeeding support services at your WIC clinic did you discuss with your partner that could be helpful in sharing with new mothers?

Take-Away Points:

- Helping mothers reframe the way they think about WIC services (from a “formula program” to “the place to get breastfeeding help”) will take time and consistent messages of support from all staff.
- Framing our messages in a positive way, showing mothers the added value they will get from the extra foods in the breastfeeding packages, will help them see the benefits of exclusive breastfeeding.

SLIDE #28 WHY WE MINIMIZE FORMULA AMOUNTS FOR BREASTFEEDING BABIES

[Key Talking Points]

- When a mother provides infant formula to her baby, her milk production decreases and the length of time she breastfeeds is shortened.¹²
 - Breastfeeding education, anticipatory guidance, and referrals that WIC staff provide help mothers give their babies the best nutrition possible – breast milk!
 - Support can empower mothers to keep breastfeeding. Providing formula can undermine her resolve when she faces barriers.
- By helping mothers provide their babies with as much breastmilk as possible, you are helping those mothers and babies maximize the health benefits they get from breastfeeding.³

¹² Lawrence R. (2005). *Breastfeeding: A Guide for the Medical Profession*. St. Louis MO: Mosby, Inc.



SLIDE #29 WILL BREASTFEEDING MOTHERS ASK FOR THE FULL FORMULA PACKAGE?

[Key Talking Points]

- A common belief is that mothers will always choose the package with most formula “just in case” or that the benefits of the breastfeeding food packages are not enough to persuade mothers to breastfeed.
- Research conducted with WIC participants has indicated that breastfeeding mothers are less likely to accept formula from WIC when they knew about the added food benefits in the food package for breastfeeding mothers.¹³ We need to be sure to share with WIC mothers how the food packages for breastfeeding mothers and infants provide a greater quantity and variety of foods for mothers and infants who breastfeed.
- By sharing with mothers how breastfeeding is the normal and healthiest way to feed their babies, and that infant formula can interfere with a mother’s intentions to breastfeed, we can help mothers make an informed decision about their feeding choice.

SLIDE #30 YOUR WIC BREASTFEEDING TEAM: A WIC MOTHER’S “CIRCLE OF CARE”



ACTIVITY

Activity: The WIC Mother’s “Circle of Care”

Purpose: To help staff identify their role in promoting and supporting breastfeeding with WIC mothers.

Materials Needed:

- Flip chart easel
- Flip chart notepad
- Flip chart markers

OR, for individual teaching:

- Copy of the 8½- by 11-inch sized “My Goals for Breastfeeding Support” Goal-Setting Flower (provided on the CD-ROM), one copy for each individual

¹³Baydar N, McCann M, Williams R & Vesper E. (1997). WIC Infant Feeding Practices Study. Washington, D.C.: United States Department of Agriculture. Available online at: <http://www.fns.usda.gov/oane/menu/Published/WIC/FILES/WICIFPS.PDF>



Time Needed: 5-7 minutes

Instructions:

1. Invite training attendees to work in groups.
 - Larger groups (5-6 people): work well for this activity.
 - For a small overall training group: Consider using this as a general group discussion, or invite the single learner to record his or her thoughts on the flower.
2. Provide each group with a sheet of flip chart paper and colorful markers.
3. Ask each group or individual to discuss roles of the various members of the WIC team in their local clinic.
4. For larger groups ask training attendees to use their creativity to create a single flower with petals representing various roles, or even a garden of flowers to represent various members of their clinic team. Write in roles of staff in the petals or inside flowers.
5. For smaller groups, ask them to write the roles they can think of inside the petals using a regular pen.
6. Allow 4-5 minutes, and ring the wind chimes to signal the activity is over.
7. Ask groups to report. Post the flowers in the room so others can view throughout the training day.

Points for Discussion:

- What are some of the various roles you identified? How are the roles different from position to position?

Take-Away Points:

- All staff play a role in supporting WIC mothers and their families with breastfeeding.
- Although the roles may be different from each person to person, together they form an important part of a WIC mother's "Circle of Care."
- Everyone who comes into contact with a WIC mother is a member of this team and is critical to WIC's ability to promote and support breastfeeding.



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SLIDE #31 LOCAL AGENCY CLERKS

[Key Talking Points]

- The local agency clerk:
 - Sets the tone by using breastfeeding-friendly language.
 - Is often the first to hear of mothers experiencing breastfeeding problems.
 - Refers the breastfeeding mothers for support and follow-up.
 - Is the first responder to questions about food packages and types of breastfeeding support available through WIC.

SLIDE #32 COMPETENT PROFESSIONAL AUTHORITY (CPA)

[Key Talking Points]

- The CPA:
 - Conducts a complete WIC breastfeeding assessment using Value Enhanced Nutrition Assessment (VENA) principles and techniques.
 - Provides appropriate education/assistance/referrals.
 - Prescribes an appropriate food package to mother and infant to encourage breastfeeding with minimal supplementation.

SLIDE #33 COORDINATOR/MANAGER

[Key Talking Points]

- The coordinator/manager:
 - Encourages and support breastfeeding promotion activities and training.
 - Allocates funding and resources for breastfeeding promotion and support.

SLIDE #34 LOCAL AGENCY PEER COUNSELOR

[Key Talking Points]

- The peer counselor:
 - Is a role model for breastfeeding behaviors.
 - Gives mother-to-mother support outside of the usual clinic hours and environment.

SLIDE #35 BREASTFEEDING COORDINATOR

[Key Talking Points]

- The breastfeeding coordinator:
 - Coordinates breastfeeding activities.



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- Oversees planning, implementation, evaluation, training, and community collaborations.

SLIDE #36 THE WIC DESIGNATED BREASTFEEDING EXPERT

[Key Talking Points]

- Every local WIC agency has one or more WIC Designated Breastfeeding Experts for staff to call upon when facing situations outside their scope of practice.
- The process for how staff should make referrals to the WIC Designated Breastfeeding Expert is determined by the State or local WIC agency. It is up to each State or local WIC agency to determine a process for making referrals.
- The goal is to make sure the needs of breastfeeding mothers are addressed in a timely and appropriate manner.
- The WIC Designated Breastfeeding Experts might include:
 - Breastfeeding experts (such as WIC breastfeeding coordinators, peer counselor coordinators, International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), Certified Lactation Educators (CLEs) or others in the community.
 - WIC staff (such as nutritionists or nurses who can help with nutrition and WIC-related questions).
 - Medical staff (such as physicians or nurses).
- The training will refer repeatedly to the need for staff to “yield” to a WIC Designated Breastfeeding Expert.



PLANT YOUR LOCAL INFO

Include information about the referral process to the WIC Designated Breastfeeding Expert for your State or local agency.

SLIDE #37 BREASTFEEDING WELCOME HERE!

[Key Talking Points]

- The WIC clinic environment can convey many messages to mothers about breastfeeding. We can promote breastfeeding by displaying breastfeeding posters and brochures, having comfortable areas for women to breastfeed, signs that say “Breastfeeding Welcome Here,” and more.



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- There are also conflicting messages we may unintentionally send to mothers that might imply that formula feeding is the normal way to feed babies, such as pictures of women bottle feeding their baby, and the presence of formula, baby bottles, and nipples.
Handout 1.3, “Is Your Clinic Breastfeeding-Friendly?” provides best practices for a breastfeeding-friendly environment in local WIC facilities.



ACTIVITY

Optional Activity: WIC Scavenger Hunt

Purpose:

To assess local agency clinic support for breastfeeding families.

Materials Needed: None

Time Allowed: Varies, depending on the type of hunt being conducted.

Instructions:

1. There are many ways to conduct a scavenger hunt that can be fun and educational for staff.
2. Option 1: Conduct the hunt prior to the training event by asking attendees to bring a scrapbook, display, or selection of photos representing items in their clinic that support breastfeeding. Allow staff to discuss their achievements, and then help them glow with pride by providing certificates of achievement.
3. Option 2: Ask each clinic to submit a list of support services they provide to mothers. Award prizes to all clinics that provide a submission.
4. Option 3: Conduct an actual hunt in a local clinic. Hide items that demonstrate support for breastfeeding and/or items that could be detrimental to breastfeeding. Ask staff to find the items that are hidden throughout the work day. At the end of the day, collect all of the items and discuss their discoveries, including why certain items are helpful and others are not. Award prizes for the person who found the most items.

Points for Discussion

- What are ideas you heard that you feel could be implemented in your clinic?



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Take-Away Points:

- Take a mental walk through your clinic through the eyes of a WIC mother to imagine how she might feel supported with breastfeeding. It can be helpful to take a routine inventory of services to improve support.
- When mothers are surrounded with positive images about breastfeeding and visible examples of support, we help increase their awareness of the importance of breastfeeding, and help them build confidence.

SLIDE #38 THROUGH THE EYES OF WIC MOTHERS

[Key Talking Points]

- Other WIC agencies around the country have found many creative ways to support mothers with breastfeeding.
- Some of these ideas may be useful for you in considering ways to expand the support options in your clinic.



INSTRUCTIONAL GUIDANCE

Consider posting photos of various breastfeeding support options that have been implemented by WIC State and local agencies that you are familiar with. Or place 8½- by 11-inch signs around the room that mention some of these options.

Examples:

- Breast pumps
- Peer counselor
- Breastfeeding promotion billboard
- Support group meeting
- Breastfeeding video for the waiting room
- Sign that tells mothers they can breastfeed anywhere in the clinic
- “Breastfeeding Welcome Here” decal
- Breastfeeding poster
- Educational pamphlets
- Rocking chair/private area to breastfeed in the clinic
- Training for WIC staff

Suggest that throughout the rest of this module, participants note some of these options and consider whether any of them might be useful to implement in their



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clinic or community. At the end of the module they will be asked to select at least one new intervention they might be willing to implement in their local clinic to expand support options for new mothers.

SLIDE #39 USING *LOVING SUPPORT* TO BUILD A BREASTFEEDING-FRIENDLY COMMUNITY

[Key Talking Points]

- Everyone is important to a mother's breastfeeding success – family, friends, health care providers, and community partners.
- The *Loving Support* campaign brings together each of these support systems to give WIC mothers and babies the best chance for breastfeeding success.
- WIC is also reaching out to community partners to build a network of support. When WIC and community partners work together, we *can* create a breastfeeding-friendly community and affect the lives of mothers and babies.
- For example, WIC agencies and hospitals can:
 - Create a seamless referral network from hospital discharge to WIC
 - Provide peer counselors in hospitals to offer support for new mothers
 - Conduct or co-sponsor breastfeeding training for maternity staff
 - Provide postpartum support groups and prenatal classes
- Other community partners who can work together with WIC include:
 - Health care providers
 - Childcare providers
 - Early Head Start (which has a federal mandate to promote breastfeeding)
 - Cooperative Extension/Expanded Food and Nutrition Education Program (which provides nutrition information to similar constituents)
 - Home visiting nurses
 - La Leche League or other peer support organization (which provide mother-to-mother support)
 - Businesses
 - Faith-based organizations and other community health care organizations
 - Nursing and dietetic schools



SLIDE #40 CREATING A FRAMEWORK OF *LOVING SUPPORT*



ACTIVITY

Activity: Creating a Framework of *Loving Support*

Purpose:

To build teamwork among WIC staff as they focus on ways they support WIC mothers in their local clinic setting.

Materials Needed:

- Approximately 50 colorful pipe cleaners for each small group of 5-6 training attendees.

Time Allowed: 15 minutes

Instructions:

1. Ask training attendees to work in small groups of around 5-6 training attendees each.
2. Provide each group with a set of brightly colored pipe cleaners (approximately 50 for each group).
3. Ask each group to work as a team to create a sculpture with the pipe cleaners that demonstrates a positive way their clinic team works together to support exclusive breastfeeding in WIC. Groups should think about the varied support options they learned in this module to consider their group sculpture.
4. Allow groups approximately 10 minutes to create their sculpture.
5. After sculptures are completed, ask each group to share the rationale and symbolisms of their creation.
6. Praise all creations! Take photos of each “team” with their sculpture for your newsletter, inhouse communications, or clinic bulletin boards. Invite a group of judges from another clinic or the State office to select winning sculptures and award certificates or small prizes.

Points for Discussion:

- What can we learn from this activity that we can consider implementing in your WIC facility?



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Take-Away Points:

- Breastfeeding support can take many creative forms, with a variety of support options.
- Support takes an entire team. All WIC staff have an important role to play in creating an environment of support.
- When new mothers receive support both from the WIC “Circle of Care” and their community, they have the best chance of reaching their breastfeeding goals.

SLIDE #41 SUMMARY

[Key Talking Points]

- During this module, we have discussed how and why WIC promotes and supports breastfeeding. Every staff person plays an important role as a part of the WIC breastfeeding team, and has a responsibility to provide *Loving Support* for breastfeeding mothers.
- Together we have a chance to improve the health of millions of mothers and babies who may have few other resources.

SLIDE #42 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower (Handout 1.4), write on one petal something you can do as a result of this module to help support breastfeeding in your clinic. For example, you might want to work on providing referrals to breastfeeding mothers who request formula during the first month. Or maybe you can hang a “Breastfeeding Welcome Here” sign in your clinic.
- After this training, post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.



Module 1: How WIC Supports Breastfeeding

Ongoing Enrichment

1. Watch the WIC video, *Partnering with WIC for Breastfeeding Success*, which highlights WIC's commitment and success in breastfeeding promotion and support, and invites stakeholders and health care professionals to partner with WIC to create a national environment that encourages mothers to breastfeed. You can view it on the WIC Works Resource System at: http://www.nal.usda.gov/wicworks/Learning_Center/support_success.html
2. Learn more about the *Loving Support Makes Breastfeeding Work* Campaign at: http://www.nal.usda.gov/wicworks/Learning_Center/loving_support.html



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Provide special recognition to the breastfeeding-friendly clinics in your State or community to help them “Glow with Recognition.” Some options to consider:

- Give a flower to staff members you've observed promoting breastfeeding in a manner that is consistent with WIC regulations, policies, and initiatives.
- Create a breastfed baby garden bulletin board to recognize breastfed babies in your clinic. Use the faces of the babies as the centers of the flowers.
- Have a garden themed item (such as a watering can or paper flower) that travels from person to person each month. The staff person voted as doing a good job promoting breastfeeding keeps the item for the entire month.



MODULE 2

FEELINGS ABOUT BREASTFEEDING

Core Competencies

Recognizes how personal beliefs and attitudes influence mothers' breastfeeding decisions.

Learning Objectives

Training attendees will be able to:

- Identify own personal beliefs and attitudes about breastfeeding.

Overview

This module gives staff an opportunity to explore their own beliefs and attitudes regarding breastfeeding to help them recognize the impact their beliefs as well as the beliefs of co-workers, mothers, and their family members, have on promoting breastfeeding at WIC.

Topics covered

- Knowledge and feelings about breastfeeding
- Comfort level with breastfeeding in varied situations
- Handling issues of “guilt” (for staff and mothers)
- Addressing staff barriers to promoting and supporting breastfeeding
- Setting goals for increasing knowledge and support for breastfeeding families

Time: 1.0 hours

Materials and Supplies

Handouts

- Handout 2.1: “What If?”
- Handout 1.4: “My Goal for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart note pad
- Flip chart markers
- Wind chimes, bell, or other object to signal the end of group activities (used in all modules)



Module 2: Feelings About Breastfeeding

Training Materials by Activity

- Objective for this module written on a piece of flip chart paper to post on the wall

Activity: "What If"

- Colored sticky notes, 14 per training attendee, seven pink and seven blue
- Handout 2.1 "What If?" breastfeeding situation stories (7)
- Large (8 ½- by 11-inch) envelopes (7)
- Emotion-based message breastfeeding posters "A New Me," "Supermom," and "Graduate Smart" from Massachusetts WIC State Agency:
http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/couns_ed3.htm#cl9a
- "Mother's Milk for Daddy's Baby" posters available from the Pennsylvania WIC State Agency:
<http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=179&Q=247761>
- Wind chime, bell, or other object to signal the end of group activities

Video Tools (Instructional Guidance, Slide 7)

- DVD: "Breastfeeding: Another Way of Saying *I Love You*" from Mississippi WIC State Agency, included in the curriculum manual

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)
- DVD player (if computer does not have one)



SPEAKER NOTES AND TALKING POINTS

SLIDE #1 FEELINGS ABOUT BREASTFEEDING



DISCUSSION STARTER

Purpose: To give training attendees an opportunity to state their expectations for attending this training.

Materials needed:

- Flip chart easel
- Flip chart pad
- Flip chart markers

Time required: 5 minutes

Discuss:

- When you heard you were coming today to a training on feelings about breastfeeding, what were your first thoughts?
- What are your expectations for today's training?

During the discussion, note attendees' comments on a flip chart sheet and post it on the wall.

SLIDE #2 CORE COMPETENCY

[Key Talking Points]

- This module is designed to address the following competency. WIC staff:
 - Recognizes how personal beliefs and attitudes influence mothers' breastfeeding decisions.

SLIDE #3 LEARNING OBJECTIVE

[Key Talking Points]

- To develop that competency, this module is designed to help WIC staff:
 - Identify own personal beliefs and attitudes about breastfeeding.



Module 2: Feelings About Breastfeeding



INSTRUCTIONAL GUIDANCE

- Post the flip chart sheet that has this module's objective recorded on it next to the training attendee's expectations sheet.
- Note any differences between expectations and the learning objective by comparing the two lists.
- Let the staff know that while our focus for Module 2 is to explore feelings about breastfeeding, subsequent training modules will address other questions and expectations they have.

SLIDE #4 FIRST TIME FOR EVERYTHING

DISCUSSION

Discussion: First Time for Everything

Purpose:

To begin to focus on exploring experiences and feelings.

Time required:

5-10 minutes, depending on the group size.

Discuss:

- Invite training attendees to partner with someone at their table.
- Ask them to share with each other their reactions the first time they saw a baby breastfeed. Describe the situation and how seeing a baby breastfeed made them feel. Then try to come up with a few single words to name how you felt.

Instructions:

1. Invite training attendees to partner with someone at their table.
 - *For larger groups:* If there is an odd number of training attendees at several tables, the instructor may need to help everyone find a partner. During the activity, walk around the room and listen for common or unique threads in the discussion.
 - *For smaller groups or one-on-one learning:* conduct this activity as a small



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group discussion. If the training is being conducted one-on-one, the instructor acts as the partner.

2. Ask 3-4 individuals to share their reflections with the group. Invite different viewpoints by asking if someone else had a different experience to share.

Take Away Points:

- The first time we saw a baby breastfeed was an experience that was unique to us. Our feelings in response to it are also very unique.
- Some of us have positive feelings (repeat some of the words you heard training attendees say). Others may have felt uncomfortable or curious (repeat some of the words you heard training attendees share).
- Some of us may be surprised how reflecting on the experience quickly brought those feelings right back to the surface.

SLIDE #5 PERCEPTIONS OF BREASTFEEDING

[Key Talking Points]

- There is no right or wrong way to feel. Whether we recall feeling warmth or shock, embarrassment or surprise, our feelings are part of who we are.
- Sometimes we can look at our feelings and see the strong connection between them and decisions we made. Our experiences with breastfeeding may continue to shape our feelings. For instance:
 - Maybe you have had no direct experience with breastfeeding, you don't have any children of your own, or don't know anyone who has breastfed.
 - It can be uncomfortable to discuss experiences we have not personally had.
 - Perhaps you are a mother and you have children you breastfed, and everything went perfectly. Your baby latched right on and seemed to have read all of the textbooks. You loved breastfeeding. How easy is it for you to imagine and relate to mothers who did not have such a positive experience?
 - Maybe you tried to breastfeed but things didn't go so well. Nobody told you how to latch the baby, and you left the hospital with sore nipples and no idea what to do from there. When your baby became fussy and didn't gain weight, you offered formula and it worked well for you. How do you feel when you hear WIC breastfeeding staff saying "Breastfeeding is natural" or when you hear a Peer Counselor telling a mother how wonderful breastfeeding is?
 - Perhaps you never tried to breastfeed. Maybe no one shared information with you or perhaps your healthcare provider actively discouraged



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breastfeeding. Maybe you returned to work soon after the baby was born and breast pumps were not as good as they are today, and nobody at your workplace would have understood or supported breastfeeding. How do you feel when breastfeeding staff eagerly talk about the health reasons to breastfeed?

- Reflecting on our experiences and feelings helps us recognize how they have informed our current beliefs and feelings about breastfeeding.
- If breastfeeding did not go well for us, we did not get the support we needed when we needed it, or we chose not to breastfeed, we were all doing what we could to be good mothers. As parents, there are decisions we can look back on and say, “that was the best decision for me,” and there are some decisions we made in which we might feel “if I’d known then what I know now, I might have done things differently.” We made a decision that worked for us given our situation and circumstances, the best decision we could with the information and support we had.
- If we do not have children or we are men who will never be able to fully relate to the act of breastfeeding, our job is to help WIC mothers get the support and the education they need to make an informed decision about breastfeeding and to honor their decision.
- Our experiences and feelings about breastfeeding are varied—there is no requirement if we work at WIC for us all to have exactly the same feelings or to have had the same experiences. WIC mothers *do* need all of us to be on the same page when it comes to supporting them.
- WIC mothers look at staff as experts in infant nutrition and they value our information when they hear the same message coming from all staff.
- We support mothers in different ways depending upon our job descriptions. This is a wonderful opportunity to give an amazing gift to WIC mothers: the gift of education and support that perhaps we ourselves did not get. With that education and support, mothers can make a truly informed decision.

SLIDE #6 WHAT IF?

[Key Talking Points]

- We encounter a variety of situations every day in WIC. How might our past experiences and feelings with breastfeeding affect our work?



ACTIVITY

Activity: What If?

Purpose: This activity gives attendees an opportunity to look at different breastfeeding situations that could come up at the WIC clinic to contemplate how they would feel and to think about how they might respond.

Time required: 25 minutes

Materials needed:

- Handout 2.1 – “What If?”
- Large (8 ½- by 11-inch) envelopes (7)
- Massachusetts WIC State Agency emotion-based messages posters (“A New Me,” “Supermom,” and “Graduate Smart”)
- Pennsylvania WIC State Agency breastfeeding posters (“Mother’s Milk for Daddy’s Baby”)
- Sticky notes, 14 per attendee (7 pink, 7 blue)
- Wind chime

Instructions:

1. Invite small groups to conduct the activity.
 - *For larger groups:* There are seven possible scenarios given. Each table will need a scenario. If you have more than seven tables, you will want to make extra copies of the scenarios.
 - *For smaller groups or one-on-one learning:* For a small group, all the scenarios can be put at one table. For a one-on-one training, the activity can be done as a discussion with the trainer sharing her feelings and responses as well.
2. Print the scenarios in the handout on a separate sheet of paper and place one scenario in an envelope on each table. For situation #1, include the Massachusetts WIC State Agency emotion-based messages posters in the envelope. For situation #5, include 2-3 of the “Mother’s Milk for Daddy’s Baby” posters from the Pennsylvania WIC State Agency.
3. Provide each attendee with 14 sticky notes, seven pink notes and seven blue notes.
4. Ask the group to read the scenario aloud and ask each attendee to quickly write on one of their pink notes their initial feelings about the situation—a



few words or a phrase is sufficient. Then ask each attendee to write on one of their blue notes how they think they might respond.

5. Invite them to share within their group after they've written their answers, beginning with their initial feelings and then how they might respond.
6. While each member shares, the other members are to listen without commenting or writing.
7. Give groups a few minutes per scenario, depending on the size of each group, and then ring the wind chime and ask them to rotate to another table with a new scenario. Groups will rotate until they return to their original table.

Discuss:

- Going scenario by scenario, ask attendees to recall some of the feelings they heard. What stood out for them as they listened to their colleagues?
- Ask the same questions of the responses.
- What do they note between the feelings and the responses?
- What were some responses you could see incorporating into your approach at the clinic?

Take Away Points:

- Our feelings are our own. Sometimes the connection between how we feel and how we react is easy to see. As we rotated from one scenario to the next, our feelings and how comfortable we felt may have changed from one scenario to the next.
- Our feelings often change over time. We may have a personal experience or an encounter that shifts our thinking or we may be exposed to new information that helps us to come to understand ourselves a little better.
- Throughout the training we will be sharing feelings, experiences, beliefs, and information about breastfeeding. Our co-workers may have different viewpoints from our own way of thinking. Part of our job (and not always the easiest part) is to practice the Golden Rule of listening – with our co-workers, WIC mothers, and their family members: ***Listen to others' thoughts and feelings as you would have them listen to you.***
- ***Talking with Mothers:*** Just as our past experiences helped form our current beliefs and feelings about breastfeeding, the same is true of WIC mothers and their families. Giving mothers opportunities to reflect on their feelings about breastfeeding can help them connect their beliefs to their experiences. In Module #3, "Counseling Breastfeeding Families," we will discuss ways to help a mother explore her feelings.



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SLIDE #7 I DON'T WANT TO MAKE MOTHERS FEEL GUILTY

[Key Talking Points]

- The issue of “not wanting to make a mother feel guilty” is sometimes mentioned as a reason not to mention breastfeeding at all.
- WIC staff honor and support the parents’ right to choose how they will feed their baby. Our goal is to provide accurate information to families so they can make an informed decision. Talking to parents about the reasons to breastfeed and addressing barriers allows families to be empowered to make the choice that is best for their family.



INSTRUCTIONAL GUIDANCE

Purpose:

To allow staff to hear from a mother who wished someone had told her about breastfeeding.

Time required: 5 minutes

Instructions:

Show part of the Mississippi WIC State Agency video, “Breastfeeding: Another Way of Saying *I Love You*.” The third segment shows a mother who wished someone had told her about breastfeeding.

Take Away Points:

- Even though many years have passed since her children were babies, you can see how upset the grandmother in the video becomes as she shares how no one told her about breastfeeding. She is proud of her daughter for breastfeeding and expresses her feelings of regret, not guilt, that she didn’t receive information.
- Many WIC staff members have mentioned when they hear stories such as this one that this is the reason why they want to share breastfeeding information with every mother—so that she can make her own informed decision and not have to look back with regret.



SLIDE #8 OTHER FEELINGS TO CONSIDER

[Key Talking Points]

- We might have other feelings that affect the way we discuss breastfeeding with WIC mothers.
- Perhaps we feel embarrassed to discuss breastfeeding. This can be a common feeling in our society. The good news is that the more we learn about breastfeeding and how to support mothers, the easier it can become to talk about it. When we can show WIC mothers that we are comfortable with breastfeeding, they will be more likely to feel it is something they can embrace, too.
- Perhaps we feel uneasy when WIC mothers demand infant formula. On some days it may seem easier to give them what they want. Or perhaps we feel that giving them formula is a way to help them receive more from WIC, especially when dealing with mothers in great need. It is good to remember that the best help we can give a WIC mother is the gift of empowerment to make an informed choice.

SLIDE #9 WHAT IF I'M NOT AN EXPERT?

[Key Talking Points]

- It does not take an expert to encourage a mother to breastfeed, to smile, to tell her how proud you are of her for breastfeeding, to ask her if she has thought about it, or even to share your experience of how you breastfed successfully.
- If you did not personally breastfeed, you can encourage mothers to breastfeed and to seek help if they have questions.
- You can also remind mothers that although you did not breastfeed, your job is to make sure that they have what they need to make that informed decision so that no mother has to experience what you did. Your story may actually be the most powerful of all.

SLIDE #10 WHAT'S GROWING IN YOUR WIC GARDEN?

[Key Talking Points]

- Being aware of shifts in our feelings and taking a moment to think before reacting is a best practice for us in the clinic. Our feelings, opinions, and attitudes matter and yet we can't be ruled by them. Moving beyond our feelings to focus on what we can say to best support the mother's goals, promote



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breastfeeding, or handle a difficult situation is something we can all work on improving.

SLIDE #11 WIC STAFF MAKE THE DIFFERENCE

[Key Talking Points]

- A group of clerks in a rural WIC clinic where breastfeeding rates were low discovered something amazing: despite the fact they had not breastfed, they could make a difference. Their shift in feelings about breastfeeding resulted in hundreds of babies having the opportunity to breastfeed.
- These clerks worked in a very busy maternity clinic similar to WIC clinics all over the U.S. Although Martha, one of the clerks, did not breastfeed her children, she did make referrals to the Peer Counselors.
- As part of a breastfeeding project, all of the clinic staff, including the clerical team, was trained in basic breastfeeding management and communication techniques. Their goal? To help every mother receive encouragement from everyone in the clinic.
- The clerks were skeptical. How were they going to find time to fit a single new task into their daily schedule? But they agreed to try. They attended a training that covered similar information to what you will be learning, including how to ask open-ended questions, how to affirm mothers, and how to share basic information about the importance of breastfeeding.
- After the training, Martha said she wished that someone had told her about breastfeeding. If she had known, she said she would have definitely given breastfeeding a try.
- The clerks committed to asking every single prenatal mother who came into the clinic, “Tell me what you’ve heard about breastfeeding,” and to follow with an affirming word to validate her feelings. They invited mothers to breastfeeding classes to learn more, and when new mothers came into the clinic, they began asking how breastfeeding was going rather than assuming they were formula feeding.
- By six months, they could already see a change. The breastfeeding rates in this area of extreme poverty and socio-economic challenges had dramatically risen. In this short period of time, the number of breastfeeding mothers increased fivefold, from 25 to 125 breastfeeding mothers. Within a year, more than 300 mothers were breastfeeding, and they were continuing to recertify as breastfeeding mothers at 6 months.
- A culture shift began because clerical staff were willing to change the way they talked to mothers about breastfeeding.



Module 2: Feelings About Breastfeeding

- Throughout the rest of this training program, we will focus on communication skills that help us talk more effectively with mothers about breastfeeding.
- Our success will depend on a team effort and our support is not something we offer only to WIC mothers—our co-workers need and deserve our support as well.
- It is easy to just concentrate on the negative, the mistake made by a co-worker, for example. What can be harder is to focus on what our co-workers are doing well and praise them for it with specific words: *I heard how well you answered that mother's question on the phone—that must have been hard since I could tell she was upset but you did a good job listening to her and affirming her feelings.*
- It only takes a moment of our time to offer up kind words to WIC mothers—it's just as important for us to do the same with our co-workers as well. Those kind words will most likely be returned to us at some future time when we most need to hear them.

SLIDE #12 SUMMARY

[Key Talking Points]

- By exploring our thoughts and experiences about breastfeeding, we are better able to understand where many of our feelings about breastfeeding come from, a good place for us to begin as we focus on becoming more competent in helping WIC mothers with breastfeeding.

SLIDE #13 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, take a minute to write on one petal something you can do as a result of this module to help support breastfeeding in your clinic. It is said that the greatest respect we can show someone is to listen to them. You may want to consider inviting someone at your clinic who has very different feelings from you about breastfeeding to share with you some of their thoughts. See what you learn from them about the connection between experiences and beliefs by simply listening.
- After this training, post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.



Module 2: Feelings About Breastfeeding

ONGOING ENRICHMENT

Consider attending a WIC prenatal breastfeeding class, a breastfeeding class at the hospital's childbirth class, or a La Leche League meeting in your community to see what insights and new information you can gain as you listen to mothers share their questions and comments about their hopes, concerns, and support needs.



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Provide special recognition to the breastfeeding-friendly clinics in your State or community as a part of this module to help them “Glow with Recognition.”

Some options to consider:

- Let WIC staff know when you notice that they encourage mothers to talk about their feelings, and when their language shows they respect differing opinions.
- Praise staff when you observe them doing a good job of listening in a difficult situation.
- Affirmation is one of the most powerful forms of recognition you can give. When someone notices what we are working on, it makes us feel proud of our work and the difference we are making.



MODULE 3

COMMUNICATING WITH WIC FAMILIES ABOUT BREASTFEEDING

Core Competency

Develops rapport and fosters open dialogue to successfully communicate with mothers and their families about breastfeeding.

Learning Objectives

Training attendees will be able to:

- Identify rapport building techniques that establish a positive relationship with pregnant or breastfeeding mothers.
- Demonstrate the ability to use participant-centered techniques (e.g., active listening, reflection, and affirmation) when communicating with or counseling pregnant or breastfeeding mothers.

Overview

Module 3, “Communicating with WIC Families About Breastfeeding,” helps staff grow their confidence talking with pregnant and breastfeeding women and their families. Although most women know that breastfeeding is important, many of them choose not to breastfeed or begin supplements or solid foods before 6 months. Many studies show that breastfeeding education is effective in increasing breastfeeding rates¹. The key is *how* that information is shared. Staff will be more effective when they are able to put mothers at ease and help them explore their concerns about working breastfeeding into their lives.

Topics Covered

- Active listening principles that build connection with new families
- Nonverbal communication skills
- Participant-centered assessment and counseling approaches
- Practice scenarios specific to roles of staff

Time: 2 hours

Materials and Supplies

Handouts

- Handout 3.1: “Let’s Practice Open-Ended Questions”

¹ Centers for Disease Control and Prevention. (2005). CDC Guide to Breastfeeding Interventions. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.



Module 3: Communicating with WIC Families About Breastfeeding

- Handout 3.2: “Practice with Probes”
- Handout 3.3: “Affirmation Snapshot”
- Handout 3.4: “The Gift of Affirmation”
- Handout 3.5: “Show Me Video Vignettes: Using 3-Step to Counsel New Mothers”
- Handout 3.6: “Role Play Scenarios”
- Handout 3.7: “Replacing Worn-Out Tools”
- Handout 3.8: “Clerical Language that Supports Breastfeeding”
- Handout 3.9: “Application To Practice: Communicating Connection”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart note pad
- Flip chart markers
- Wind chimes

Training Materials by Activity

The Gift of Affirmation

- Gift bag or gift-wrapped box with removable lid for each small group (paper or bag with floral design is ideal)
- 10 small slips of paper with affirming statements from Handout 3.4, “The Gift of Affirmation,” written on each slip of paper
- Sticky note pad for each small group

Replacing Worn-Out Tools

- Optional Visuals: Selection of 4-5 various old tools or items from a household junk drawer or tool box that no longer work well. Examples: tape measure that does not retract, a worn-down pencil, a rusty screwdriver, or scissors that are too dull to cut.
- Plastic eggs or envelopes (4-6 for each small group)
- Messages from Handout 3.7, “Replacing Worn-Out Tools,” printed on slips of paper and placed inside each egg

Role Play Scenarios

- Handout 3.6, “Role Play Scenarios” cut into half-sheets, with the WIC staff role printed on one half-sheet and the corresponding WIC mother role for that scenario printed on the other half-sheet (enough sets for each “pair” of training attendees)

Show Me!

- DVD: “Show Me Video Vignettes”



Training Materials by Demonstration

Planting Seeds (Slide #4)

- Small flower pot or cup
- Potting soil (enough to fill pot or cup)
- Seed

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)



Module 3

Speaker Notes and Talking Points

SLIDE #1 **MODULE 3 – COMMUNICATING WITH BREASTFEEDING FAMILIES**
Communication skills are vital no matter what your role in WIC. This module addresses effective ways to talk with mothers and build a connection with them to build meaningful dialogue.

SLIDE #2 **CORE COMPETENCY**

[Key Talking Points]

- This module is designed to address one core competency. WIC staff:
 - Develop rapport and foster open dialogue to successfully communicate with mothers and their families about breastfeeding.

SLIDE #3 **LEARNING OBJECTIVES**

[Key Talking Points]

- To develop this competency, upon completion of this module, WIC staff will be able to:
 - Identify rapport building techniques that establish a positive relationship with pregnant or breastfeeding mothers.
 - Demonstrate the ability to use participant-centered techniques (e.g., active listening, reflection, and affirmation) when communicating with or counseling pregnant or breastfeeding mothers.

SLIDE #4 **PLANTING SEEDS**

[Key Talking Points]

- Counseling WIC mothers about breastfeeding begins with planting seeds.
- Not every mother is ready to make a decision to breastfeed at the time of her WIC counseling encounter.
- By helping mothers explore their thoughts and feelings, WIC staff plant important seeds that can grow a mother's confidence to breastfeed.



Module 3: Communicating with WIC Families About Breastfeeding



INSTRUCTIONAL GUIDANCE

Optional Visual:

Display a pot with potting soil in it. Push a seed into the soil as you discuss the importance of planting seeds of reassurance and empathy to help breastfeeding decisions grow.

SLIDE #5 KNOWLEDGE ISN'T ALWAYS ENOUGH

[Key Talking Points]

- Knowing that we *should* adopt healthy behaviors does not always translate into action. For example, most people know they should be physically active. Yet not everyone makes physical activity a regular part of their lives.
- The same is true with breastfeeding. Despite the widespread knowledge about how important breastfeeding is, many women choose not to breastfeed or begin supplements or solid foods before the American Academy of Pediatrics recommends [exclusive breastfeeding for 6 months].²
- This is why information alone is not enough. Effective counseling principles focus not merely on content, but help mothers explore their barriers to find a way to realistically make breastfeeding work in their lives.³
- Once information is offered, *how* it is presented makes a difference in how well a mother receives the information and acts on it.

SLIDE #6 FIRST THINGS FIRST: CONNECTION BEFORE CONTENT

[Key Talking Points]

- If we focus too much on information, mothers can tune us out.
- How does connection make the difference?
- Building rapport and connection helps the mother actively engage her brain in listening and imagining how the ideas we offer can work in her life.

² American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics*. 115(2):496-506.

³ Bryant CA, Coreil J., D'Angelo S, Bailey D & Lazarov M. (1992). A new strategy for promoting breastfeeding among economically disadvantaged women and adolescents. *NAACOG's Clinical Issues in Perinatal and Women's Health Issues: Breastfeeding*. 3(4):723-730.



SLIDE #7 TOOLS FOR CONNECTION: ACTIVE LISTENING SKILLS

[Key Talking Points]

- Counseling approaches commonly used in WIC focus on active listening principles, including building rapport with mothers to help build trust, and using open-ended questions to help them explore barriers and concerns.
- The OARS technique described in the FNS VENA guidance includes:
 - O – Open-ended questions
 - A – Affirmation or validation
 - R – Reflective listening
 - S – Summarizing
- Motivational interviewing, another commonly used approach, includes similar elements of open-ended questions, validating feelings, and techniques to probe a mother's concerns.⁴
- The 3-Step Counseling© approach used in the FNS “*Loving Support Through Peer Counseling*” curriculum provides a way to quickly determine a mother's concerns and provide suggestions to help her deal with her worries. The counseling approach has been found to be effective with WIC mothers,⁵ and includes the following 3 steps involved in active listening:
 - Step 1: Ask open-ended questions
 - Step 2: Affirm the mother's feelings
 - Step 3: Educate, using carefully targeted messages that address the mother's concerns
- What is common in all of these counseling approaches is delaying providing information until after first building connection with mothers and using common active listening principles.

SLIDE #8 STEP ONE: OPEN-ENDED QUESTIONS

[Key Talking Points]

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

⁴ Miller W & Rollnick S. (2002). *Motivational Interviewing: Preparing People for Change*. New York: Guilford Press.

⁵ Ryser F. (2004). Breastfeeding attitudes, intention, and initiation in low-income women: the effect of the Best Start program. *Journal of Human Lactation*. 20(3):300-305.



Module 3: Communicating with WIC Families About Breastfeeding

- Closed questions can usually be answered with a “yes” or “no” or a very short one or two word answer.
- Closed questions give little information with which to continue the conversation.
- Some examples of closed questions;
 - What time is it?
 - Do you smoke?
 - How many children do you have?
 - Do you take medication?
 - Are you going to breastfeed or bottlefeed your baby?
- Closed questions can make people feel they have been interrogated.
- They may also tell you the answer they think is the “right” answer whether they believe it or not.

SLIDE #9 EXAMPLES OF OPEN-ENDED QUESTIONS

[Key Talking Points]

- Open-ended questions draw more information out of the mother because there are no right or wrong answers.
- Open-ended questions seek the mother’s opinion, thoughts, or feelings and cannot be answered in one or two words.
- They typically begin with the words WHAT, HOW, or TELL ME.
- Some examples of open-ended questions:
 - What has your mother told you about breastfeeding?
 - What paperwork did you bring with you today?
 - How do you feel about breastfeeding?
 - How is breastfeeding going?
 - Tell me why you feel you will need formula.
 - Tell me about a typical day at your house.

SLIDE #10 OPEN OR CLOSED?

[Key Talking Points]

- Are the following questions open or closed?
 - Do you work? [closed]
 - How do you feel about that? [open]
 - Have you started feeding your baby solid foods yet? [closed]
 - Are you going back to school? [closed]
 - What options have you tried already? [open]
 - What can you tell me about your pregnancy? [open]
 - What has your partner said about breastfeeding? [open]



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- How many times a day does the baby feed? [closed]
- What's a good plan for you? [open]



INSTRUCTIONAL GUIDANCE

Ask training attendees to identify whether the questions on the slide are open or closed questions as a general group discussion.

SLIDE #11 PRACTICE

[Key Talking Points]

- Let's take the following closed questions and turn them into open questions.
 1. Closed: Are you going to breastfeed or bottlefeed?
Open: What have you heard about breastfeeding?
 2. Closed: Have you talked to your mother about breastfeeding?
Open: What does your mother say about breastfeeding?
 3. Closed: Are you going back to work after the baby is born?
Open: What are your plans for after the baby is born?
 4. Closed: Have you gone to a prenatal class yet?
Open: What are some things you've done to prepare for the baby?
 5. Closed: Do you have other children?
Open: Tell me a little about your family.
 6. Closed: Are you going to room in with your baby at the hospital?
Open: What do you know about rooming in?



INSTRUCTIONAL GUIDANCE

Ask training attendees to practice turning the closed questions on the slide into open questions as a general group discussion.



SLIDE #12 USING OPEN-ENDED QUESTIONS IN WIC



INSTRUCTIONAL GUIDANCE

Handout 3.1 – “Let’s Practice Open-Ended Questions”

Ask training attendees to look at Handout 3.1 and consider ways they might use open-ended questions to gather the information in each situation. Use the “Answer Sheet” for ideas, if needed.

SLIDE #13 DIGGING FOR MORE INFORMATION

[Key talking Points]

- Most people do not give complete answers to the questions they are asked.
- You must find out more information to effectively choose the education that you will use for each particular mother.
- Probes are a follow-up to your open-ended questions.
- Probes are most effective when they are phrased as open-ended questions to solicit the mother’s thoughts and feelings.
- There are four key probes that can help you find out more from a mother.
 - Extending
 - Clarifying
 - Reflecting
 - Redirecting



INSTRUCTIONAL GUIDANCE

Purpose:

To help training attendees practice using probes in different ways to encourage a mother to share her concerns.

Time allowed: 3-5 minutes

Instructions:



1. Write the words, “I need formula” across the top of 4 flip chart sheets. On each of the 4 sheets, write the name of one of the 4 types of probes: extending, clarifying, reflecting, and redirecting.
2. Ask attendees to state what they think a mother might be saying when she says she needs formula. Some possible meanings to discuss could include:
 - “I *want* formula because I don’t like breastfeeding.”
 - “I don’t think I’m making enough milk.”
 - “My baby is fussy all the time.”
 - “My mother says giving him formula will help him sleep all night.”
 - “I’m going back to work.”
 - “I want a backup supply for the future.”
 - “I don’t like breastfeeding.”
 - “My partner wants me to get everything I have coming to me at WIC.”
3. As you discuss each of the following 4 probes, write down potential probing questions that could be asked to find out what the mother means by the statement, “I need formula.”

Take-Away Points

- Probing questions allow WIC staff to move beyond making assumptions, and to tailor our services, information, and support in ways that are most likely to be useful for mothers.

SLIDE#14 EXTENDING PROBE

[Key Talking Points]

- The extending probe asks the mother to extend her answer and give more detail.
- The extending probe often begins with the words, “Tell me more about...” or asks what others may have been telling her.
- Examples of extending probes:
 - What else have you heard about that?
 - How do you feel about what she said?
 - Tell me more about that.

Discussion:

- How could you use an extending probe to find out what mother might mean when she says, “I need formula?” Examples:
 - Tell me more about what’s going on.
 - Tell me more about how breastfeeding has been going on.
 - What are support people telling you about using formula?



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SLIDE #15 CLARIFYING PROBE

[Key Talking Points]

- The clarifying probe is used to be sure you clearly understand her meaning by what she says.
- This probe can begin with the words, “Do you mean...” and can sometimes use the word “or” to ask the mother to choose between 2 meanings.
- This probe can also be used to narrow down a mother’s response by asking her to be more specific.
- Examples of clarifying probes:
 - Do you mean breastfeeding will be painful?
 - What part about breastfeeding do you think will be most uncomfortable?
 - When you say, “It’s too hard” do you mean it will be too hard to learn how to breastfeed?
 - Are you concerned breastfeeding will be embarrassing to *you* or to someone who might see you?

Discussion:

- How could you use a clarifying probe to find out what the mother might mean when she says, “I need formula?” Examples:
 - What do you mean when you say you need formula?
 - Do you mean you feel you don’t have enough milk and you need to supplement with formula?
 - Are you saying you are worried about your baby getting enough or are other people telling you that you need to give formula?

SLIDE #16 REFLECTING PROBE

[Key Talking Points]

- The reflecting probe reflects the mother’s words back to her so she can hear what she said.
- Most women like to hear that they are being heard, and using this probe can encourage her to say more.
- Some WIC counselors like to begin reflection with the words, “So you’re saying...” and then paraphrase the mother’s words so it does not appear they are parroting back to her in a condescending way.
- If a mother is shy and does not respond after a reflection, consider adding the words, “Tell me more” to invite her to expand her comment.
- Be careful not to overuse this probe.
- Examples of reflecting probes:
 - So you’re saying you don’t think you can breastfeed?



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- You think your mother won't approve of breastfeeding.
- You feel he is possessive of you and will not like it if you pay more attention to the baby?

Discussion:

- How could you use a reflecting probe to find out what the mother might mean when she says, "I need formula"? Examples;
 - So you're saying that you don't think you are making enough milk.
 - You think your milk is not good enough for your baby and that worries you?
 - So you're wondering how you can combine breastfeeding and school?

SLIDE #17 REDIRECTING PROBE

[Key Talking Points]

- The redirecting probe helps you change the subject or direction of your conversation with a mother. It can help you get back to the subject of breastfeeding if she has wandered off topic.
- Redirecting is most effective if you first acknowledge a mother's concern she might convey as she wanders off topic. Abruptly changing the subject can come across as uncaring.
- Examples of redirecting probes:
 - I can see you're worried about your finances, and we're going to give you some names of people who can help before you leave. Other than that concern, what other concerns do you have about breastfeeding?
 - Heather, other than the shape of your breasts, is there anything else that worries you about breastfeeding?

Discussion

- How could you use a redirecting probe be used to get a mother back to talking about breastfeeding when she continues to talk about wanting formula.
 - I can see how worried you are about making enough milk. Other than that concern, tell me some things you enjoy most about breastfeeding?
 - Other than your desire for formula, what else concerns you about breastfeeding?

SLIDE #18 PADDING

[Key Talking Points]

- Padding puts extra words or pauses into our responses to make them softer and friendlier.
- Unpadded answers might sound like:
 - Why not?
 - How come?



Module 3: Communicating with WIC Families About Breastfeeding

- What do you mean?
- Padded answers make mothers feel safe and secure when responding.
- Some ways to pad your responses are:
 - Use the mother's name: "Desiree, tell me what your thoughts are about that."
 - Add extra words: "Tell me more about why you feel that way" (instead of "Why not?")
 - Pause a few seconds before responding. (pause)..."What do you mean?"

SLIDE #19 USING PROBES TO FIND OUT MORE



ACTIVITY

Activity: Practice with Probes

Purpose: To help training attendees gain confidence using probes to learn more information about a mother's situation.

Materials Needed:

Handout 3.2 – "Practice with Probes"

Time Allowed: 5-7 minutes

Instructions:

1. Ask training attendees to work in small groups or independently to come up with a probing question to ask a mother who might say the statements in Handout 3.2, "Practice with Probes."
2. If doing training with a large group, this activity can be done as a larger group discussion, or assign one situation to each small group to work on together.
3. Invite responses so everyone can benefit from the small group work.
4. Encourage training attendees to write down probes they hear from groups for later reference as they hone their own counseling skills.
5. Ring your wind chimes to signal that the activity is over.

Points for Discussion:

- Which probes can you see yourself using most with WIC mothers?



Take-Away Points:

- When we make assumptions about what we *think* a mother means, we may be giving irrelevant or inappropriate information based on the mother's unique situation.
- Probes allow us to narrow down a mother's comments to better understand her situation and how our breastfeeding messages can work for her.

SLIDE #20 STEP TWO: AFFIRM FEELINGS

[Key Talking Points]

- The most important part of a successful communication exchange and the one that takes the least amount of time, is affirmation, or validating the mother's feelings.
- Affirmation is a short, simple statement that lets a mother know that her feelings are okay.
- It is very tempting to rush ahead and give information to mothers once we think we know what her concerns are. Remember, however, that mothers are not ready to hear that information until they feel you have heard their opinions first.
- Affirmation is the GLOW part of the "Grow and Glow" concept, because it draws attention to what the mother is doing well, reassures her she is normal, and helps her to feel proud of her accomplishments as a mother.
- All WIC staff can use affirmation to help build connection with training attendees, as well as colleagues.

SLIDE #21 HOW AFFIRMATION HELPS BUILD CONNECTION

[Key Talking Points]

- A mother may feel uneasy after sharing her true concerns about breastfeeding.
- She may think she is the only person who has ever felt this way, or wonder if you think she is being silly.
- Affirmation reassures her that her feelings are not unusual and that you are not shocked to hear them.
- Affirmation builds her confidence and self-respect.
- Affirmation helps her relax and feel safe, which in turn builds trust in you and your information.
- Affirmation does not mean you always agree with the choices a mother makes. However, you can always look for the underlying feelings that may be driving those choices. That discovery will help drive the way you affirm or validate her.



Module 3: Communicating with WIC Families About Breastfeeding

- Affirmation should be sprinkled liberally throughout your counseling encounter, before asking difficult or personal probing questions and before delivering information.
- After she is affirmed, she is more likely to be ready to share more information with you and to hear the education you want to share.

SLIDE #22 WAYS TO AFFIRM

[Key Talking Points]

- Handout 3.3, “Affirmation Snapshot,” gives examples of 6 key ways to affirm or validate a mother’s feelings.
- These key ways are:
 - Let her know you share her experience or feeling. [This helps build a connection because the two of you have something in common.]
 - Show her that others have felt the same way. [Mothers like knowing that they are not alone.]
 - Read between the lines to discover what she is worried about or what she values. [This helps you give her a message that speaks to her heart.]
 - Shine the spotlight on what she is doing well. [This helps build her confidence.]
 - Show her how her behavior shows she is a good mother, with specific examples. [Most new mothers want to know they are doing a good job.]



INSTRUCTIONAL GUIDANCE

- If time permits, Handout 3.3, “Affirmation Snapshot,” can be used as an optional activity.
- Ask individuals to work independently to translate the sample expressions into language they could see themselves using in the WIC clinic setting.
- It could also be used with a larger group for discussion or for ongoing learning for staff after the training to practice the key principles.



SLIDE #23 THE GIFT OF AFFIRMATION



ACTIVITY

Activity: The Gift of Affirmation

Purpose: To give training attendees examples of affirmations that they can see themselves using in the WIC clinic setting.

Materials needed:

- Handout 3.4 – “The Gift of Affirmation”
- Small gift bag or gift-wrapped box with removable lid for each table (Option: use paper or bags that have images of flower or other growing things)
- 10 small slips of paper with affirming statements from Handout 3.4 written on each slip of paper.
- A sticky note pad (or slips of paper or index cards) for each small group that attendees can use to write down additional affirming statements they want to remember throughout the training.

Time Allowed: 5 minutes

Instructions:

1. This activity can be conducted as a small group activity, or for one-on-one learning.
 - For larger groups: Groups of 5-6 per table work well for this activity.
 - For smaller groups/one-on-one learning: The single learner can review the handout and the sample affirming statements independently.
2. Place a gift-wrapped box with a wrapped removable lid or a small gift bag on each group table.
3. Print the affirming statements on Handout 3.4, “The Gift of Affirmation,” and cut apart to place inside the bags or boxes.
4. Ask groups to remove the notes and read aloud.
5. Invite training attendees to use the sticky notes (or slips of paper or index cards) to write down additional affirming statements they hear throughout the training to add to their gift bag/box.



6. Encourage attendees to keep an “Affirmation Gift Box/Bag” near their desk and include affirmations that would work well in their clinic. Begin each morning after arriving at work by pulling out an affirmation. Read it aloud to yourself and use it as a reminder to use affirmation to build confidence in mothers and colleagues.

Points for Discussion:

- What are some affirming statements you can see yourself using with WIC mothers in your clinic?

Take-Away Points:

- Affirmation is a GIFT we give to all of our mothers, to our colleagues, and to one another.
- Reminding ourselves frequently of ways to validate one another will help us to build stronger connections with one another.

SLIDE #24 PRACTICE: AFFIRMING NEW MOTHERS

[Key Talking Points]

- How would you affirm a mother who says the following things to you?
 1. “My breasts are too small. The baby will starve.”
Affirm: I felt that way, too.
 2. “I’d be too afraid to breastfeed since I smoke.”
Affirm: It sounds like you are already thinking about wanting to be a good mom.
 3. “I don’t want my dad to see me breastfeed.”
Affirm: Most women worry about that.
 4. “I’m afraid breastfeeding will be too painful.”
Affirm: I’ve heard other women say that.
 5. “I want some formula, too, since I don’t think I’m making enough milk.”
Affirm: A lot of mothers worry about making enough milk.
 6. “She wants to nurse all the time!”
Affirm: You sound overwhelmed. What a good mom you are for breastfeeding!
 7. “I have to go back to work right after my baby is born.”
Affirm: It must be hard to think about leaving your baby so soon.
 8. “My mom says the baby will be too hard to take care of if I breastfeed.”
Affirm: It sounds like your mother is concerned about you.



Module 3: Communicating with WIC Families About Breastfeeding



INSTRUCTIONAL GUIDANCE

- Ask training attendees to practice coming up with affirming statements in response to the comments posted on the slide as a general group discussion.
- Another option is to ask small groups to take one of the situations and discuss the mother's concerns and come up with an affirming statement.

SLIDE #25 SHOW ME!



INSTRUCTIONAL GUIDANCE

When groups complete the activity, play the DVD, “Show Me Video Vignettes.” This video segment provides an example of how open-ended questions and affirmation can be used when helping a mother explore her barriers about breastfeeding. Ask the group to identify what they thought went well in the scenario, and other questions or affirmations that could be used in that situation. Use *Handout 3.5, “Show Me Video Vignettes: Using 3-Step to Counsel New Mothers”* as a guide to note what worked well and what could have been improved.

SLIDE #26 ROLE PLAYS



ACTIVITY

Activity: Role Plays

Purpose: To help training attendees gain confidence applying active listening principles with WIC mothers.

Materials Needed:

- Handout 3.6 – “Role-Play Scenarios” (cut into half-sheets, with the WIC staff role printed on one half-sheet and the corresponding WIC mother role for that scenario printed on the other half sheet)



Time Allowed: 10 minutes

Instructions:

1. This activity is designed to be conducted between 2 people. If there is an odd number of training attendees, the trainer can serve as a partner.
2. Ask training attendees to find a partner.
3. Reassure staff that the role play activity will not be conducted in front of the group. This is private between themselves and their partner.
4. Instruct them that one person will play the role of the WIC staff, and the other will be the new mother.
5. Tell them they will switch roles for a second role play.
6. Have them read the information for the role they are to play. They should not read each other's information.
7. Explain that the role of the WIC staff person is to uncover the mother's barrier to breastfeeding. The role of the mother is to act out a part of a new mom using the information they learn about the part.
8. The WIC staff role should ask open-ended questions, probe, and affirm the mother. They are not to attempt education to better focus on the active listening principles.
9. After 4-5 minutes, ask partners to trade roles between themselves and to trade scenarios with another pair.
10. After the second round of role plays, discuss how the activity went.
11. Walk around the room, listen to conversations, and provide assistance and help as needed during the activity.

Points for Discussion:

- What was easy? What was hard?
- What open-ended questions did you as the WIC staff use to find out the information of your partner?
- What affirmation helped you as the mother feel safe sharing information?

Take-Away Points:

- Affirmation can be powerful, even when the situations are artificial or staged.
- Open-ended questions end to help other people open up more freely.
- Active listening skills grow through practice.



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SLIDE #27 STEP THREE: EDUCATION

[Key Talking Points]

- Once you have explored a mother's concerns through open-ended questions and probes, and the mother's feelings and experiences have been affirmed or validated, she is ready to be educated.
- Education should not be in the form of a lecture.
- Most adults learn best when you:
 - Target the information to the mother's concerns or interest (which helps her to better remember the information she has asked for)
 - Feed information in small bites (as a large number of facts overwhelms people)
 - Give her just two or three simple ways to handle her concerns
 - Frame suggestions as options to help her find a solution that will fit into her lifestyle best
 - Keep it simple
 - Have repeated conversations to reinforce the information in other ways
- Record the mother's concerns in your notes so you can re-establish your relationship at your next conversation with her.
- Give resources and make referrals to a peer counselor or to the WIC Designated Breastfeeding Expert who can help her with ongoing support or information for dealing with her specific concerns.

SLIDE #28 START WITH HEART

[Key Talking Points]

- In framing messages with new mothers, realize that mothers are more apt to listen when they are tied to the things mothers value most at the emotional level.
- Commercial marketers understand this principle of appealing to emotions. They know that when you give messages that appeal to a person's emotions, they are more likely to be engaged in what you say.
- This is why television commercials rarely list the benefits of a product. Instead, they show you how their product will make you FEEL...pride, happiness, beautiful, etc.
- Massachusetts WIC State Agency conducted focus groups with WIC mothers in their state through an FNS Special Project Grant. They developed patient education materials with emotion-based messages, which include some breastfeeding materials. Their resource on "amazing conversations" is available



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at the WIC Works Resource System at:

http://www.nal.usda.gov/wicworks/Learning_Center/mailling/TouchHearts.pdf

- The Massachusetts research found that WIC mothers are more receptive to information that triggers emotions that help them *feel*:
 - close to their baby
 - successful
 - happy
 - that they are good mothers
 - that their baby/children love them.
- The Pennsylvania WIC State Agency has also developed excellent messages targeting mothers and fathers with emotion-based messages about breastfeeding.

SLIDE #29 WHAT'S IN YOUR JUNK DRAWER?

[Key Talking Points]

- Whether we are growing a garden or a building a relationship with a breastfeeding mother, we rely on various tools to help.
- In talking with breastfeeding mothers, there are many tools that can help us build connection with mothers. One of these tools is the way we communicate the breastfeeding message with mothers. Some of our communication styles and language choices are not as helpful and should be retired.
- It's like our junk drawer at home. When is the last time you took a good look at YOUR junk drawer?



INSTRUCTIONAL GUIDANCE

Optional demonstration: Before the training, collect various old tools or items from a household junk drawer or tool box that no longer works well. Examples: tape measure that does not retract, a worn-down pencil, a rusty screwdriver, or scissors that are too dull to cut.

Discuss:

1. What old tools are in YOUR junk drawer at home?
2. How did some of them get there? (ex: purchased, gifts, borrowed and never returned, or just showed up somehow)
3. How often do you replace those tools that are no longer useful?



ACTIVITY

Activity: Replacing Worn-Out Tools

Purpose:

To help training attendees take a second look at language that may not be as meaningful in light of how we understand mothers receive messages.

Materials Needed:

- Handout 3.7: “Replacing Worn-Out Tools”
- Plastic eggs or envelopes (4-6 for each small group of training attendees)
- Messages from Handout 3.7 printed on slips of paper and placed inside each egg

Time Allowed: 5-6 minutes

Instructions:

1. Provide a basket of brightly colored plastic eggs on each table. Place a slip of paper inside each egg with one of the “Statements” from Handout 3.1. [Alternative: provide the statements on an index card or slips of paper placed inside an envelope.
2. Ask each member of the table to select an egg, index card, or slip of paper and read their statement aloud to their group.
3. Discuss how that phrase or expression, which may be well intentioned, might come across to a WIC mother.
4. Training attendees can record their thoughts on their handout. Later in this module, we will revisit this activity to look at new messages that could be helpful.

Points for Discussion:

- How did it feel to think about these statements in new ways?
- How hard was it to imagine how mothers might interpret the statements?
- What can you do to remember the new language approaches, especially in the midst of a busy clinic day?



Take-away Points:

- The egg reminds us of new life and growth. Thinking about our words and approaches in new ways can bring new life as we cultivate breastfeeding support services to WIC families.
- Sometimes our language, which might have been appropriate at one time, may not be as meaningful or useful in light of today's understanding of breastfeeding and how mothers sometimes react.
- Using new language will require patience. Note alternative expressions on notes you post for yourself and share experiences in staff meetings.

SLIDE #30 MORE TOOLS FOR CONNECTION: THE WIC WELCOME

[Key Talking Points]

- As we think about our language, there are additional “tools” that will help us build rapport with new mothers and help them feel our support for breastfeeding.
- The WIC clerical/support staff are vital members of the WIC team. They have the first opportunity to create a WIC welcome for mothers and help build the first connection they have with WIC. The clerical/support staff create the “first impression” that a mother has about our clinic, and this first encounter sets the tone for the rest of her visit.
- Think back to the last time you went to see a doctor or a dentist. How were you greeted? What did you appreciate most about the attitude of the front desk staff? How did their attitude affect the rest of your visit with the doctor or dentist?
- Now think about a time when your whole day seemed to go wrong. You seemed to get up on the wrong side of the bed, and from that point on, nothing went well. Imagine how that might feel for new mothers, who are having to juggle getting to WIC on time, getting their baby dressed and fed, worrying about other children, arranging transportation, remembering their paperwork, and trying to get to many other appointments for the day. When they're having “one of those days,” what do they want to encounter when they open our door? (Solicit ideas)
 - Smile
 - Helpful, understanding attitude
 - Non-judgmental approach
- Clerical staff have many important roles, including setting appointments, answering phone calls, providing information, and helping mothers navigate the



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WIC clinic system. Your most important job is to help mothers feel comfortable and relaxed.



INSTRUCTIONAL GUIDANCE

- Use this time to publicly recognize the clerical staff in attendance to help their contributions “glow” amongst their peers.
- Ask them to state their name and what they like most about their job with WIC. Consider issuing a certificate or other measure to thank them for their service to WIC.

SLIDE #31 CLERICAL LANGUAGE SUPPORTING BREASTFEEDING

[Key Talking Points]

- The language that clerks use can make a difference!
- Handout 3.8, “Clerical Language that Supports Breastfeeding,” provides examples of positive ways a clerk can support breastfeeding in her unique role.

SLIDE #32 TOOLS FOR CONNECTION: BODY LANGUAGE

[Key Talking Points]

- Which of the following do you think communicates our message best? (1) words; (2) facial expressions; or (3) tone of voice. The answer is *facial expressions*.
- Facial expressions and other forms of body language account for about 55 percent of our message. Voice tone accounts for about 38 percent of our message, and words account for 7 percent⁶. Although our words are important, how we communicate those words means even more.
- Facial expressions are a powerful communication tool that we can use to build rapport with mothers. For example:
 - A smile can communicate acceptance.
 - Nodding can convey understanding of what the client is experiencing.
 - Leaning in slightly when mothers bring up a sensitive subject can show her you are interested and concerned.

⁶ Fast J. (1990). Body Language. New York: Pocket Books.



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- We can also be sensitive to the facial expressions and body language of our mothers. Rather than focusing on the computer screen or paperwork, take time to observe the mother's body language and facial expressions that might be communicating her feelings.
- For example:
 - A frown can indicate a mother is feeling confused or does not understand what you are sharing with her.
 - If she avoids eye contact it could be a cultural practice or she could be communicating that your information does not seem relevant to her.
 - Her smile and nodding can indicate she likes what she hears and wants to hear more.

SLIDE #33 SETTING THE TONE



DISCUSSION

Purpose:

To help increase awareness of the importance of body language and facial expressions in building connection with WIC mothers.

Materials Needed: none

Time Allowed: 1-2 minutes

Instructions:

1. Invite attendees to think about different ways they could ask the question, "Why?" using a different tone of voice and facial expression or body language. Discuss which facial expressions communicated warmth and invited dialogue and which facial expressions created disconnect.
2. Now ask training attendees to turn to a partner and practice using facial expressions or body language (without words) that reflect warmth and acceptance in the following situations.

You are a CLERK:

A breastfeeding mother comes into the WIC clinic and demands formula *today* because she is not making enough milk.

You are a CPA:

- A pregnant teen is very shy and gives little information when you ask her



about her thoughts on breastfeeding.

- A postpartum mother looks worn and haggard when she enters your office with her 1-week-old baby.

You are a WIC MANAGER:

A clerk in your office complains that a very rude woman insulted her as she left. The clerk begins to cry.

SLIDE #34 USING 3-STEP IN CHALLENGING SITUATIONS

[Key Talking Points]

- Active listening principles can be especially effective when handling more challenging counseling situations.
- Be sensitive to the mother's situation and honor her wishes.
- Ask open-ended questions about concerns that she may be having and affirm her, offering available resources.
- If she is not interested in breastfeeding at all:
 - Ask open-ended questions to explore her concerns.
 - Show empathy in affirming the mother's decision to do what she feels is best for her family at this time.
 - Be sensitive to the mother's decision, reminding her that WIC is here to help every mother make an informed decision and to provide support for feeding her baby, however she chooses to do that.
 - Ask the mother if a peer counselor can check on her periodically to see how her pregnancy is progressing. This is important in helping her build a relationship with a breastfeeding mother in the event she changes her mind later in the pregnancy.

SLIDE #35 WHAT ABOUT MOTHERS FROM OTHER CULTURES?

[Key Talking Points]

- WIC staff often encounter mothers from other cultures and ethnic backgrounds and who speak a different language from them.
- Using the 3-Step Counseling© principles can help you relate well to mothers with different experiences and beliefs than yours.
- Although practices might differ between cultures, remember that even mothers within the same cultural or ethnic group have different beliefs. For example:



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- Some Spanish-speaking mothers believe that colostrums is “dirty” and won’t breastfeed their infants until their mature milk comes in. Other Spanish-speaking mothers do not share that belief.
- Some Asian women are not comfortable with direct eye contact. Others are perfectly comfortable looking eye to eye with you.
- Be careful not to make assumptions about women from various cultural groups.
- It is better to listen to each mother individually and allow her to tell you her beliefs. Don’t be afraid to ask what her mother or other influencers might be telling her about breastfeeding.
- Respect her beliefs, even if they seem different from your own. They are important to her.
- Affirm each mother.
- When speaking with mothers who do not speak your language, ask if someone else came with her who speaks your language, or utilize language translation services available through the local WIC agency. Be careful about using the mother’s children as interpreters to discuss breastfeeding concerns, as they may not fully understand or be comfortable communicating technical information about the breast.

SLIDE #36 PLANTING SEEDS

[Key Talking Points]

- Connection is a basic need of all human beings. Whether you are a clerk, a CPA, a WIC manager, or a breastfeeding counselor, you can use principles of connection to build trust and openness with everyone around you. They can even work with your family and friends.
- Think of a time when one or more of the connection principles discussed in this module made a difference for you.



INSTRUCTIONAL GUIDANCE

Optional

Read a story about seed planting from the book, “My Grandfather’s Blessing” by Rachel Remen. The story is also available online at:
<http://www.rachelremen.com/intromgb.html>



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- The seeds we plant take varying amounts of time to take root and begin to grow. Some seeds germinate quickly and shoots push their way through to the top of the soil soon after they are planted. Other seeds take much longer.
- This reminds us that WIC mothers also take varying amounts of time for the seeds we plant to take root and grow. Some mothers respond quickly to our counseling and are eager and confident to breastfeed. Others require several visits or contacts with peer counselors. Some mothers will not be ready to consider breastfeeding until her next baby.
- Our job as WIC staff is not to assume responsibility for making women breastfeed, but to be faithful to plant the seeds and to water them with support. Our efforts will make the difference in building and sustaining connections that mothers will remember and value forever.

SLIDE #37 APPLICATION TO PRACTICE – COMMUNICATING CONNECTION



ACTIVITY

Application To Practice

Purpose: To apply principles learned in Module 3 to the WIC clinic setting.

Materials Needed:

Handout 3.8, “Application To Practice”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information in your practice with WIC mothers?



SLIDE #38 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, write on one petal something you can do as a result of this module to help support breastfeeding in your clinic. For example, you might want to work on incorporating more affirmation into your communication with mothers. Or perhaps you will work on beginning our assessments with more open-ended questions.
- After this training, post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities you will be implementing over the next few weeks and months.

Ongoing Enrichment

1. Read pages 21-31 in *Quick Reference for the Lactation Professional*. Select one question on page 32 to answer.
2. Complete Sections 1 (“Communicating with Mothers”) and Section 2 (“Counseling Skills”) in the WIC Learning Online (WLOL). The course is approved for CPE credit by the American Dietetic Association and contact hours through the Maryland Nurses Association, and is available at: http://www.nal.usda.gov/wicworks/WIC_Learning_Online/started.html



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Provide special recognition to the breastfeeding-friendly clinics in your State or community as a part of this module to help them “Glow with Recognition.” Some options to consider:

- Model the principles of affirmation by noticing and recognizing when you hear staff members in the clinic using active listening principles effectively.
- Provide real-life clinic scenario situations periodically to staff in your staff newsletter, in staff meetings, through email, or other settings. Invite potential responses that could be helpful in opening up mothers more effectively. Be sure to include situations that would be typical for clerks as well as other staff. Allow staff to vote on the “best” responses and award prizes or certificates



MODULE 4

Barriers to Breastfeeding

Core Competencies

- Acknowledges mothers' concerns about their ability to breastfeed.
- Provides accurate and relevant information to mothers and their families about breastfeeding and emphasizes that most mothers can breastfeed.
- Discusses appropriate solutions to common breastfeeding barriers and provides support and/or referrals as needed.

Learning Objectives

Training attendees will be able to:

- Identify common myths and misperceptions about breastfeeding.
- Name strategies that address barriers pregnant or breastfeeding women feel will hinder them from initiating or continuing breastfeeding.

Overview

Module 4, "Barriers to Breastfeeding," addresses common barriers WIC mothers encounter that interfere with their breastfeeding initiation, continuation, and exclusivity. Common breastfeeding myths and the impact of the family and social environment on a mother's breastfeeding experience will be explored as well as strategies WIC staff should use to support a mother's breastfeeding goals.

Topics Covered

- Common breastfeeding myths
- Barriers to breastfeeding
- Strategies to address barriers and concerns
- Engaging family members in breastfeeding support

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 4.1: "Weed Identification"
- Handout 4.2: "Resources"
- Handout 4.3: "Application To Practice: Overcoming Barriers"



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- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

Training Materials by Activity

Activity: Weed Prevention and Control

- Flip chart sheets with one of the following barriers recorded at the top: Embarrassment, Time and Social Constraints, Lack of Support, Fear of Pain, Lack of Confidence
- Flip chart markers
- Flip chart easel
- Wind chimes, bell, or other object to signal the end of group activities

Activity: Weed Identification: Know Your Weeds!

- Handout 4.1: “Weed Identification”
- DVD: “To Baby With Love: Overcoming Barriers to Breastfeeding” by Texas WIC State Agency (included in training curriculum packet)

Activity: Who Can Breastfeed?

- Yes/No paddles
 - popsicle sticks, 1 per person
 - paper plates, 1 per person
 - markers

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)
- DVD player (if computer does not have one)



SPEAKER NOTES AND TALKING POINTS

SLIDE #1 BARRIERS TO BREASTFEEDING

[Key Talking Points]

- This module will examine various barriers that can prevent WIC mothers from breastfeeding or undermine their confidence causing them to quit breastfeeding early.
- Sometimes mothers hear competing messages from other sources which can crowd out the fact that breastfeeding is normal for moms and babies, like weeds that overtake a garden that is not carefully cultivated. WIC staff play an important role in ensuring mothers receive accurate information so they can make an informed choice about how to feed their baby.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address three core competencies. WIC staff:
 - Acknowledge mothers' concerns about their ability to breastfeed.
 - Provide accurate and relevant information to mothers and their families about breastfeeding and emphasizes that most mothers can breastfeed.
 - Discuss appropriate solutions to common breastfeeding barriers and provides support and/or referrals as needed.

SLIDE #3 LEARNING OBJECTIVES

[Key Talking Points]

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Identify common myths and misperceptions about breastfeeding.
 - Name strategies that address barriers pregnant or breastfeeding women feel will hinder them from initiating or continuing breastfeeding.



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SLIDE #4 HOW BEHAVIOR DECISIONS ARE MADE: THE EXCHANGE THEORY

[Key Talking Points]

- Behavior decisions are often made by weighing the benefits and the costs of that behavior.
- Social marketers call this the “Exchange Theory.” For someone to be persuaded to adopt a behavior, they must consider the benefits outweigh the costs. Benefits related to breastfeeding may include things such as mother-infant bonding, improved health outcomes, and saving money. Costs associated with breastfeeding may include factors such as embarrassment, social disapproval, or time.
- Barriers can make mothers less likely to breastfeed. By helping mothers find solutions to perceived barriers to breastfeeding we can increase the likelihood that they will breastfeed.

SLIDE #5 BARRIERS TO BREASTFEEDING: KNOW YOUR WEEDS!



DISCUSSION STARTER

Purpose: For staff to share what they believe keeps mothers from breastfeeding.

Time Needed: 5 minutes

Discussion:

Ask training attendees to finish the sentences on the slide with what mothers have said makes breastfeeding hard for them and what they think the mother’s barrier is.

Take-Away Points:

- Knowledge of the health benefits of breastfeeding may not be enough to motivate a mother to breastfeed her baby. In fact, some focus groups with WIC moms have found that mothers often make decisions on how to feed their baby based upon reasons other than health.
- Each woman has her own unique set of experiences and circumstances which influence her decision to breastfeed. An open conversation with mothers can help her identify factors that influence her feeding decisions.
- When a mother receives consistent messages from WIC, it conveys to her that breastfeeding is valued and that information and support can help her follow through on her breastfeeding decisions.



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SLIDE #6 WEED PREVENTION AND CONTROL

[Key Talking Points]

- Research conducted with low-income mothers shows that common barriers to initiating or continuing to breastfeed are:
 - Embarrassment
 - Lack of social support from family and friends (especially the baby's father and maternal grandmother)
 - Returning to work/school
 - Pain
 - Hospital environment
 - Concerns about making enough milk
- These barriers will be explored in depth.



ACTIVITY



Activity: Weed Prevention and Control

Purpose: To name strategies for the most common barriers to breastfeeding

Materials Needed:

- Flip chart sheets with one of the following barriers recorded at the top: Embarrassment, Time and Social Constraints, Lack of Social Support, Fear of Pain, Lack of Confidence *(Note: If you are training a large group and need more than five small groups, divide lack of social support into two groups, one that discusses grandmothers and another that discusses fathers.)*
- Flip chart markers
- Flip chart easel
- Wind chimes

Time Needed: 20 minutes

Instructions:

1. Assign each group a flip chart sheet with a barrier written on it.
2. Ask each group to spend two minutes thinking of strategies that could address that particular barrier.
3. Ask them to record the strategies they think would be most helpful to a mother with that barrier.
4. Use the wind chimes to signal the end of the small group discussion.
5. As you review the next five slides, ask the group who worked on that barrier to give a quick review of the solutions they identified. Fill in any gaps with the strategies outlined below.

Take-Away points:

- Each mother experiences a particular barrier in her own unique way.
- Even a barrier that seems small at first can grow quickly and jeopardize a mother's breastfeeding intentions.
- We can help protect a mother's intentions by doing weed prevention and surrounding her with support as a sort of "buffer zone" to protect her intentions.
- Each mother is unique. No single message will speak to all mothers at all times. Our goal is to meet her where she is and help her identify solutions that work for her.



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SLIDE #7 EMBARRASSMENT

[Key Talking Points]

- Feeling embarrassment when a mother must breastfeed in public or when family is present is a barrier frequently identified by mothers.
- Embarrassment arises from cultural norms in the United States that include perceiving breasts in a sexual way rather than as the means for feeding infants.
- Some women are only shy about breastfeeding in public for fear their breasts will be exposed. Showing a mother how to breastfeed discreetly is one way to help address this barrier.
- Not all mothers will discuss their embarrassment—for some, even saying the word “breastfeeding” may be difficult.
- Some women are only comfortable breastfeeding at home in private.
- Some women prefer that no one knows they are breastfeeding regardless of the privacy available.
- Provide reassurance that many women say that they would be embarrassed breastfeeding in front of others.
- Share ways other mothers have found to breastfeed discreetly such as:
 - Pulling their shirts up from the bottom or unbuttoning a blouse from the bottom, rather than the top.
 - Using nursing tops that are available at many maternity and discount stores.
 - Using department store dressing rooms to breastfeed.
 - Covering up with a sling or blanket.
- Let her know that some mothers practice before they go out in public by breastfeeding in front of a mirror or while their partner or a friend watches.
- Some women handle being out in public by pumping milk in advance and feeding with a bottle to avoid the embarrassment of nursing in public. This may be an option for mothers who are uncomfortable with the suggestions above.

SLIDE #8 TIME AND SOCIAL CONSTRAINTS

[Key Talking Points]

- New mothers benefit from hearing strategies other mothers have found for making breastfeeding work in their busy lives.
- New mothers, including single mothers, are often overextended. Breastfeeding can be hard to imagine in their busy lives.
- Some mothers mistakenly assume breastfeeding will make their children too dependent. Breastfed children tend to be secure, self-reliant, and independent.



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- Many mothers may not be aware that breast milk can be expressed and frozen for later use.
- Most mothers need information on how breastfeeding and employment can be combined. Possible strategies for counseling mothers include:
 - Let her know that she can begin expressing milk soon after her baby is born to relieve fullness and freeze milk for later use.
 - Encourage mothers to talk with their supervisors at work (or school) during pregnancy about their plans to breastfeed.
- Specific strategies for returning to work or school will be discussed in more detail in Module 9, “Talking with Mothers About Breastfeeding....When Mother and Baby are Separated.”

SLIDE #9 LACK OF SOCIAL SUPPORT

[Key Talking Points]

- New mothers value support from their family and friends in their infant feeding decisions.
- For many women, their mothers have the strongest influence on their decisions to breastfeed and how long they will breastfeed. Other female relatives are also influential.¹
- The woman’s partner is also a strong influence in her decision.
- Many men are not aware of the importance of breastfeeding.
- Even when a baby and mother have a special bond through breastfeeding, a father can establish a strong bond with his baby in other important ways.
- Throughout the community, new mothers need support to feel confident about breastfeeding.
- Malls, grocery stores, workplaces, faith-based organizations, and health clinics are all places where mothers need support.
- Possible strategies for counseling mothers include:
 - Encourage mothers to talk with their partner and mother about infant feeding decisions and invite them to attend prenatal classes to learn more about breastfeeding. Give mothers communication tools that can be useful in talking with her family members.
 - Provide strategies on how the baby’s father can be involved in ways that are appealing to dads, including playing with the baby, burping the baby after

¹ Best Start Social Marketing. (1997). WIC national breastfeeding *Loving Support* campaign: research brief. Washington, D.C.: United States Department of Agriculture, Food and Nutrition Service.



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breastfeeding, cuddling the baby after breastfeeding, singing or humming softly to the baby, holding the baby closely skin-to-skin or doing infant massage.

- Provide strategies on how the woman's mother can be involved in ways that are appealing to grandmothers, including bathing the baby, dressing the baby, cuddling and rocking the baby after breastfeeding, caring for other children who need special attention, nurturing her daughter, the new mother.

SLIDE #10 GRANDMOTHERS: KEY TO SUCCESS

[Key Talking Points]

- Grandmothers are influential on a mother's infant feeding decisions.¹ Their influence can be even higher when mothers return to work and rely on family members to care for their babies.
- Grandmothers may have been exposed to many myths and misinformation when they were having their own children. Grandmothers may have chosen not to breastfeed, and discussing the importance of breastfeeding can bring up feelings of remorse or defensiveness.
- It is important to involve the grandmother in prenatal and postpartum education in WIC when possible. Grandmothers can be given many ideas of ways to feel close to their grandchildren and ways to support not only their new grandchildren, but their daughter, as well.
- FNS has produced resources for Hispanic families that address needs of grandmothers: "Breastfeeding: A Magical Bond of Love."
http://www.nal.usda.gov/wicworks/Learning_Center/support_bond.html



DISCUSSION STARTER

Purpose: To give staff the opportunity to share their experiences with grandmothers at WIC.

Time Needed: 5 minutes

Discussion:

Invite WIC staff to share an experience they have had with a grandmother in the clinic in which she made a real difference for the mother's breastfeeding success.



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Then think of an example when a grandmother created a barrier to breastfeeding success. Discuss ways to work with these two very different grandmothers.

Take-Away Points:

- Affirming her experience as a mother as well as her important role in supporting her daughter can help a grandmother be more receptive to information.
- Giving a grandmother messages that begin with “we know more today than we did back when she was having children” may make her defensive.
- WIC staff can acknowledge a grandmother’s unique role and respect her experiences as a mother by letting her know that her daughter will look to her for advice and support. If information is shared that goes against something she has told her daughter, she can be encouraged to discuss it with the counselor.

SLIDE #11 DADS MAKE A DIFFERENCE

[Key Talking Points]

- The support a mother receives from the baby’s father is crucial to breastfeeding initiation and support.
Think of a tomato plant that needs support to reach its full potential. If a mother is going to be successful at breastfeeding, it’s going to be easier if she has the support of her partner.



DISCUSSION STARTER

Purpose: To give staff the opportunity to share their experiences with fathers at WIC.

Time Needed: 5 minutes

Discussion:

Invite WIC staff to share examples of fathers who have come into the WIC clinic who were supportive of breastfeeding. What did they do that made a difference? What are some ways they found helped involve a less supportive partner in a



mother's breastfeeding success?

Take-Away Points:

Strategies to keep in mind when talking to fathers:

- Address his barriers to breastfeeding. His concerns may be different from the mother's concerns and involve such factors as feeling left out if his partner breastfeeds, pain their partner may experience with breastfeeding, concerns about whether his partner will make enough milk, and whether breastfeeding will interfere with his relationship with his partner.
- Walk through your WIC clinic and view it through the eyes of a father. Are there any changes you could make to the environment to make fathers feel more welcome, for example, posters of dads with their babies? The Pennsylvania WIC State Agency has developed several multi-ethnic posters that show fathers and babies:
<http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=179&Q=247761>
- Sometimes mothers incorrectly assume that their partner will not be supportive.²
- FNS has produced materials addressing African American fathers, "Fathers Supporting Breastfeeding":
<http://www.fns.usda.gov/wic/fathers/supportingbreastfeeding.htm>.
- "Breastfeeding: A Magical Bond of Love" are resources developed for Hispanic families:
http://www.nal.usda.gov/wicworks/Learning_Center/support_bond.html.

SLIDE #12 FEAR OF PAIN

[Key Talking Points]

- Fear of pain can keep mothers from considering breastfeeding, and is a factor in early weaning. For this reason, anticipatory guidance on how to prevent pain is crucial.

²Izatt, S. (1997). Breastfeeding counseling by health care providers. *Journal of Human Lactation*, 13(2):109-113.



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- While some breast tenderness is common in the first few days, true pain is a sign that a problem exists.
- Most painful situations can be prevented by giving the mother guidance on how the baby latches.
- Possible strategies for counseling mothers include encouraging women to attend a prenatal class to learn how to properly position and latch their babies.
 - Teach women warning signs that suggest a need for assistance with breastfeeding.
 - Encourage mothers to contact someone for help if they think something is not going well.
 - Module 7, “Providing Support to New Breastfeeding Moms: Birth to 1 Month,” will cover this topic in greater detail.

SLIDE #13 CONCERNS ABOUT MILK PRODUCTION: CONFIDENCE

[Key Talking Points]

- Lack of confidence underlies many of these barriers. WIC staff make a difference by affirming new mothers and building their confidence in their ability to breastfeed with anticipatory guidance.
- Examples of statements that may indicate lack of confidence include:
 - I don’t think I’ll make enough milk.
 - I might “try” to breastfeed but can I get some formula just in case?
 - Breastfeeding will be too hard.
 - I’m afraid I won’t have any milk just like my mother.
 - My breasts are too small.
 - I’m not sure I can do it.

SLIDE #14 TALKING WITH WIC MOTHERS ABOUT BARRIERS

[Key Talking Points]

- WIC staff should focus on using 3 Step taught in Module 3, affirming and reassuring mothers that other moms feel the same way they do. Look for opportunities to praise a mother at every single contact. Find something she is



Module 4: Barriers to Breastfeeding

doing right and let her know she should be proud of herself.

- Explore strategies that will work for her particular situation as a way to increase her confidence that she can be successful meeting her breastfeeding goals.



ACTIVITY

Activity: *Weed Identification: Know Your Weeds*

Purpose: To practice listening for barriers as mothers discuss breastfeeding

Materials Needed:

- Handout 4.1: “Weed Identification”
- DVD: “To Baby With Love: Overcoming Barriers to Breastfeeding” (Texas WIC State Agency)

Time Needed: 15 minutes

Instructions:

1. Play the video.
2. Ask attendees to note the barriers they hear mothers sharing as they watch the video and record them on Handout 4.2, “Weed Identification.” They can also note the solutions they hear mothers sharing.
3. Ask which of these are the most common barriers they see in the WIC clinic.
4. Which barriers do you feel most comfortable addressing? Which ones do you find harder to address? Why?

Take-Away points:

- It’s easy to dismiss mother’s concerns about what they imagine is going to be hard about breastfeeding.
- Answering a mother who has said, “I think breastfeeding would be hard” with “oh, no it’s not—it’s easy, all you have to do is...” may make her feel more incompetent than confident.

SLIDE #15 BREASTFEEDING MYTHS

[Key Talking Points]



Module 4: Barriers to Breastfeeding

- Another barrier to breastfeeding is the myths or misconceptions about who can or cannot breastfeed.
- WIC staff can help provide clarity in these cases by acknowledging how prevalent a myth may be, finding out more about why a mother feels the myth is true, and then sharing accurate information.



ACTIVITY



Activity: Who Can Breastfeed?

Purpose: To identify common myths staff may hear from mothers and their family members about who is able to breastfeed

Materials Needed:

- Yes/No paddles
 - popsicle sticks, one per person
 - paper plates or craft foam circles (one per person)
 - markers

Time Needed: 10 minutes

Instructions:

1. Give each training attendee their own Yes (she can breastfeed) or No (breastfeeding is contraindicated) paddle that you have made ahead of time.
2. If time allows, consider providing attendees with the materials to make their own paddle.
3. As you go through the next 11 slides, invite training attendees to vote on whether they think the mother can breastfeed by holding up their paddle showing either yes or no.
4. Ask for someone in the audience to explain their answers. This will give staff background information that could be shared with mothers.
5. After the group discusses, add any additional information from the speaker notes.

Take-Away points:

- WIC staff can help mothers by providing correct information in a timely and respectful manner.

SLIDE #16 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Mothers with small breasts? *Answer: yes*
 - The size of a woman's breast depends on how much fatty tissue she has.
 - Nearly every woman has the ability to produce sufficient milk for her baby, no matter the size of her breasts.



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SLIDE #17 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Mothers who smoke cigarettes? *Answer: Yes*
 - It is best for a mother *not to smoke*.
 - But, if a mother cannot quit, it is better for her to breastfeed than formula feed since her baby is at higher risk of having respiratory problems and Sudden Infant Death Syndrome (SIDS). Breastfeeding lowers the risk of both of these health problems.
 - Mothers that smoke should be encouraged to protect their babies from secondhand smoke by never smoking near her baby, in the house, or in the car.
 - Mothers who smoke may experience a reduction in their milk production.

SLIDE #18 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Mothers who are stressed out? *Answer: Yes*
 - The hormones released during breastfeeding, as well as the skin-to-skin contact that occurs calms both mother and baby.
 - A mother's breast milk will not "spoil" or make her baby fussy if she gets upset.

SLIDE #19 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Mothers with poor eating habits? *Answer: Yes*
 - A mother makes good milk for her baby.
 - Making healthy food choices will help mothers have the energy they need to keep up with their baby. It also will help her lose the weight she gained during pregnancy.
 - With a few exceptions such as alcoholic beverages, breastfeeding women can eat the same types of foods as women who are not breastfeeding.

SLIDE #20 WHO CAN BREASTFEED?



Module 4: Barriers to Breastfeeding

[KEY TALKING POINTS]

- *Mothers who are ill? Answer: In most cases, yes*
 - Once the mother is showing symptoms of illness, the baby has already been exposed to what made the mother sick.
 - The mother's body will make antibodies which will be in her milk and will help protect the baby from getting sick.
 - For most conditions, there is a medication available that is compatible with breastfeeding. A mother should check with her doctor if a medication is needed and request a drug that is compatible with breastfeeding.
- There are a few conditions when the American Academy of Pediatrics recommends a mother not breastfeed.³
- Conditions include if the mother:
 - Is HIV positive
 - Is taking certain medications (most however are compatible)
 - Has untreated, active tuberculosis
 - Is infected with human T-cell lymphotropic virus type I or II
 - Is using illicit drugs
 - Is taking prescribed cancer chemotherapy agents
 - Is undergoing radiation therapies
 - If a mother has any of these conditions, refer/yield her to her health care provider for guidance about her unique situation.

SLIDE #21 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- *Mothers with implants/past breast surgery? Answer: Maybe*
 - Mothers who have had breast surgery (implants, breast reduction or biopsy) may be able to breastfeed. It depends on what her breasts were like before surgery and the type of surgery she underwent. WIC staff should yield to the WIC Designated Breastfeeding Expert for follow up when a WIC mother indicates she has had breast surgery.

SLIDE #22 WHO CAN BREASTFEED?

³ American Academy of Pediatrics Committee on Drugs. (2001) The transfer of drugs and other chemicals into human milk. *Pediatrics*, 108:776-789. Available online at <http://pediatrics.aappublications.org/cgi/content/full/108/3/776>



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[KEY TALKING POINTS]

- Mothers of multiples? *Answer: Yes*
 - Mothers of multiples can produce plenty of milk for their babies.
 - Research shows that mothers of twins who are exclusively breastfeeding make more than 2100 ml of milk per day in the early months compared to about 800 ml per day for mothers of singletons.⁴
 - WIC staff should yield to the WIC Designated Breastfeeding Expert for follow up.

SLIDE #23 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Teen Moms? *Answer: Yes*
 - Teen mothers often make plenty of milk. They do experience unique and magnified barriers and will need extra support.
 - WIC staff should yield to the WIC Designated Breastfeeding Expert.

SLIDE #24 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Diabetic mothers? *Answer: Yes*
 - Diabetic mothers may have special concerns about breastfeeding. Letting them know that breastfeeding has been shown to help protect a child from developing diabetes can be a strong motivator.
 - A diabetic mother may experience a delay in her mature milk surge.
 - WIC staff should yield to a nutritionist for follow up.

SLIDE #25 WHO CAN BREASTFEED?

[KEY TALKING POINTS]

- Mothers who are pregnant and breastfeeding an older child? *Answer: In most cases, yes*
 - Breastfeeding during pregnancy and beyond is considered safe for most mothers and babies.

⁴ Riordan J. (2005). *Breastfeeding and Human Lactation*. Sudbury, MA: Jones & Bartlett Publishers.



Module 4: Barriers to Breastfeeding

- Nursing two babies of different ages is called “tandem nursing,” and is widely practiced by many mothers.
- WIC staff should yield to the WIC Designated Breastfeeding Expert for follow up. Refer the mother to her doctor if she has questions or has a history of premature labor.

SLIDE #26 WHAT ABOUT ALCOHOL?

[KEY TALKING POINTS]

- The Dietary Guidelines for Americans, 2005 recommends that alcoholic beverages should not be consumed by breastfeeding women.
- The American Academy of Pediatrics states:
 - Breastfeeding mothers should avoid alcohol.
 - Alcohol consumed by a mother can enter her infant’s body through breast milk; levels have been shown to peak in breast milk 30 to 90 minutes after alcohol consumption by the mother.
 - Excessive alcohol intake is associated with failure to initiate the milk ejection reflex, high alcohol levels in milk, lower volumes of breast milk ingested by the infant, and disturbances in the infant’s sleep-wake pattern.
 - The amount of alcohol that may impair the milk ejection reflex is more than about two alcoholic drinks (0.5 grams of alcohol per kilogram body weight) per day for the average woman. Two drinks are equivalent to about 3 ounces of liquor, two 12 ounce cans of beer, or 8 ounces of table wine. Also, a mother who drinks excessively may not be able to think and act normally and could accidentally take actions that endanger her infant.
 - If a breastfeeding mother will not or is unable to stop drinking alcohol, recommend that she limit her intake as much as possible. Breastfeeding mothers who consume alcohol should wait at least 2 hours before breastfeeding their infant. Refer breastfeeding mothers who drink excessively for alcohol assessment, treatment, and counseling services in your community.⁵

SLIDE #27 SUMMARY: WHO CAN BREASTFEED

⁵ United States Department of Agriculture Food and Nutrition Services. *Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs.*



Module 4: Barriers to Breastfeeding

[Key talking Points]

- In most cases, mothers should be encouraged to breastfeed.
- In a small number of situations, breastfeeding may not be recommended.
 - Women who have questions about whether they should breastfeed or not need accurate and timely information and support from WIC staff. When these situations arise, or if WIC staff have any questions regarding a mother's situation, refer the mother to a WIC Designated Breastfeeding Expert for immediate follow-up.

SLIDE #28 APPLICATION TO PRACTICE: OVERCOMING BARRIERS



ACTIVITY

Application To Practice: Overcoming Barriers

Purpose: To apply principles learned in Module 4 to talking to WIC mothers.

Materials Needed:

Handout 4.2, "Resources" and 4.3, "Application To Practice: Overcoming Barriers."

Time Needed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3.
2. Have individuals or groups identify the breastfeeding resource people in their community on Handout 4.2.
3. Ask individuals or groups to read the scenario in Handout 4.3.
4. Discuss the questions and devise appropriate responses.
5. Allow individuals to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information in your practice with WIC mothers?

SLIDE # 29 GROW YOUR BREASTFEEDING SKILLS



Module 4: Barriers to Breastfeeding

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower (Handout 1.4), write on one petal something from this module you are going to do to help support breastfeeding in your clinic. For example, make a point to welcome grandmothers and fathers at your clinic and let them know you’re glad they came. When appropriate in the encounter, ask them what they’ve heard about breastfeeding.
- After this training, post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.

Ongoing Enrichment

1. Review FNS developed materials , “Breastfeeding: A Magical Bond of Love” (Hispanic Breastfeeding Promotion and Education Project) which includes brochures designed for grandmothers and fathers and “Fathers Supporting Breastfeeding,” which targets fathers. These materials are available at:
http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html
2. Review *Loving Support* Campaign pamphlets and posters that address common barriers mothers encounter available at
http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html
3. Complete Lesson 1 (“Communicating with Mothers”) and Lesson 2 (“Counseling Skills”) in the WIC Learning Online (WLOL). The course is approved for continuing professional education (CPE) credits by the American Dietetic Association and contact hours through the Maryland Nurses Association, and is available at:
http://www.nal.usda.gov/wicworks/WIC_Learning_Online/started.html



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Look for ways to recognize staff who make an extra effort to promote and support



Module 4: Barriers to Breastfeeding

breastfeeding. It is often the small things that add up and make an overall difference at WIC. Recognition for a job well done will encourage staff to do even more.

An idea to consider: Sometimes businesses will attach a flower to a pen to remind people not to take the pen with them. Put together several flower pens and give one to a staff person you overhear talking to a mother about barriers to breastfeeding. Encourage them to continue the recognition by passing the flower pen along to another staff person they hear talking to a mother about breastfeeding.



MODULE 5

Promoting and Encouraging Exclusive Breastfeeding

Core Competencies

- Promotes exclusive breastfeeding without formula supplementation.
- Explains the effect of formula supplementation on a mother's milk production.
- Provides realistic strategies to mothers on how to feed their baby only breast milk and provides appropriate support and/or referrals as needed.

Learning Objectives

Training attendees will be able to:

- Explain how the breast makes milk.
- Identify factors that impact milk production and the breastfeeding relationship.
- Recognize how the food package supports exclusive breastfeeding.

Overview

Research shows that concerns about milk production are the primary reason breastfeeding women begin feeding their baby infant formula. This module explores why mothers may believe they do not have enough milk and provides an overview of the mechanics of milk production. Examples of ways staff can communicate this information in simple ways with WIC mothers are also provided.

Topics Covered

- Why WIC promotes exclusive breastfeeding
- Barriers to breastfeeding exclusively
- How the breast makes milk and factors that influence milk production
- Mothers' concerns about real or perceived low milk production
- How formula supplementation affects milk production

Time: 1.5 hour

Materials and Supplies

Handouts

- Handout 5.1: "Show Me Video Vignettes: Counseling about Milk Production"
- Handout 5.2: "Overcoming Worries with Confidence"
- Handout 5.3: "Application To Practice"
- Handout 1.4: "My Goals for Breastfeeding Support" Goal-Setting Flower



General Training Materials

- Flip chart easel
- Flip chart note pad
- Flip chart markers

Training Materials by Activity

Overcoming Worries with Confidence

- Handout 5.2: “Overcoming Worries with Confidence”

Show Me!

- DVD: “Show Me Video Vignettes”

Training Materials by Demonstration

Build a Strong Foundation

- Children’s building blocks (around 20-30, or enough to make 2 small towers)

Draw a Breast

- White or other light colored balloons (one for each training attendee)
 - Latex-free balloons or a sheet of 8½- by 11-inch paper for those who have latex allergies
- Markers or pens

Internal Structure of the Breast

- Breast model
- Cluster of artificial grapes (or a picture of cluster of grapes)

Hormone Receptors

- Ping pong paddle
- Velcro (self-adhesive strips or “dots”)
- 6 ping pong balls
- Hot glue gun

The Impact of Supplementation on Milk Production

- Set of three or four small, clear containers (such as clear glass salt/pepper shakers)
- Small bag of rice
- Small bag of black beans



Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible) with DVD capability
- DVD player (if computer does not have capability)



MODULE 5

SPEAKER NOTES AND TALKING POINTS

SLIDE #1 MODULE 5 – PROMOTING AND ENCOURAGING EXCLUSIVE BREASTFEEDING

[Key Talking Points]

- Exclusive breastfeeding is when an infant receives only breast milk and nothing else – including infant formula, cow’s milk, sugar water, baby foods, or anything else except for drops or syrups consisting of vitamins, minerals, or medications.¹
- Exclusive breastfeeding is linked to many health benefits for babies and mothers, as well as a longer duration of breastfeeding.
- WIC staff play an important role in helping new mothers feel confident they can exclusively breastfeed their babies.
- Making enough milk is a major concern of new mothers. Because it is hard to see how much milk a baby is drinking, some women assume they are not making enough milk and begin offering formula or wean altogether.
- This module, “Promoting and Encouraging Exclusive Breastfeeding,” will focus on the importance of exclusive breastfeeding, how formula supplementation affects milk production, and ways to explore this topic with new mothers.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address three core competencies. WIC staff will:
 - Promote exclusive breastfeeding without formula supplementation.
 - Explain the effect of formula supplementation on a mother’s milk production.
 - Provide realistic strategies to mothers on how to feed their baby only breast milk and appropriate support and/or referrals as needed.

SLIDE #3 LEARNING OBJECTIVES

[Key Talking Points]

- To develop those competencies, upon completion of this module, WIC staff will be able to:

¹ Centers for Disease Control and Prevention. (2007). Breastfeeding trends and updated national health objectives for exclusive breastfeeding – United States births years 2000-2004. *MMWR Weekly*, 56(30)760-763.



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- Explain how the breast makes milk.
- Identify factors that impact milk production and the breastfeeding relationship.
- Recognize how the food package supports exclusive breastfeeding.

SLIDE #4 EXCLUSIVE BREASTFEEDING

[Key Talking Points]

- Major organizations such as the American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), American Dietetic Association (ADA), and World Health Organization (WHO) recommend exclusive breastfeeding for the first six months of life.
- Exclusive breastfeeding has been shown to have the strongest effect on infant and maternal health outcomes.

SLIDE #5 EXCLUSIVE BREASTFEEDING OBJECTIVES

[Key Talking Points]

- Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. These objectives are used by many professional organizations, States, communities, and others to help them develop programs to improve health.²
- The Healthy People 2010 has two targets for exclusive breastfeeding:²
 - Exclusive breastfeeding through 3 months – 40 percent
 - Exclusive breastfeeding through 6 months – 17 percent
- These objectives help support the Healthy People 2010 objectives for duration of breastfeeding at 6 and 12 months.
 - Mothers who do not supplement with infant formula tend to breastfeed longer.
 - A mother who exclusively breastfeeds during the first month postpartum is more likely to continue breastfeeding after 6 months.

² Centers for Disease Control and Prevention. (2009). About Healthy People 2010. Atlanta, GA: Centers for Disease Control and Prevention. Available online at:

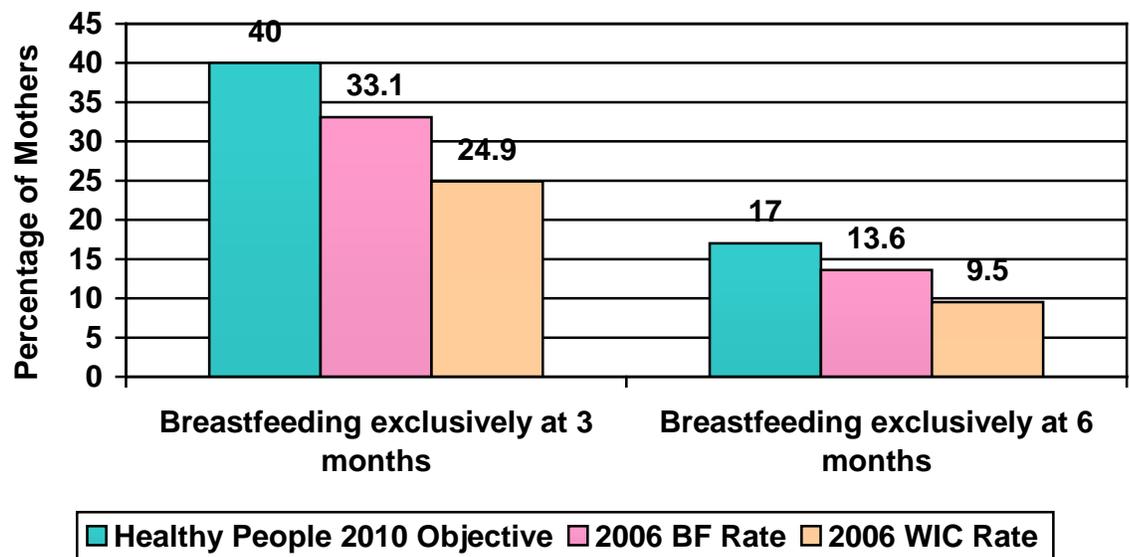
<http://www.cdc.gov/nchs/about/otheract/hpdata2010/abouthp.htm>



Module 5: Promoting and Encouraging Exclusive Breastfeeding

- A mother who exclusively breastfeeds during the first 4 - 6 months of life is more likely to continue breastfeeding to 12 months compared to mothers who partially breastfeed.³
- The 2006 data from the National Immunization Registry data, shown in the chart below, reveals that nationally, only 33.1 percent of babies breastfeed exclusively through 3 months, and 13.6 percent breastfeed exclusively through 6 months. The numbers are even lower among WIC mothers.⁴

Healthy People 2010 Objectives for Exclusive Breastfeeding



PLANT YOUR LOCAL INFO

Add your state and/or local rates of exclusive breastfeeding here.

³ Piper S & Parks L. 2001. Use of an intensity ratio to describe breastfeeding exclusivity in a national sample. *J Hum Lact*, 17:227-232.

⁴ Centers for Disease Control and Prevention. (2009). National Immunization Survey. Available online at: www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm



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SLIDE #6 WHEN MOTHERS START FEEDING INFANT FORMULA

[Key Talking Points]

- Although the recommendation is for mothers to exclusively breastfeed their babies for 6 months, for various reasons mothers decide to feed their babies something other than breast milk much earlier than recommended.
- The 2008 Infant Feeding Practices Study, a collaborative effort between CDC and the Food and Drug Administration (FDA), is a longitudinal study focusing on infant feeding practices and the diets of women from their 3rd trimester of pregnancy to 12 months postpartum.
- The study examined infant feeding behaviors, including patterns of breastfeeding, formula feeding, and solid food intake. Results show that:⁵
 - 52 percent of babies are being supplemented with infant formula in the hospital.
 - 61 percent of new mothers regularly give formula by 3 months.
 - Half of new mothers have already started solid foods by 4 months.
- The WIC Infant Feeding Practices Study found that about half of breastfed infants are fed formula during the first two weeks of life.⁶

SLIDE #7 HOSPITAL PRACTICES THAT AFFECT EXCLUSIVE BREASTFEEDING

[Key Talking Points]

- For various reasons, formula supplementation often begins in the hospital.
- The CDC has conducted a national survey of hospitals to determine hospital practices that interfere with successful breastfeeding. The survey, “Maternity Practices in Infant Nutrition and Care (mPINC) Survey,” was completed by more than 80 percent of delivering hospitals across the United States.
- mPINC survey results found several common practices that are not supportive of breastfeeding, including:⁷

⁵ Grummer-Strawn L, Scanlon K, & Fein S. (2008). Infant feeding and feeding transitions during the first year of life. *Pediatrics*. 122:S36-S42.

⁶ United States Department of Agriculture. (1997). WIC Infant Feeding Practices Study: Summary of Findings. United States Department of Agriculture, Food & Nutrition Service. November 1997. Available at: <http://www.fns.usda.gov/oane/MENU/Published/WIC/files/infant/ifps.htm>.

⁷ Breastfeeding-related maternity practices at hospitals and birth centers – United States 2007. (2007). Atlanta, GA: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR). 57(23):621-625.



Module 5: Promoting and Encouraging Exclusive Breastfeeding

- 45 percent reported giving pacifiers to more than half of healthy, full-term breastfed babies.
- 24 percent give routine formula as a general practice to more than half of healthy, full-term breastfed babies and 30 percent routinely give glucose water.
- 65 percent advise women to limit how long the baby nurses at each feeding.
- 70 percent report giving a gift bag containing infant formula samples when mothers are discharged from the hospital.
- Although 95 percent of facilities report providing telephone numbers for mothers to call for breastfeeding consultation, only 56 percent reported initiating follow-up to new mothers.



DISCUSSION STARTER

Purpose: To explore issues in the local community hospital that might affect exclusive breastfeeding.

Time required: 5 minutes

Discuss:

- Why do you think breastfed babies are fed infant formula in the hospital so soon after delivery in your community?

Take away points:

- Often hospital staff are affected by time demands, short staff, and lack of training, as well as misinformation by the mothers themselves.
- Some mothers may tell the hospital staff they want to “do both” (breastfeed and bottlefeed).
- The next slide provides some of the reasons mothers begin providing formula to their babies, according to the research.



SLIDE #8 WHY MOTHERS OFFER FORMULA

[Key Talking Points]

- A major reason women begin offering formula or discontinue breastfeeding altogether is that they feel they do not make enough milk for their baby.⁸
- This may explain why WIC staff may hear mothers report wanting to “do both” (breastfeed and bottle feed).
- WIC staff may hear mothers report some of the following reasons for wanting to “do both”:
 - Lack of understanding about the effect feeding formula has on milk production
 - Lack of awareness of normal newborn behaviors, such as signs of hunger, fussiness, and growth spurts
 - Concern that they cannot see how much milk the baby is taking in
 - Lack of breastfeeding support from family or friends.
 - Lack of confidence in milk production because they have expressed only a small amount of breastmilk
- Research also shows that when mothers receive formula samples from the hospital or doctor’s office they are less likely to breastfeed exclusively.⁹
- Another common reason for beginning supplements is returning to work or school.¹⁰
- Mothers may also have been diagnosed with a physical condition that causes low milk production.

SLIDE #9 CULTURAL FACTORS

[Key Talking Points]

- Many mothers have cultural beliefs and experiences that affect their infant feeding decisions and practices. By understanding the cultural beliefs and practices of mothers in their community, WIC staff can show sensitivity to each mother’s individual concerns.

⁸ Grummer-Strawn L, Scanlon K, & Fein S. (2008). Infant feeding and feeding transitions during the first year of life. *Pediatrics*. 122:S36-S42.

⁹ Howard, et al. (2000). Office prenatal formula advertising and its effect on breastfeeding patterns. *Obstetrics & Gynecology*, 95(2):296-303.

¹⁰ Lewallen LP, et al. (2006). Breastfeeding support and early cessation. *Journal of Obstetrical, Gynecological and Neonatal Nursing*. 35(2): 166-172.



Module 5: Promoting and Encouraging Exclusive Breastfeeding

- Some cultural groups (for example, some Hispanic mothers) may believe that colostrums is inferior and breastfeeding should be delayed until the milk “comes in.”
- Embarrassment to breastfeed in front of hospital staff can lead some mothers to avoid breastfeeding at the hospital.
- Some studies show that acculturation (becoming a part of the new culture) leads to a rise in formula supplementation and early weaning among some cultural groups immigrating to the U.S. This may be due to a perception that the social norm in America is that infant formula is better than breastmilk.¹¹
- FNS has developed breastfeeding materials designed for specific audiences, which include:
 - “Breastfeeding: A Magical Bond of Love” materials developed as a part of the Hispanic Breastfeeding Promotion and Education Project; and
 - “Fathers Supporting Breastfeeding” materials targeting African American dads.
- Visit the WIC Works Resource System to learn more about these materials at: http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html.



PLANT YOUR LOCAL INFO

State and local agencies should feel free to discuss your own materials that have been developed to target specific cultures and ethnicities common in your area.

SLIDE #10 WHAT WIC STAFF CAN DO

[Key Talking Points]

- WIC staff can help mothers feel confident in their ability to make milk by:
 - Using open-ended questions to help mothers explore their concerns about making milk.
 - Praising the mother for breastfeeding, and reassuring her that her body is designed to make milk.
 - Providing information to new mothers during pregnancy and the early postpartum period using simple, visual examples of how the breast works.

¹¹ Anderson A, Damio G, Himmelgreen D, Peng Y, Segura-Perez S & Perez-Escamilla R. (2004). Social capital, acculturation, and breastfeeding initiation among Puerto Rican women in the United States. *Journal of Human Lactation*, 20(1):39-45.



Module 5: Promoting and Encouraging Exclusive Breastfeeding

- Yielding mothers to the peer counselor for peer support and encouragement.
- Yielding mothers to the WIC Designated Breastfeeding Expert if babies are not gaining weight appropriately or if mothers appear to have low milk production.

SLIDE #11 HOW THE BREAST MAKES MILK: KEEP IT SIMPLE

[Key Talking Points]

- Giving mothers simple explanations about how the breast works will help them build confidence in their ability to make milk for their baby.
- A simple way to talk about milk production with a new mother is to show that their breasts are similar to a production “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.¹²
- In the same way, the breast makes plenty of milk as long as mothers establish a good foundation by breastfeeding exclusively, avoiding supplements of infant formula, and removing milk at least every 8-12 times every 24 hours.
- If mothers replace feedings at the breast with formula or other foods, the amount of milk they make goes down because the demand is low.



DEMONSTRATION

Build a Strong Foundation

Purpose: To help training attendees visualize the importance of a strong foundation in establishing long-term milk production.

Materials Needed:

- 20-30 Children’s building blocks

Time Allowed: 1 minute

¹² West, *The Breastfeeding Mother’s Guide to Making More Milk*, Chapter 1.



Instructions

1. Before the training event, build two towers from children's building blocks to demonstrate the impact of a solid foundation. Use this as a visual aid in the training.
2. Begin one tower with a sturdy, firm foundation, and build the tower as tall as possible.
3. Begin the second tower with a flimsy base that is not as tall.

Take-Away Points

- Explain that this is similar to getting a good foundation with breastfeeding. The better start a mother gets, the better her milk production.
- Mention that this visual image can be helpful to share with mothers as well.

SLIDE #12 A CLOSER LOOK AT HOW THE BREAST MAKES MILK

[Key Talking Points]

- Another name for the breast, the “mammary” gland, comes from the word “mamma.” This is a perfect word since breastfeeding provides both nutrition and nurturing for infants.
- The mammary gland has many parts, each with specific functions that help the mother produce milk for her baby.
- A closer look at how this mammary gland develops and the function of its parts will help WIC staff understand the science behind why mothers need to breastfeed exclusively and avoid formula supplements, especially in the first month postpartum.

SLIDE #13 STAGE 1: GETTING READY FOR MILK PRODUCTION

[Key Talking Points]

- When a young girl reaches puberty at around 10-12 years of age, her milk-making tissue begins growing and continues to grow with each menstrual cycle.
- When a woman becomes pregnant, many changes occur as her milk-making tissue rapidly grows. This is why even an adolescent who becomes pregnant can make milk since most of the breast growth occurs during pregnancy.
- The many breast changes during pregnancy are the first stage of lactation, or Lactogenesis I, which simply means the genesis, or beginning, of lactation.



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- These changes during pregnancy occur both on the outside and on the inside of the breast. Mothers may notice some of these changes and wonder if they are normal. Some of these changes include:
 - The dark circular area around the nipple (the “areola,” pronounced “ah-ree-oh-la” or “ah-ree-la”) may enlarge and become even darker.
 - Small pimple-like bumps on the areola (called “Montgomery Glands”) are more visible. These little glands secrete an oily, lubricating substance to keep that area soft and healthy. Lotions and creams are not necessary.
 - The mother’s breasts may feel tender to the touch.
 - Toward the end of the pregnancy a mother’s breasts may enlarge a cup size or two.
- WIC staff should ask pregnant women about any of these breast changes they are noticing, and reassure them that these changes show how their body is preparing to make milk.
 - Be aware that not all women actually *feel* breast changes.
 - If a mother cannot feel any changes, suggest she observe the physical changes on the outside of her breast as her pregnancy develops.
- Yield to the WIC Designated Breastfeeding Expert if the mother has concerns.



DEMONSTRATION

Draw a Breast

Purpose: To use right-brain learning to help training attendees remember the parts of the breast involved in making milk.

Materials Needed:

- White or light colored balloons (one for each training attendee)
- Latex-free balloons (or an 8-½- by 11-inch sheet of paper) for any attendees with latex allergies
- Marker or pen

Time Allowed: 1 minute for explanation

Instructions:

1. WIC trainers in California provide staff with white balloons and ask them to draw the parts of the breast while the trainer is discussing it.
2. Provide each attendee with a balloon (or sheet of paper if they have a latex allergy) and marker/pen and ask them to follow along as the trainer is discussing the parts of the breast.



3. Suggest that training attendees draw the external parts of the breast on one side of the balloon, and the internal parts on the other.
4. The balloon or paper drawing can be used throughout the next several slides as the anatomy of the breast is discussed.

Take-Away Points

- Drawing the breast while listening to the descriptions can be an effective way to increase retention.
- This technique can be used in education classes with WIC mothers, as well, to help them gain confidence that they can make plenty of milk.

SLIDE #14 INSIDE THE BREAST – MILK-MAKING TISSUE

[Key Talking Points]

- Once pregnancy begins, milk-making cells called “alveoli” (pronounced “al-vee-oh-lee”) develop. Breast milk is made within these cells.
- The alveoli are bunched into several grape-like clusters called “lobules.” Each breast has around 7-10 lobules of these milk-making cells.
- Tiny muscles (“myoepithelial cells”) surround each milk-making cell. These muscles tighten when the hormone oxytocin is released during breastfeeding to push the milk out of the alveoli so it can flow through the breast.



DEMONSTRATION

Internal Structure of the Breast

Purpose: To help training attendees better visualize the structure of milk-making tissue.

Materials Needed:

Cluster of artificial grapes (or an image of grapes)

Time Allowed: 1 minute

Instructions:

1. A cluster of artificial grapes (or an image of grapes) is a visual that can be used to demonstrate the internal structure of the breast.
2. Show the cluster of grapes and explain that just as the grapes are filled with grape juice, the milk making cells in the breast are filled with milk.



3. Explain that the grapes are connected to small stems, which connect to larger stems. In the same way, milk making cells are connected to milk ducts which connect to larger milk ducts to help the milk flow through the breast.

Take-Away Points

- Using a non-threatening object such as artificial grapes that most WIC women are familiar with can be a simple tool to help them understand how their breast is structured.

SLIDE #15 INSIDE THE BREAST – THE MILK HIGHWAY SYSTEM

[Key Talking Points]

- The milk ducts serve as a “highway” to transport the milk through the breast and out the nipple to the baby.
- Women have between 4-18 major milk ducts, with an average of around nine.¹³
- When milk begins to flow from the alveoli, the milk ducts expand in size to allow the milk to flow freely through the breast.
- Most women do not see the nipple pores, or openings, easily until after lactation begins.

SLIDE #16 INSIDE THE BREAST – OTHER PARTS OF THE BREAST

[Key Talking Points]

- Fatty tissue is woven throughout the milk-making tissue. Fatty tissue helps cushion the breast so it is comfortable.
- Fat helps determine the size of a woman’s breasts, not how they function. This is why even a mother with small breasts can make plenty of milk for her baby.
- Connective tissue helps support the breast and the milk-making tissue. This is especially helpful when the glandular tissue fills with milk and becomes heavier.

SLIDE #17 STORAGE CAPACITY

[Key Talking Points]

- Although women typically make around 800 ml of breast milk every 24 hours from months 1-6 when they are exclusively breastfeeding, each mother has a

¹³Ramsay DT, Kent JC, Hartmann RA & Hartmann PE. (2005). Anatomy of the lactating human redefined with ultrasound imaging. *Journal of Anatomy*, 206:525-534.



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different “storage capacity,” or the amount of milk her breast tissue can hold at one time.

- Storage capacity varies from breast to breast, and from one woman to another.
- Research shows that a mother with a large storage capacity may have more flexibility with feeds than a mother with a smaller storage capacity, so a mother with a smaller capacity may need to feed her baby more often. Yet research shows both mothers will make approximately the same amount of milk over a 24-hour period as long as they are exclusively breastfeeding.
- This is why the AAP recommends that mothers follow their baby’s lead and feed whenever the baby shows signs of hunger, or at least 8-12 times every 24 hours.¹⁴
- Some mothers may worry that their baby is not getting enough, especially if they compare their baby to other babies who might feed less often. You can reassure mothers that in most cases, breastfeeding when their baby shows signs of hunger and good transfer of milk (discussed in Module 7, “Providing Support for New Breastfeeding Moms”) will help them make plenty of milk for their baby.

SLIDE #18 STAGE 2: MILK PRODUCTION BEGINS

[Key Talking Points]

- During mid-pregnancy (around 16-18 weeks) the alveoli fill with fat droplets and colostrum.
- Colostrum is thick, yellowish milk that is full of important infection-fighting ingredients that prepare baby for living outside the womb.
- Pregnancy hormones keep the colostrum from being released, although some women might notice a small amount leaking. This is normal.
- Once the baby is born, the pregnancy hormones rapidly drop and the mother’s body releases two important lactation hormones that help her make milk.
- These hormones are released by the pituitary gland in her brain, and include:
 - *Prolactin*, which causes the alveoli in her breast to begin making milk.
 - *Oxytocin*, which helps the milk to flow.
- Prolactin is released in a surge around 30-72 hours after the placenta is delivered. This surge causes the amount of milk to dramatically increase. This is the second stage of lactation, also called Lactogenesis II.
- The mother may notice that her breasts feel very full, usually by around days 2-3.
- Because this process is based on normal hormones after childbirth, her body will begin making milk even if she chose not to breastfeed.

¹⁴ American Academy of Pediatrics. (2008). *Pediatric Nutrition Handbook*, 6th edition. Ed, Ronald E. Kleinman, MD. Elk Grove Village, IL: American Academy of Pediatrics.



SLIDE #19 RISK FACTORS THAT DELAY

[Key Talking Points]

- WIC staff should be aware that certain risk factors can temporarily delay this second stage of lactation. These common risk factors include:¹⁵
 - Cesarean delivery
 - Hypothyroidism
 - Obesity (BMI>26 kg/m), which lowers the amount of prolactin when the baby nurses¹⁶
 - Type 1 Diabetes
 - Mothers who are in their 40's, since hormone levels may not be at their peak
 - Retained placental fragments which prevent progesterone levels from fully declining (if a mother still has heavy bleeding and her milk volume has not gone up by day 5-7, yield her to her physician for an assessment).
- Mothers who have any of these risk factors need lots of praise and reassurance during this time. Remind them that their baby is getting colostrum, the perfect first food for a baby. Frequent feedings of colostrum nourishes the baby and stimulates her breasts to produce milk.
- If mothers begin offering formula during this critical period, they signal their body to reduce the amount of milk their baby will need.
- WIC staff should yield to the WIC Designated Breastfeeding Expert if they encounter a mother with these risk factors, or if a mother reports that her milk volume has not increased.

SLIDE #20 OXYTOCIN: THE MOTHERING HORMONE

[Key Talking Points]

- The second important hormone, “oxytocin,” helps milk flow by causing the muscles around the alveoli to squeeze the milk out so it can flow through the ducts and out through the nipple.
- This is called a milk ejection reflex (MER), or sometimes known as a “letdown.” A “letdown” has nothing to do with feeling sad. It refers to the milk flowing through the breast.

¹⁵ Riordan J. (2005). *Breastfeeding and Human Lactation*. Sudbury, MA: Jones & Bartlett Publishers.

¹⁶ Rasumussen KM et al. (2004). Prepregnant overweight and obesity diminish the prolactin response to suckling in the first week postpartum. *Pediatrics*, 113e:465-3471



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- Mothers have around 4-5 “letdowns” per feeding, and each one is important because it makes more milk available to the baby, and it helps push more of the fatty part of the milk through the ducts so the baby feels more satisfied.
- Some women feel the first “letdown” and describe it as a “tingling” or “tightening” sensation. Some women do not feel them at all and this is normal.
- Women also often feel thirsty and sleepy when a letdown has occurred. Remind mothers to keep a glass of water nearby when they are nursing their baby.
- Oxytocin is released more easily through nipple stimulation, skin-to-skin contact with the baby, and when mothers see, smell, or hear their baby.
- Oxytocin can be kept from releasing when the mother is in pain, is afraid, or is severely stressed.
- WIC staff can remind mothers that when they are relaxed milk can flow more freely. The more relaxed and comfortable they are, the more milk her baby will receive.

SLIDE #21 THE ROLE OF HORMONE RECEPTORS

[Key Talking Points]

- For the lactation hormones to work, they need hormone receptor sites so they can be used in the breast to do their important work.
- Prolactin and oxytocin receptor sites are formed in the first two weeks postpartum.
- These sites form within the breast so the lactation hormones can be used right where they are needed. They are created as a result of frequent breastfeeding and milk removal.
- The more feedings and the more milk that is removed from the breast, the more receptors mothers make, and therefore the more lactation hormones she can use to make and release milk.
- Research shows that the amount of milk a mother makes is affected by the number of receptors that were established in the early days of breastfeeding.
 - The more receptors a mother establishes, the higher her milk production will be for this baby.
 - Formula supplementation begun in the early weeks interferes with this process and prevents her body from making as many receptors as she will need since milk is not fully removed.
 - When mothers get off to a good start and breastfeed exclusively, they make more milk.
- This process of receptor establishment begins anew with each lactation experience, so even if she did not have a good breastfeeding experience previously, she can build new receptors with the next baby.



DEMONSTRATION

Hormone Receptors

Purpose: To help training attendees understand the concept of hormone receptors in a non-threatening way.

Materials Needed:

- Ping pong paddle
- Velcro (self-adhesive strips or “dots”)
- 6 ping pong balls
- Hot glue gun

Time Allowed: 3 minutes

Instructions

1. Cover one side of a ping-pong paddle (representing a milk-making cell, or alveoli) with Velcro strips.
2. On the other side, place only a few pieces of Velcro.
3. Glue Velcro dots or small pieces of Velcro strips onto a set of 6 ping pong balls (representing hormones).
4. Distribute the ping pong balls to several training attendees and invite them to toss the balls to you.
5. Catch the balls using the side of the paddle covered with Velcro. Point out that you are able to catch them because the paddle is covered with receptor sites.
6. Now turn the paddle over and repeat the demonstration.

Take-Away Points

- The more receptors on your paddle, the more balls you were able to catch.
- Similarly, the more receptor sites in the breast, the more hormones can be accessed, and the more milk a mother will make.



SLIDE #22 STAGE 3: MAINTAINING LACTATION – THE IMPORTANT 1ST MONTH

[Key Talking Points]

- The third stage of lactation, Lactogenesis III, is the ongoing maintenance of breastfeeding.
- The 1st month postpartum is the most critical period. During this period, it is as if the baby is “placing his order” for the amount of milk he will be needing.
 - Frequent and effective milk removal (8-12 times every 24 hours) helps form ample hormone receptors.
 - This period of high demand tells the mother’s body to replace the milk and calibrate a high starting point for milk production.
 - Every time milk is removed by the baby or through expression, her body will continue to replace that amount of milk, for as long as she breastfeeds.
- Offering formula interferes. When milk is not removed (due to missing feedings or replacing them with formula):
 - The mother’s body releases certain proteins that tell her breast to slow down and make less milk.
 - Fewer hormone receptors are created, which prevent her from being able to fully utilize the available hormones for making milk.
 - The more formula she gives her baby, the less breastmilk she makes.
- This is why WIC gives little to no formula to breastfeeding mothers in the first month.
- Yield to your WIC Designated Breastfeeding Expert if the mother reports her baby is not able or willing to latch, or if the mother believes her baby is not able to remove milk efficiently.



DEMONSTRATION

The Impact of Supplementation on Milk Production

Purpose: To help training attendees and WIC mothers visualize the impact supplementation has on milk production

Materials Needed:

- 3-4 small, clear containers (such as salt/pepper containers)
- Bag of rice
- Bag of black beans



Time Allowed: 3 minutes

Instructions

1. Fill one jar with rice.
2. Fill the second jar $\frac{2}{3}$ full of rice and fill the rest of the space with black beans (or other small item commonly used in your community).
3. Fill a third jar half full of rice and beans in the other half.
4. Fill a fourth jar with only a tiny amount of rice, and the rest with beans.

Take-Away Points

- When a mother exclusively breastfeeds (represented by the rice) her body replaces the milk removed.
- When she replaces the feedings with something else (represented by the beans) her body only replaces the amount that was removed.
- The more we replace breast milk feedings with something else, the less milk the mother's body produces.

SLIDE #23 SEASONS OF THE BREAST

[Key Talking Points]

- One simple way to convey the changes that a mother's breasts experience throughout the full course of lactation is to consider the four seasons of the year and how a tree might change during each of those seasons.¹⁷
 - In the winter, you can see the many branches (which are somewhat like milk ducts in a breast).
 - In spring, buds form on the branches and then sprout into leaves (similar to the early alveoli, or milk-making cells in the breast).
 - By summer, the leaves take on a deep, rich color as they grow to their full size to provide shade and beauty, just as during lactation, alveoli swell to become full of milk to nourish the baby.
 - In the autumn, the leaves change colors and begin to fall (just as alveoli begin to wither and die off when the baby begins weaning).
 - Just as the barren tree in winter lies dormant to await another season, the glandular tissue in the breast involutes until another pregnancy occurs.

¹⁷ West D & Marasco L. *The Breastfeeding Mother's Guide to Making More Milk*, Chapter 1. New York: McGraw Hill, 2009.



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SLIDE #24 WIC FOOD PACKAGES THAT SUPPORT EXCLUSIVE BREASTFEEDING

[Key Talking Points]

- WIC food packages for breastfeeding mothers and infants are designed to help mothers exclusively breastfeed to establish a good milk production.
- The WIC food packages for breastfeeding mothers include extra foods to help support the mother's nutritional needs while breastfeeding and to serve as incentives for breastfeeding.
- To support exclusive breastfeeding in the first month, WIC provides mothers with lots of breastfeeding support and little to no infant formula during this time.
- WIC staff can reassure new mothers that not including formula in her WIC food package in the first month gives her body time to create the important receptor sites and get breastfeeding well established.
- The food package assures that her baby will receive the best gift of all: his mother's priceless breastmilk!
- The mother also receives the knowledge she is giving her baby the best start in life possible, and also receives special support and help from WIC, including access to a breast pump, if needed, support from a peer counselor, breastfeeding education, and other resources.



PLANT YOUR LOCAL INFO

Include information about the special support services provided to WIC breastfeeding mothers in your State or local agency that help support exclusive breastfeeding.

SLIDE #25 CASE STUDY: NORTH COUNTY HEALTH SERVICES, CALIFORNIA WIC

[Key Talking Points]

- While changes to WIC Federal Regulations in 2007 first called for the provision of little to no formula for breastfeeding mothers in the first month after birth, at least one WIC clinic implemented such a policy much earlier.
- North County Health Services (NCHS) WIC Program in San Marcos, California has had a policy of not issuing formula to breastfeeding mothers in the first month since the mid 1990s.
- Instead, they provide a proactive program of targeted contacts with new mothers at crucial points in their breastfeeding experience. For instance:



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- During the mother’s pregnancy: staff discuss “why to breastfeed” in the early months and “how to breastfeed” in the last month before the baby is due.
- After the baby is born: staff contact mothers by phone at critical weaning points.
- The clinic conducted a study to assess breastfeeding rates as a result of the intervention and found that:
 - 25 percent of mothers were still breastfeeding at 10.5 months compared with only 6.5 percent in the control group.
 - There were increases in the rates of breastfeeding exclusivity at 1 month and 2 months, which contributed to longer duration rates.

SLIDE #26 LESSONS LEARNED FROM NORTH COUNTY HEALTH SERVICES POLICY CHANGES

[Key Talking Points]

- Provide anticipatory guidance about breastfeeding during pregnancy and at critical periods of birth, particularly in the first week or two postpartum.
- Train staff in assessment and counseling skills. Adopt the philosophy that breastfeeding promotion and support is the responsibility of everyone in the clinic.
- The successes at North County Health Services remind us that how we support mothers makes the difference. Our language and providing targeted messages at crucial times is a critical part of that support.
- Tips for providing targeted messages:
 - Counsel mothers prenatally about potential barriers.
 - Provide prenatal information about how the breast makes milk and how to get a good start with breastfeeding.
 - Help mothers access peer support and education through breastfeeding classes, support group meetings, and connecting her with a WIC peer counselor.
 - Assess the mother’s support network at home and at work or school, and offer suggestions.
 - Provide targeted phone calls and clinic visits with mothers at times they may be most likely to feel vulnerable and unsure about breastfeeding, offering anticipatory guidance on breastfeeding in the early days and weeks.
 - Connect mothers to the WIC Designated Breastfeeding Expert as needed.



SLIDE #27 TALKING WITH MOTHERS ABOUT WIC FOOD PACKAGES

[Key Talking

- Presenting the WIC food packages in a positive way, with support and encouragement, will help WIC mothers understand the rationale behind the food packages and feel supported to exclusively breastfeed.
- Exclusive breastfeeding in the early weeks establishes milk production, making it easier for the mother's body to withstand missed feedings from time to time later on.
- **The ideal time to discuss the food packages that support exclusive breastfeeding is during a mother's pregnancy, when possible.** This helps prepare mothers, especially if they received formula from WIC with a previous baby, or had already been considering giving both breast milk and formula.
- Remind mothers that the fully breastfeeding food package provides the greatest quantity and variety of WIC foods, including a \$10 cash value voucher for fruits and vegetables for mom and larger quantities and varieties of foods for her infant at 6 months.
- WIC staff can remind mothers who say they want to "do both" (breastfeed and bottle feed) that it is better to exclusively breastfeed for the first 4-6 weeks and avoid supplements until after that time. It is much easier to maintain a good milk production than to rebuild production that has declined.
- This is critical for establishing a good milk production that will enable moms to breastfeed successfully whether they wish to continue breastfeeding exclusively or partially breastfeed later on.

SLIDE #28 USING 3-STEP TO ENCOURAGE MOTHERS TO EXCLUSIVELY BREASTFEED

- If mothers request formula, use your 3-Step Counseling Principles to help mothers explore their reasons.
- Open-Ended Questions help mothers explore their reasons for wanting formula. Examples:
 - What are some reasons you feel you are not making enough milk?
 - What are people telling you about your milk production?
 - What goals have you set for breastfeeding your baby?
- Affirm the mother's concerns.
 - Many mothers worry about making enough milk.
 - The fact you're worried about your milk production tells me you really care about your baby.
 - What a great mom you are to be breastfeeding!



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SLIDE #29 EDUCATION

[Key Talking Points]

- WIC mothers also need information about the impact of supplementation on their milk production. Key education to share:
 - Every bottle of formula given to the baby is that much *less* milk that is removed from the breast.
 - Continued supplements will steadily decline her milk production.
 - Using bottles/other nipples for supplements can also cause the baby to prefer other nipples and resist going back to the breast again.
 - The best way to establish and maintain good milk production is to breastfeed exclusively.

SLIDE #30 SHOW ME!



ACTIVITY

Activity: Show Me!

Purpose: To help training attendees gain confidence counseling mothers about their milk production.

Materials Needed:

- Handout 5.1: “Show Me Video Vignettes: Counseling about Milk Production”
- DVD: “Show Me Video Vignettes”

Time Allowed: 5-7 minutes

Instructions:

1. Show the “Show Me” video clip for Module 5 to the full group.
2. Invite training attendees to record their thoughts on their handout.

Points for Discussion:

- What affirmations were helpful?
- What education did you feel worked well for the participant?
- What more would you want to share with her?



Take-Away Points

- Counseling is a personal experience that reflects each individual's unique personality.
- Affirmation, however, can make the difference in helping mothers grow their confidence that their body really can produce milk."

SLIDE #31 PRACTICE: MOVING MOTHERS FROM WORRIES TO CONFIDENCE



ACTIVITY

Activity: Moving Mothers from Worries to Confidence

Purpose:

To help staff increase confidence counseling mothers about milk production by facilitating individual and group practice.

Materials Needed:

Handout 5.2: "Moving Mothers from Worries to Confidence"

Time Allowed: 5-7 minutes

Instructions:

1. Work in small groups or as a larger group discussion.
2. Ask individuals or small groups to select a statement that a mother might say.
3. Discuss possible reasons why a mother might say this. Record thoughts in the column, "Reasons Why." Identify an affirmation that can help reassure a mother and record it on the handout.
4. What information or solutions should be shared with the mother?

Points for Discussion

What do you think mothers might be feeling when they say these things?



Take-Away Points

- Before launching into education, take the time to read between the lines and determine what a mother might be most worried about when she doubts her milk production.
- Using a positive affirmation and open-ended questions to explore her true concerns will help you offer positive solutions that best help her exclusively breastfeed.

SLIDE #32 ANTICIPATORY GUIDANCE

[Key Talking Points]

- Telling mothers what to expect with breastfeeding helps them know what to anticipate so they can feel confident with breastfeeding. It also helps her know the difference between what is normal and what is cause for concern. Telling mothers what to expect at different points in time is known as Anticipatory Guidance.
- Help mothers prepare for potential speed bumps that may affect their milk production or confidence through anticipatory guidance:
 - Breast changes occur throughout pregnancy and lactation.
 - Some of the breast changes occur on the outside of the breast and can be seen. Other changes are happening inside the breast. If mothers do not notice changes they can talk with the WIC Designated Breastfeeding Expert or their doctor for an assessment.
 - Get milk production off to a good start by holding the newborn skin-to-skin in the first hour after birth until the baby breastfeeds for the first time.
 - Continue breastfeeding frequently, at least 8-12 times every 24 hours.
 - Follow the baby's signs that he is ready to feed (if the baby is full-term and alert). Mothers may need to wake their baby to feed if they are sleepy and uninterested in feeding. Skin-to-skin helps to stimulate the baby to nurse.
 - Make sure the baby is latched well so that milk will transfer from the mother's breast to the baby. Yield the mother to the WIC Designated Breastfeeding Expert if needed.
 - Avoid formula supplements unless medically indicated.
 - Know when and who to call for help in your community.



SLIDE #33 APPLICATION TO PRACTICE



ACTIVITY

Application To Practice

Purpose: To apply principles learned in Module 5 to the WIC clinic setting.

Materials Needed:

Handout 5.3, “Application To Practice”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3 training attendees.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

How could you see yourself using this information with WIC mothers?

Take-Away Points

- There are many tools that can assist mothers in exclusively breastfeeding.
- Timely information and referrals can make the difference!

SLIDE 34 SUMMARY

[Key Talking Points]

- During this module, we have discussed the importance of exclusive breastfeeding, how the breast makes milk, and how exclusive breastfeeding can help mothers establish and maintain milk production. This module also addressed how offering infant formula interferes with milk production, and ways to support mothers to exclusively breastfeed so they can continue breastfeeding as long as they and their baby want to.
- Each WIC staff member plays an important role in encouraging mothers to exclusively breastfeed by providing loving support, education about how they



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can make plenty of milk for their baby, and appropriate referrals if mothers have questions and concerns.

SLIDE #35 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, write on one petal something you will do as a result of this module to help mothers exclusively breastfeed. For example, you might want to:
 - Include information about making milk in your prenatal education.
 - Use open-ended questions and affirmation to help mothers explore their concerns about making milk.
 - Make referrals when mothers call the clinic requesting formula.
- After this training post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.

Ongoing Enrichment

1. Read pages 57-66 and 159-165 in “Quick Reference for the Lactation Professional.” Select one scenario on page 77 or 169 to answer.



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Help staff glow with recognition by acknowledging their efforts to help mothers exclusively breastfeed.

- Give “Caught Ya” awards (certificate or “Caught Ya Doing Something Good” note) to staff who have been observed speaking positively about the importance of breastfeeding, or who make timely and appropriate referrals.
- Recognize staff you have observed using open-ended questions and affirmation to assess mother’s concerns about milk production.
- Highlight creative ways to explain milk production that any staff have devised. Take photos and feature the visual aids in your newsletter, or display them meetings or conferences in your state.



MODULE 6

Promoting Breastfeeding during Pregnancy

Core Competencies

- Encourages pregnant women to breastfeed and promotes the food packages available for breastfeeding women and their infants.
- Assesses a pregnant woman's intention to breastfeed and identifies factors that affect breastfeeding success.
- Provides appropriate anticipatory guidance on breastfeeding during the course of a mother's pregnancy.

Learning Objectives

Training attendees will be able to:

- Describe breastfeeding anticipatory guidance for pregnant women, especially during the third trimester.
- State how the food package provides incentives to help mothers make the decision to initiate and continue to breastfeed.
- Explain how support during the first few weeks after delivery is critical to breastfeeding success.

Overview

This module addresses strategies for communicating with pregnant women about breastfeeding, the timing of our messages, and how we frame our messages. It will also examine how WIC staff can evaluate a mother's risk factors during the prenatal period that can affect breastfeeding.

Topics Covered

- Talking with pregnant women about breastfeeding
- Preparing for breastfeeding
- Risk factors that can affect breastfeeding

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 6.1: "Best Practices Promoting and Supporting Breastfeeding in WIC"
- Handout 6.2: "Show Me Video Vignettes: Prenatal Counseling"



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- Handout 6.3: “Application To Practice: Solutions to Barriers”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart note pad
- Flip chart markers

Training Materials by Activity

Activity: 3-Step Counseling

- Handout 6.1: “Best Practice: Promoting and Supporting Breastfeeding in WIC”
- Flip chart easel
- Flip chart note pad
- Flip chart markers

Activity: Show Me!

- DVD: “Show Me Video Vignettes”

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)
- DVD Player (if computer does not have capability)



SPEAKER NOTES AND TALKING POINTS

SLIDE #1 PROMOTING BREASTFEEDING DURING PREGNANCY

[Key Talking Points]

- Our breastfeeding education efforts for pregnant women include 1) helping new mothers make an informed choice about breastfeeding and 2) helping mothers know what to expect during the early months of breastfeeding.
- During pregnancy, WIC mothers will make many decisions about how they will care for their new baby. They are curious about what to expect once the baby arrives and tend to seek out new information during this time. Making a decision about whether or not to breastfeed is among the choices a mother will make.
- Regardless of our role in the clinic, we all contribute to helping a WIC mother make an informed choice about how she will feed her baby and supporting her breastfeeding goals.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address three core competencies:
 - Encourage pregnant women to breastfeed and promotes the food packages available for breastfeeding women and their infants.
 - Assess a pregnant woman's intention to breastfeed and identifies factors that affect breastfeeding success.
 - Provide appropriate anticipatory guidance on breastfeeding during the course of a mother's pregnancy.

SLIDE #3 LEARNING OBJECTIVES

[Key Talking Points]

- To develop these competencies, this module is designed to help WIC staff:
 - Describe breastfeeding anticipatory guidance for pregnant women, especially during the third trimester.
 - State how the food package provides incentives to help mothers make the decision to initiate and continue to breastfeed.
 - Explain how support during the first few weeks after delivery is critical to



breastfeeding success.

SLIDE #4 THE RIGHT WORDS AT THE RIGHT TIME

[Key Talking Points]

- The timing and framing of our messages—the right words at the right time—can open up possibilities that an information pamphlet alone cannot do.
- Talking positively with every pregnant woman about breastfeeding when they come into WIC for services will increase the number of women who decide to give breastfeeding a try.
- Some mothers may think breastfeeding isn't an option for them because of perceived barriers. In these cases, WIC staff can provide new options for these mothers by helping them identify solutions to barriers and challenges.
- It is important to remember that information alone is not enough to change behavior—mothers need affirmation for their concerns and solutions for their barriers. In one study, 84 percent of mothers who formula fed knew that breastmilk was better for their babies but decided not to breastfeed due to concerns of pain, smoking, and work.¹
- Anticipatory guidance about breastfeeding during pregnancy can help head off many of the concerns mothers have. This proactive approach to education is a way for us to prevent many of the issues that keep a mother from reaching her breastfeeding goals.
- Mothers whose barriers are addressed may change their mind and decide to breastfeed.

SLIDE #5 TAILORING MESSAGES

[Key Talking Points]

- Our focus at WIC is a participant-centered approach, planting seeds, answering a mother's concerns, and working to meet her where she is.
- One way we tailor our messages is to address certain topics at certain times. Some topics are a good fit for covering early in pregnancy—to get her thinking about the idea, while other topics are very appropriate during the third trimester as the expecting mother is preparing for her baby's arrival.

¹ Noble L, Hand I, Haynes D, McVeigh T, MaeHee K & Yoon JJ. (2003). Factors influencing initiation of breastfeeding among urban women. *American Journal of Perinatology*, 20(8):477-483.



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- As we look at early, mid, and late pregnancy information to share with mothers, we'll keep in mind that no matter what a mother asks when, we'll share information with her to answer her questions, even if she is concerned about something that is far off in the future.

SLIDE #6 EARLY PREGNANCY

[Key Talking Points]

- Some mothers may be more focused on how she is feeling during this time, particularly if she is nauseous or still adjusting to the idea of being pregnant.
- Early discussions with women who are considering how they will feed their baby can focus on planting small seeds of information about the reasons to breastfeed. Check with the mother with what she's heard before educating her.
- Assess what is important to her and what questions she may have.
- Let the mother know how WIC supports breastfeeding including services offered at your clinic and the food packages WIC offers breastfeeding mothers for up to a year post-partum.
- Our positive breastfeeding messages resonate with mothers and it is especially important to keep this in mind with first-time mothers who are particularly likely to make decisions about whether or not to breastfeed during their pregnancy.
- Asking a pregnant mother "Are you going to breastfeed or bottlefeed?" when she first comes to WIC might make her feel like we expect her to make a decision right then before we've talked to her about barriers she may have.
- Ask the training attendees for an example of an open-ended question they could ask a mother at this point. After taking several different answers, let them know that using a question like, "What have you heard about breastfeeding?" is a great way to start a conversation with a mother.
- Let's look now at some questions that may come up in the early post-partum period.

SLIDE #7 HEALTH CONCERNS MOTHERS MAY HAVE

[Key Talking Points]

- Perceptions of the toxic, addictive, and harmful effects of smoking on breastmilk cause women to wean much earlier than the recommended 6 months.²

² Goldade K, et al. (2008). Breastfeeding and smoking among low-income women: results of a longitudinal qualitative study. *Birth*. 35(3):230-40.



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- If the mother continues to smoke after the baby is born, encourage the mother to continue breastfeeding since breastfeeding is especially important for babies in a smoking environment and share with her ways to minimize the baby's exposure (always smoke away from the baby, smoke after a feeding, not right before).
- Mothers who are breastfeeding should know that alcohol enters the bloodstream very quickly and achieves the same level in the mother's milk as it does in the blood.
- If a mother chooses to drink alcohol while breastfeeding, encourage her to limit her intake as much as possible and wait at least two hours before breastfeeding.³ Module 4, "Barriers to Breastfeeding" covers breastfeeding and alcohol in more depth. Refer back to that module for more specific information from the Dietary Guidelines.
- If you suspect that a mother is drinking excessively, yield her to a medical professional and substance abuse counselor.
- Drug abuse by a breastfeeding mother puts her baby at risk since the drugs can pass through her milk and harm her baby as well as impairing the mother's judgment.
- The AAP Committee on Drugs states that breastfeeding mothers should avoid all drugs of abuse⁴.
- Educating the mother about the dangers of drug abuse is imperative and a mother who is abusing drugs during her pregnancy needs to be referred to appropriate services in your community.

SLIDE #8 ANTICIPATORY GUIDANCE: EARLY PREGNANCY

[Key Talking Points]

- Anticipatory guidance, letting mothers know what to expect in regards to breastfeeding, helps them know what is normal and what is cause for concern. It helps her anticipate what is to come so that she can feel confident with breastfeeding.
- While ideally a mother would enroll in WIC early in her pregnancy and we would have several opportunities to talk to her before her baby is born, some mothers

³ United States Department of Agriculture Food and Nutrition Services. Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs.

⁴ American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2)496-506. Available online at: <http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;115/2/496>



wait to enroll in WIC until later in their pregnancy. We tailor our anticipatory guidance according to the mother's needs at that period in time. The following is an example of anticipatory guidance you might share with a mother who enrolls in WIC early in her pregnancy. If she enrolls later, we would share this information then.

- WIC encourages breastfeeding and is here to help you meet your goals to successfully breastfeed by giving you support and information beginning during your pregnancy so that you know what to expect when your baby is born.
- WIC support comes in many forms: Extra foods for breastfeeding mother, classes, breast pumps, Peer Counselors, referrals to breastfeeding experts.
- One way WIC supports a mother's breastfeeding intentions is to help her protect her milk production by not giving formula to breastfed babies during the first month. The more milk removed from a mother's breasts, the more milk the mother is going to make so giving her formula decreases her milk production.
- A fully breastfeeding mother provides all of the food her baby needs. They are given the largest food package of all at WIC. Once a fully breastfed baby is six months old, they receive a food package as well that has baby cereal and baby food including fruits, vegetables, and meats—fully breastfed babies are the only babies who receive meats.
- For more information on anticipatory guidance we can give mothers about breastfeeding and food packages, refer to Module 5.
- Remind mothers to know their HIV status. If a mother is HIV+, refer her to the WIC Designated Breastfeeding Expert for information.
- Referring a prenatal mother to a Peer Counselor helps to reinforce the anticipatory guidance messages WIC gives mothers.

SLIDE #9 3-STEP DURING EARLY PREGNANCY

[Key Talking Points]

- 3 Step (open ended questions, affirmation, and education) remains the most helpful way to talk to mothers during pregnancy, particularly when addressing difficult subject matter such as exploring health habits that may not be beneficial to her wellbeing or that of her baby.



ACTIVITY

Activity: 3-Step During Early Pregnancy

Purpose: To help training attendees practice 3-Step.

Materials Needed:

- Handout 6.1: “Best Practice: Promoting and Supporting Breastfeeding in WIC”
- Flip chart easel
- Flip chart note pad
- Flip chart markers

Time Allowed: 5 minutes

Instructions:

1. Ask trainees what open-ended questions, affirmations, and education they would share with a mother who came to the WIC clinic to enroll early in her pregnancy. The mother has concerns about breastfeeding being painful.
2. Record their answers on the flip chart.

Points for Discussion:

- Thinking of *your* role at WIC: What open-ended questions would you ask this mother? What affirmations would you share? Thinking of the information covered in earlier modules, what education would you want to give her? To whom would you refer her for more information?

Take-Away Points

- No matter what our job duties are at WIC, we can all use 3-Step when talking to mothers—we would tailor our questions, affirmations, and education according to our role.
- Look at Handout 6.1, “Best Practice Promoting and Supporting Breastfeeding in WIC” for examples of open-ended questions and education for early in a mother’s pregnancy.



SLIDE #10 MID PREGNANCY

[Key Talking Points]

- 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 ready to explore concerns and consider options for working through them. If the mother has not accessed breastfeeding support from WIC, let her know her options and the food packages WIC offers breastfeeding mothers as well.
- Ask the training attendees for an example of an open-ended question they could ask a mother to assess her plans and support. Take several different answers from the training attendees and remind them that questions like, "Do you plan to go back to work after the baby is born?" or "Is the father going to support you with breastfeeding?" are closed-ended questions that don't give us very much information. We also risk offending a mother with these questions. "What are your plans after the baby is born?" and "Who can support you with breastfeeding?" are two examples of broad questions we could ask a mother at this point.

SLIDE #11 ANTICIPATORY GUIDANCE MID PREGNANCY

[Key Talking Points]

- Anticipatory guidance for the second prenatal visit could include:
 - Letting a mother know that her breasts are getting ready for her to feed her baby.
 - Education on how the breast makes milk can help the mother understand why WIC does not provide formula to breastfed babies in the first month. This information is covered in depth in Module 5, "Promoting and Encouraging Exclusive Breastfeeding."
 - If a mother plans to return to work after her baby is born, sharing some information about how to combine working and breastfeeding can help a mother begin to think about solutions that might work for her. A mother may have a concern about when to begin pumping so answering her question by letting her know your program's protocol for issuing a pump can help her focus on getting breastfeeding off to a good start right after her baby is born.
 - Remind the mother that WIC provides extra foods for breastfeeding mothers, classes, and breast pumps. Let her know that WIC has Peer Counselors who can help her with breastfeeding as well as breastfeeding



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experts available should she have more involved questions or concerns.

- One way WIC supports a mother's breastfeeding intentions is to help her protect her milk production by not giving formula to breastfed babies during the first month. The more milk removed from a mother's breasts, the more milk the mother is going to make so giving her formula decreases her milk production.

SLIDE #12 MOM'S BREASTS ARE READY TO FEED! (NO PREPARATION NEEDED)

[Key Talking Points]

- Mothers may wonder how to get their breasts ready to breastfeed.
- Assure mothers that the breast changes during pregnancy (breast growth, darkening of the areola, and perhaps colostrum leakage beginning around 16 weeks) are normal and that her body is getting ready to breastfeed.
- If mothers have concerns because of the size or shape of her breasts or nipples, yield to the WIC Designated Breastfeeding Expert or to her healthcare provider. In rare cases breasts can be underdeveloped, tubular in shape, or have wide spaces between them which may signify a potential lactation problem.
- Make sure women know they should not try to toughen their nipples by rubbing them with a washcloth or towel.

SLIDE #13 3-STEP DURING MID PREGNANCY



ACTIVITY

Activity: 3-Step During Mid Pregnancy

Purpose: To help training attendees practice 3-Step.

Materials Needed:

- Handout 6.1: "Best Practice: Promoting and Supporting Breastfeeding in WIC"
- Flip chart easel
- Flip chart note pad
- Flip chart markers

Time Allowed: 5 minutes

Instructions:



1. Ask trainees what open-ended questions, affirmation, and education they would share with a mother who came to the WIC clinic to enroll mid-way through her pregnancy. The mother has concerns about breastfeeding and going back to work.
2. Record their answers on a flip chart.

Points for Discussion:

- Thinking of your role at WIC: What open-ended questions would you ask this mother? What affirmations would you share? Thinking of the information from earlier modules, what education would you want to give her? To whom would you refer her for more information?

Take-Away Points

- Look at Handout 6.1, “Best Practice: Promoting and Supporting Breastfeeding in WIC” for examples of open-ended questions and education for mid-way through a mother’s pregnancy.

SLIDE #14 LATE PREGNANCY

[Key Talking Points]

- By the third trimester, when mothers are preparing for the baby’s arrival, give messages about getting a good start right from birth, emphasizing the importance of skin-to-skin contact, breastfeeding in the first hour of life, how to know her baby is hungry and is getting enough, the impact of supplementation, and how to get help quickly.
- Remind mothers of the food packages WIC gives to breastfeeding mothers and babies and that since the *mother* is the baby’s food package, she gets the biggest food package WIC offers.
- Ask the training attendees for an example of an open-ended question they could ask a mother to assess what she has done so far to get ready for the early days of breastfeeding and how her family feels about her decision to breastfeed. Take several different answers from the training attendees. “Tell me about your plans for breastfeeding in the hospital” and “What does your mother or the baby’s father think about your decision to breastfeed?” are examples of how we could open the conversation to discuss this with a mother.

SLIDE #15 LATE PREGNANCY: HAVING A BREASTFEEDING PLAN



[Key Talking Points]

- Just as a gardener plans out what she's going to plant where, a breastfeeding mother needs a plan to help point her in the direction of success. Having a plan will help her anticipate some of the places where it is easy to get off track with breastfeeding.
- If the mother is going back to work, for example, talking to her about this prenatally will help allay her concerns.



DISCUSSION STARTER

Purpose: For staff to identify support options available in their community.

Time required: 5 minutes

Discussion:

- Think of a typical breastfeeding mother in your community and all of the people she comes into contact with and all the places she goes on any given day.
- What support options are available in your community to help her navigate through a typical day?

Take away points:

- Just as a breastfeeding baby needs his mother, a breastfeeding mother needs access to support from many different people in her community in order for her to be successful.
- This support goes beyond WIC and her doctor.



PLANT YOUR LOCAL INFO

Add information on breastfeeding support available in your state and local area.



[Key Talking Points]

- The most important preparation a woman can do during her pregnancy is to learn how to get breastfeeding off to a good start.
- Encourage mothers to attend prenatal classes offered by the WIC clinic or health unit, hospital childbirth/breastfeeding classes, or to attend a La Leche League meeting. La Leche League is a “mother to mother” support organization with trained leaders and community-based support groups across the country.
- Encourage women to share the learning experience with their partner, mother, or support person by attending a prenatal breastfeeding class together.
- Talking with her family about her goals and concerns will help her think through her options and strategies that they can work into their lives as a new family.

SLIDE #17 ANTICIPATORY GUIDANCE: LATE PREGNANCY

[Key Talking Points]

- Remind the mother that supplementing with formula in the early days of breastfeeding will have a negative effect on her milk production.
- Review with her ways to know that her baby is getting enough milk.
- Let her know the signs her baby will give showing that he is hungry and that if he is sleepy to wake him up to feed him.
- Educate the mother about all of the different sources of support that are available in your community and remind her that questions and concerns are a normal part of being a new mother—WIC encourages her to not be shy to call.

SLIDE #18 EMPOWERING A MOTHER FOR SUCCESS

[Key Talking Points]

- Giving a mother information for the first few days of breastfeeding will help prevent many of the common issues that can arise.
- Keeping her baby skin-to-skin right from the birth is one of the most important things a new mother can do to get breastfeeding off to a good start.
- Remind the mother to let her healthcare providers know that she wants to keep her baby with her as much as possible. Let her know that most assessments and procedures can be done with the baby right on her chest and if her baby does need to leave her room for a procedure to request that she or a family member go with the baby if at all possible and that her baby come back to her room as soon as possible.
- Let the mother know that feeding the baby at least 8-12 times a day will help



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make sure that he gets enough colostrum and that they get in breastfeeding practice.

- Waiting until after the baby has had his first successful breastfeed before bathing the baby will help the baby use his sense of smell to orient himself to the breast. Not using artificial smells (soap, lotion, perfume, and deodorant) on herself or her baby will also help the baby use his sense of smell.
- Remind the mother that the first hours after birth are a very special time for a new family. She has waited many months to hold her baby in her arms and her baby has waited a long time as well. Encourage her to ask visitors to give them this special time to be together—they can give her the gift of waiting before they visit or call and to keep their visiting time short so that the mother and baby can get to know one another. Suggest that she enlist a family member to help call her family and friends after the baby is born.

SLIDE #19 RIGHT BEFORE DELIVERY

[Key Talking Points]

- Calling the mother the week before her due date gives us the opportunity to check in with her, see how everything is going, answer last minute questions, and make a few reminders.
- Remind the mother to come to the clinic and enroll the baby on WIC and to get assistance with breastfeeding if needed.
- Ask her to contact her Peer Counselor as soon as her baby is born.
- Let her know to ask the hospital or birthing center IBCLC for assistance.
- Should the mother have further questions or concerns, yield to her Peer Counselor or to the WIC Designated Breastfeeding Expert.

SLIDE #20 3-STEP DURING LATE PREGNANCY



ACTIVITY

Activity: 3-Step Counseling--Late Pregnancy

Purpose: To help training attendees practice 3-Step.

Materials Needed:



- Handout 6.1: “Best Practice: Promoting and Supporting Breastfeeding in WIC”
- Flip chart easel
- Flip chart note pad
- Flip chart markers

Time Allowed: 5 minutes

Instructions:

1. Ask trainees what open-ended questions, affirmation, and education they would share with a teen mother who came to the WIC clinic to enroll late in her pregnancy.
2. Record their answers on the flip chart.

Points for Discussion:

- Thinking of your role at WIC: What open-ended questions would you ask this mother? What affirmations would you share? What education would you want to give her? To whom would you refer her for more information?

Take-Away Points

- Anticipatory guidance helps mothers succeed. We may have to repeat certain messages according to the mother’s needs. We are going to take a further look at some of the anticipatory guidance we would want to share with a WIC mother.
- Look at Handout 6.1, “Best Practice: Promoting and Supporting Breastfeeding in WIC” for examples of open-ended questions and education for late pregnancy.

SLIDE #21 SHOW ME!

[Key Talking Points]

- Our goal at WIC is to offer mothers the best support possible and one way we do that is by continuing to work on our communication skills. It’s not always easy to talk to mothers, especially about sensitive subjects such as exploring health habits that may not be beneficial to her wellbeing or that of her baby. One way to improve our skills is by practicing, as we have done in this module. Another way is by watching someone else counsel.



ACTIVITY

Activity: Show Me: Prenatal Counseling

Purpose: To help training attendees gain confidence counseling prenatal mothers by seeing an example of 3-Step modeled.

Materials Needed:

- Handout 6.2: “Show Me Video Vignettes: Prenatal Counseling”
- DVD: “Show Me Video Vignettes”

Time Allowed: 5 minutes

1. **Instructions:** Play the DVD, “Show Me Video Vignettes” for Module 6.
2. Invite the training attendees to record their thoughts on Handout 6.2.

Points for Discussion:

- What affirmations did you hear the counselor share?
- What education did you feel worked well for the mother?
- Thinking of the information included in earlier modules, what more would you want to share with her?

Take-Away Points

- Everyone has their own style when it comes to talking to mothers. The idea behind watching and listening to someone else counsel is not to sound just like them but to be mindful of the words they choose, the questions they ask, and how they share information. We can learn by watching someone else’s counseling encounter—take what we learn and make it our own.



SLIDE #22 APPLICATION TO PRACTICE



ACTIVITY

Application To Practice

Purpose: To apply principles learned in Module 6 to the WIC clinic setting.

Materials Needed:

Handout 6.3: “Application To Practice: Solutions to Barriers”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

How could you see yourself using this information as you talk to WIC mothers?

Take-Away Points:

- Counseling mothers about health concerns is crucial and yet it is easy to offend.
- Part of the importance of practicing what we’re going to say ahead of time is that we can plan our questions, affirmations, and education in advance rather than trying to think of them while we’re talking to the mother. T
- These application to practice exercises are not meant to be scripts but to serve as guidance on how to counsel. There is no one right answer.

SLIDE #23 SUMMARY

[Key Talking Points]

- During this module, we have discussed the importance of asking open-ended questions, affirming, and then educating mothers. This approach helps us tailor our messages and support to meet the mother where she is.



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- When we give a mother anticipatory guidance, she knows what is normal and when to call for help. It's one of the most important parts of her breastfeeding success plan.

SLIDE #24 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, write on one petal something you will do as a result of this module to help pregnant mothers get the support and information they need to be successful. For example, you might want to:
 - Commit to asking every pregnant woman who comes in “What have you heard about breastfeeding?”
 - Affirm each mother who comes to your clinic and help them explore their concerns about breastfeeding.

Ongoing Enrichment

1. Observe a prenatal counseling encounter between a CPA or breastfeeding counselor and a pregnant mother. Note the mother's stage of pregnancy and her receptivity to the information about breastfeeding.
2. Attend a prenatal breastfeeding class, a class taught in the community, or a La Leche League meeting. Observe how the mothers respond to information presented. What kinds of questions do they have and what worries do they express?
3. Review the Massachusetts WIC State Agency emotion-based message material that addresses teen pregnancy, “A New Me”:
http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/couns_ed3.htm#cl9a.



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

When our efforts are acknowledged, we feel appreciated and tend to make even more of an effort to do a good job. Here are a few ideas for ways to recognize staff who shine when it comes to prenatal breastfeeding support and education:

- Give staff a small water bottle with a note attached letting them know the information they share with mothers is like water for a plant, helping it grow.
- Feature a staff member in your newsletter or on a staff bulletin board and share some specific examples of how they use 3-Step Counseling with mothers.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

MODULE 7

Providing Support for New Breastfeeding Moms (Birth to 1 Month)

Core Competencies

- Provides breastfeeding education and support at critical points in the early postpartum period.
- Assesses the breastfeeding mother and infant at critical points in the early postpartum period and provides appropriate support and/or referrals as needed.
- Explains to new mothers the enhanced food packages available for breastfeeding mothers and infants.

Learning Objectives

Training attendees will be able to:

- Identify appropriate breastfeeding messages for mothers and infants during the early postpartum period.
- Explain how the infant's position and latch onto the breast can affect breastfeeding success.
- Explain why WIC does not routinely provide infant formula to breastfed infants less than one month of age.
- State how the enhanced food packages provide incentives to help mothers continue to breastfeed.

Overview

This module addresses the importance of the first month after birth for getting breastfeeding off to the best possible start. Evidence-based practices during the early weeks of breastfeeding that have a positive impact on initiation, duration, and exclusive breastfeeding will be reviewed.

Topics Covered

- The important first hour after birth
- Normal feeding patterns/characteristics of feedings
- Positioning and latch
- Early practices that support breastfeeding
- Assessing how well breastfeeding is going
- When to yield - referrals for breastfeeding assistance
- Nutritional needs of breastfeeding mothers



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 7.1: “Baby-Led Dance”
- Handout 7.2: “Breastfeeding Record for Baby’s First Week”
- Handout 7.3: “Show Me Video Vignettes: Talking to a New Breastfeeding Mother”
- Handout 7.4: “Application To Practice: Helping a New Breastfeeding Mother”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart note pad
- Flip chart markers

Training Materials by Activity

Gardening for beginners tools:

- Small pot
- Hand rake
- Packet of seeds
- Small bag of soil
- Watering can
- Gardening gloves

Training Materials for Demonstrations

- Baby doll
- Stuffed animals (ask each training attendee to bring one with them)
- Breast model or water balloon
- Large plastic sandwich model
- Clear water container with a spout at the bottom and a refill opening at the top
- Food coloring
- Disposable diaper



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

- Artificial baby poop recipe: 1 teaspoon (or 2 packets) yellow mustard, 2 teaspoon sesame seeds, 1 Tablespoon cottage cheese, 1 empty baby food jar. Put ingredients in jar, fill jar to the top with water, put the top on and swirl to mix
- 1 cotton swab

DVDs

- DVD: “Baby-Led Breastfeeding: The Mother-Baby Dance,” available at www.ilca.org
- DVD: “Animated Latch” from training CD
- DVD: “Show Me Video Vignettes”

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)
- DVD player if computer does not have compatibility)



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

MODULE 7 SPEAKER NOTES AND TALKING POINTS

SLIDE #1 PROVIDING SUPPORT FOR NEW BREASTFEEDING MOMS

[Key Talking Points]

- The first hour, days and weeks after a baby is born are times when new mothers particularly need our loving support to make breastfeeding work.
- By sharing with a mother what they can expect during this period, WIC staff ensure she has the knowledge and confidence she needs for breastfeeding to go well.
- Follow up during this period is critical as well. Many mothers will encounter challenges and have questions about how breastfeeding is going. We are an important resource and source of support for these new mothers.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address four core competencies. WIC staff will:
 - Provide breastfeeding education and support at critical points in the early postpartum period.
 - Assess the breastfeeding mother and infant at critical points in the early postpartum period and provides appropriate support and/or referrals as needed.
 - Explain to new mothers the enhanced food packages available for breastfeeding mothers and infants.

SLIDE #3 LEARNING OBJECTIVES

[Key Talking Points]

- To develop these competencies, upon completion of this module, WIC staff will be able to:
 - Identify appropriate breastfeeding messages for mothers and infants during the early postpartum period.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

- Explain how the infant’s position and latch onto the breast can affect breastfeeding success.
- Explain why WIC does not routinely provide infant formula to breastfed infants less than one month of age.
- State how the food packages provide incentives to help mothers initiate and continue to breastfeed.

SLIDE #4 BABY IS HOME...NOW WHAT?

[Key Talking Points]

- Many new mothers are surprised to encounter a new reality after their babies are born.
- It is common to experience a wide range of emotions after a baby is born: Parenting can seem like a wonderful, frustrating, confusing, glorious, exhausting, and exhilarating experience all at once.
- The gamut of emotions coupled with hormonal shifts, new responsibilities, and new ways of viewing her body can require creative thinking and lots of loving support.
- So what’s happening during those early days?
 - Recovery from childbirth and the normal maternal “brain fog” make it hard to focus.
 - Lack of sleep. Note that studies show breastfeeding mothers get an extra 30-45 minutes more sleep per night than mothers who formula feed, even if the mother’s partner helps her feed the baby at night.¹
 - Rapid changes in the breasts, including a sudden fullness from extra fluids and milk, which rapidly go down around the same time the baby goes through the first growth spurt.
 - Lack of understanding of normal infant behavior in the early days that can easily be misinterpreted to mean breastfeeding is not working well.
- WIC staff can use rapport-building principles of empathy to affirm the feelings new mothers might have.

¹ Doan T, Gardiner A, Gay C & Lee K. (2007). Breast-feeding increases sleep duration of new parents. *The Journal of Perinatal & Neonatal Nursing*, 21(3):200-206.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

- A WIC Peer Counselor is a valuable resource for new mothers to provide day-to-day encouragement and support during the critical weaning window of the first two weeks.

SLIDE #5 SOLVING CONCERNS WHILE THEY ARE SMALL

[Key Talking Points]

- Most breastfeeding challenges can be prevented; if they do occur, dealing with them early can help keep them from becoming bigger issues.
- Breastfeeding challenges can usually be prevented through proper latch and milk transfer from mother to baby. Reinforce the simple guidelines in Module 6, “Promoting Breastfeeding During Pregnancy.”
- If a concern arises, it can usually be managed with accurate information, support, and follow-up, including referrals as needed.
- WIC staff can let new mothers know that there are always options and solutions for breastfeeding challenges.
- The secret is identifying potential concerns while they are still small and easily managed.

SLIDE #6 ADJUSTING TO BREASTFEEDING

[Key Talking Points]

- The first two weeks are a critical period when mothers often begin supplements or wean. Once mothers are past this adjustment period, breastfeeding seems to get much easier for most mothers.
- It is tempting for some mothers to resume usual household tasks soon after delivery.
- Remind mothers that the first two weeks are a time for mother and baby to get to know one another and to get used to their new life together. This adjustment period is not a time to take on household tasks, but a time to focus and get in sync with their baby.
- WIC staff can help new mothers look beyond the early days, especially if they say they want to begin formula, to help them see that breastfeeding will get easier with practice and support.
- WIC staff provide important anticipatory guidance. Follow up is just as important to support mothers during the early days as they are learning to breastfeed.



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SLIDE #7 GARDENING FOR BEGINNERS



ACTIVITY

Activity: Gardening for Beginners

Purpose: To show how easy it is to overwhelm someone who is just learning a skill by giving them too much information at once.

Materials Needed:

- Small pot
- Hand rake
- Packet of seeds
- Small bag of soil
- Watering can
- Gardening gloves
- Table for demonstrating

Time Allowed: 5 minutes

Instructions:

1. On a front table, place your gardening tools: small pot, hand rake, packet of seeds, small bag of soil, gardening gloves, and a watering can.
2. Tell the audience that you were admiring a friend's garden and she gave you these items as a gift but you don't have a clue how to use them. Your friend is coming for a visit and you want her to see that you've managed to plant the seeds.
3. Ask the training attendees to give you verbal instructions on how to use the tools and the order in which you should perform the steps. As they give you directions, don't make eye contact with them. Act as if you are trying really hard to understand (but you don't even understand that the soil goes into the pot before the seeds). Don't ask or answer any questions. Continue to act confused, making minimal progress.
4. End the exercise by saying that maybe you'd be better off just going to the nursery and buying something that's already growing in the pot.



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Points for Discussion

- How could this have gone differently?
- What are some ways we could have improved communication between the gardener and ourselves so that the gardener could better hear our information and use it? Possible answers to anticipate—the trainer can help prompt responses as needed:
 - Asking the gardener some open-ended questions would have helped us know where to start with our information and would help us check for understanding.
 - Using short and simple messages would help a new gardener focus on one step at a time so that she doesn't get overwhelmed.
 - Demonstrating how to do it would have also helped the gardener to visualize what she was supposed to do and in what order.

Take-Away Points

- Helping a mother get off to a great start with breastfeeding can be a bit like helping a new gardener learn how to plant flowers.
- Whether staff are clerks, CPAs, nutritionists, nurses, or breastfeeding staff, all have a role in helping new breastfeeding mothers.
- The common thread is the use of 3-Step communication with WIC mothers: asking open-ended questions, affirming her concerns or feelings, and then providing education.

SLIDE #8 GETTING IT RIGHT FROM THE START

[Key Talking Points]

- When the gardener wasn't getting the assistance she needed, she quickly lost confidence and gave up. The same thing can happen when new mothers do not get the breastfeeding support they need when they need it.
- Knowing what questions to ask a new mother and using 3-Step Counseling can help us identify and address a mother's concerns. New mothers also need affirmation and encouragement during this time, so she can feel good about her decision to breastfeed and renew her motivation to continue.
- If the gardener had participated in a gardening class or talked about how to plant flowers with someone ahead of time, she might have felt more confident that



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the steps she was taking were the right ones. The same holds true for breastfeeding mothers that receive breastfeeding education before her baby is born.

SLIDE #9 THE FIRST HOUR: THE IMPORTANCE OF SKIN-TO-SKIN

[Key Talking Points]

- What happens in the hospital or birthing center sets the stage for a mother's entire breastfeeding experience.
- Prepare her for her hospital experience by suggesting that she hold her baby skin-to-skin in the first hour after birth.
- Skin-to-skin contact:
 - Maintains body warmth²
 - Decreases pain for both baby and mother³
 - Reduces infant crying⁴
 - Improves attachment⁵
 - Improves baby's ability to breastfeed⁶
 - Lowers maternal stress

SLIDE #10 LEARNING THROUGH ALL FIVE SENSES

[Key Talking Points]

- A baby uses all five of his senses to learn about his mother and his new environment. Some ways skin-to-skin contact after birth makes optimal use of all the baby's senses and helps the baby learn about the world around him include:

² Gardner S. (1979). The mother as incubator after delivery. *JOGNN*, 174-176.

³ Ludington-Hoe SM, Hosseini R & Dorowicz D. (2005). Skin-to-skin contact (kangaroo care) analgesia for preterm infant heel stick. *AACN Clinical Issues*, 16(3):373-387.

⁴ Christiansen K, Christiansen E, Uvnas-Moberg K & Winberg J. (1995). Separation distress call in the human neonate in the absence of maternal body contact. *Acta Paediatrica Scandinavica*, 84:468-473.

⁵ Feldman R, Eidelman A, Sirota L & Weller A. (2006). Comparison of skin-to-skin (kangaroo) and traditional care: parenting outcomes and preterm infant development. *Pediatrics*, 110:16-26.

⁶ Anderson CG, Moore E, Hepworth J & Bergman N. (2003). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. Issue 2, Art No.:CD003519. DOI:10.1001/14651858.CD003519.



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- The baby uses his sense of touch to begin to put his “stepping” or “crawl” reflex into practice. By placing the baby on his mother’s stomach facing her, he will begin to make his own way up to her breast by crawling.
- The baby uses his sense of smell to find his way to his mother’s breast. Smelling his mother’s breasts causes him to begin to salivate and make mouthing motions.
- Baby uses his sense of sight to look at his mother.
- Baby uses his hearing to listen to his mother’s voice. When a mother talks to her baby, he recognizes her voice and breastfeeds longer.
- Baby uses his sense of taste by licking his hands and her breast.

SLIDE #11 THE FIRST HOUR: BUILDING SKILLS AND CONFIDENCE

[Key Talking Points]

- WIC staff may want to consider language such as the following when talking to WIC mothers about the importance of skin-to-skin contact in the first hour: Right after birth your baby is exhausted. He has been inside of you for 9 months. For your baby, home is in your arms, snuggling with you, right up against your chest skin-to-skin. There he can smell your scent that he already recognizes, hear your voice that he has been hearing for weeks now, and the soothing sound of your heartbeat that he knows so well. Keeping your baby on your chest will help him feel calm, safe and warm. When your baby is skin-to-skin with you, it reduces any pain he might feel, and he’ll get lots of chances to learn how to breastfeed. Watch your baby. He will show you just how smart he is.”
- If a picture is worth a thousand words, a video of baby-led breastfeeding is like a thousand pictures, enabling you to quickly convey what mothers need to know.
- Viewing a baby-led breastfeeding video helps mothers see what a newborn can do. You can help mothers build skills and confidence by having them model what they see on a DVD. This is a tool you can use at a prenatal breastfeeding class as well. Show a DVD on baby-led breastfeeding and invite the mothers to follow along with their favorite baby doll or stuffed animal in their arms. Watching and listening while doing reinforces learning.



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ACTIVITY

Activity: Baby-Led Breastfeeding...The Mother-Baby Dance

Purpose: To give staff a visual of what baby-led breastfeeding looks like.

Materials needed:

- Handout 7.: “Baby-Led Dance”
- DVD: “Baby-Led Breastfeeding: The Mother-Baby Dance”

Time: 10 minutes

Instructions:

1. Show the first five minutes of chapter one of the DVD, “Baby-Led Breastfeeding: The Mother-Baby Dance.”
2. Demonstrate baby-led breastfeeding by holding your baby doll as shown on the DVD while training attendees practice the process with their doll: Baby’s body faces the mother’s body; mother acts as a frame for the baby with one hand on his bottom and one hand at the top of his shoulders supporting his neck.
3. Point out in the video that as the baby begins to make his way to the breast, mom follows his lead and gives baby time to attempt latching to the breast. He will often position himself with his “nose to nipple” and lead into the breast with his chin, just how a good latch is described in lactation textbooks.
4. Ask training attendees to fill out Handout 7.1, “Baby-Led Dance” after watching the DVD and following along with their dolls.

Points for discussion:

- Ask staff what they thought about seeing this DVD and watching babies make their way to the breast, what surprised them, what from the DVD they think would be important to let a mother know.

Take-away points:

- Head-bobbing or coming off the breast and going back on can frustrate a mother and make her think she’s doing something wrong. Let her know that that may be the baby trying to get himself on the breast just right. He’s looking for the “sweet spot.” She needs to know that it can be normal for the



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baby to try to latch several times to get it just right for him.

- Demonstrating a baby's in-born abilities plants seeds of confidence for his mother. Encourage the mother to give him the opportunity to be skin-to-skin with her as soon after birth as possible and allow him the time to find his way to the breast.
- Rushing the process might skip over key steps the baby needs to take to get where he needs to go.

SLIDE #12 SUCCESS IN THE FIRST FEW DAYS

[Key Talking Points]

- Staff can encourage mothers to follow these strategies for breastfeeding success in the first few days after birth.
 - Place the baby in skin-to-skin care immediately after birth, remaining uninterrupted until the first feeding at the breast occurs. This is one of the most important steps to effective initiation and duration of breastfeeding.
 - Avoid separation from the baby by rooming in with him at the hospital throughout the whole time you are there.
 - Request that the baby's first bath come after the first feed. The baby can be wiped off except for his hands—he'll use those to help him make a scent trail to the breast. The mother and baby can be placed skin-to-skin and covered to the baby's shoulders with a blanket.
 - Refrain from using deodorants or strong perfumes to allow the baby to smell his mother's natural scent.
 - Delay visits from too many family and friends, especially in the first hour and on the first day. New parents need time alone with their baby and the baby needs to spend uninterrupted time skin-to-skin at the breast.

SLIDE #13 BREASTFEEDING SHOULD NOT HURT

[Key Talking Points]

- Breastfeeding comfortably is an important part of getting off to a great start in the early days. Encourage the mother to let her comfort level be a guide.



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- Mothers often worry that breastfeeding will hurt. Some mothers report strong pulling sensations during breastfeeding. That is different from feeling pain.
- Some will consider stopping breastfeeding if they experience pain. Over half of the mothers who initiate breastfeeding leave the hospital with sore nipples. Pain can usually be prevented.
- If breastfeeding hurts, it is a red flag to try something different and ask or call for help. Make sure mothers have two or three numbers to call where they can reach someone at any time, including the contact information for their WIC Peer Counselor.
- Yield the mother to the WIC Designated Breastfeeding Expert for assessment if pain or discomfort persists.
- Mothers may be more comfortable in a reclining position with the baby lying prone on her body in full contact with his mother. This position allows the baby to work with instead of against gravity, triggering the baby's innate reflexes for latch. The mother is more comfortable in this position and it has been shown to help the mother to nurse pain free.⁷

SLIDE #14 BREASTFEEDING COMFORTABLY

[Key Talking Points]

- Babies are born with the ability to make their way to the breast and latch on with minimal help. There is no one right way for a baby to position himself at the breast—there are many variations of “right” and each mother and baby find their own way.
- If the baby is having difficulty latching, let the mother know that this may be the baby's way of asking her to try a different approach.
- Thinking of the breast as a circle with 360 degrees, there are at least that many angles at which the baby can attach. Think of all the possibilities that represents—a different position to suit the individual needs of every mother and baby. A mother who has had a C-section for example, has many options to position her baby with his legs away from her incision.
- The mother needs to first make sure she is comfortable. Some mothers find it helpful to use pillows to support their neck, back arms and legs.
- Some mothers may want to support their breast, other mothers won't.

⁷ Colson SD. (2005). Maternal breastfeeding positions: Have we got it right? *The Practising Midwife*, 8(11):29-32.



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SLIDE #15 SIGNS OF A GOOD LATCH

[Key Talking Points]

- Teach mothers how to tell if the baby has a good latch.
- The baby's chin is not tucked into his chest. With his mouth open wide (like a baby bird's mouth) and his lips flanged out, he will lead into the breast chin first and latch onto the breast. His tongue is extended.
- The mother hears and sees swallowing when he sucks.
- The mother is pain free.

SLIDE #16 ANIMATED LATCH



DEMONSTRATION

Latch

Purpose: to help training attendees visualize how a baby comes on to the breast.

Materials Needed:

- DVD: "Animated Latch" (from the training CD)
- Baby doll or stuffed animal, one per attendee (ask them to bring one from home)
- Plastic bagel or hamburger, or an actual large sandwich

Time Allowed: 3 minutes

Instructions

1. Show the video snippet, "Animated Latch" from the curriculum CD to demonstrate how a baby comes on to the breast.
2. Do a guided demonstration with the baby doll and ask the trainees to follow along and practice with their baby doll or stuffed animal.
3. Another way to demonstrate the concept of the importance of leading into the breast with the chin. Using the plastic bagel model, tilt your head back



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and lead in with your chin to try to get a good mouthful. Show how if you lead in with your chin down, you only get a nose full of bread. This is because it is the lower jaw that moves. The upper jaw has little ability to move.

Take-Away Points

- How the baby comes on to the breast is crucial to a mother's comfort. If the baby is coming on to the breast with his chin, his nose will be opposite the mother's nipple.
- We're going to look at several different ways to position and latch a baby. What all of these positions have in common is that the baby leads in with his chin.

SLIDE #17 OTHER POSITION OPTIONS: CRADLE HOLD

[Key Talking Points]

- No one position can meet every baby's needs.
- While using the laid-back nursing position described above may help better facilitate breastfeeding in the early days and weeks of breastfeeding, mothers may want to explore other positions as she and her baby become more proficient at breastfeeding.



DEMONSTRATION

Cradle Hold

Purpose: to help training attendees visualize and practice different ways a mother might hold a baby while breastfeeding so that they can better assist mothers who need extra assistance with positioning.

Materials Needed:

- Baby doll or stuffed animal, one per attendee

Time Allowed: 3 minutes



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Instructions

Demonstrate the cradle hold to the group. You can show how to hold the baby yourself or ask a staff person to pretend to be a mother and guide her through positioning while attendees practice with their own dolls.

Take-Away Points

- When assisting mother's with positioning, it is important to remember that the mother learns more by doing more. This means taking the role as much as possible as more of a coach, giving gentle suggestions on the side as needed.
- Any staff person at WIC can help a mother with positioning and latch, even if we are not the one observing the baby breastfeeding. While you are referring a mother to the WIC Designated Breastfeeding Expert, give her little things to look for like the baby's mouth open wide, mom's hand not in the way of where we want the baby's mouth to be, chin, not nose, tucked into the breast, how to break the baby's suction if it hurts—all of these small suggestions will help the mother.

SLIDE #18 CROSS-CRADLE HOLD



DEMONSTRATION

Cross-Cradle Hold

Purpose: to help training attendees visualize practice different ways a mother might hold a baby while breastfeeding so that they can better assist mothers who need extra assistance with positioning.

Materials Needed:

- Baby doll or stuffed animal, one per attendee

Time Allowed: 3 minutes



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Instructions

1. Demonstrate the cross-cradle hold to the group.
2. You can show how to hold the baby yourself or ask a staff person to pretend to be a mother and guide her through positioning while attendees practice with their own dolls.

Take-Away Points

- This is a good position for a mother who wants to give more support to the baby.

SLIDE #19 CLUTCH HOLD



DEMONSTRATION

Clutch Hold

Purpose: to help training attendees visualize and practice different ways a mother might hold a baby while breastfeeding so that they can better assist mothers who need extra assistance with positioning.

Materials Needed:

- Baby doll or stuffed animal, one per attendee

Time Allowed: 3 minutes

Instructions

1. Demonstrate the clutch hold to the group. You can show how to hold the baby yourself or ask a staff person to pretend to be a mother and guide her through positioning while attendees practice with their own dolls.

Take-Away Points

- This is a good position for a mother who has had a C-Section or who has twins.



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SLIDE #20 SIDE-LYING



DEMONSTRATION

Side-lying

Purpose: to help training attendees visualize and practice different ways a mother might hold a baby while breastfeeding so that they can better assist mothers who need extra assistance with positioning.

Materials Needed:

- Baby doll or stuffed animal, one per attendee (ask them to bring one from home)

Time Allowed: 3 minutes

Instructions

1. Demonstrate side-lying to the group.
2. You can show how to hold the baby yourself or ask a staff person to pretend to be a mother and guide her through positioning while attendees practice with their own dolls.

Take-Away Points

- This is a good position for a mother to learn since it will help her get more rest.

SLIDE #21 MAKING SMALL ADJUSTMENT SUGGESTIONS

[Key Talking Points]

- If the mother of this baby told you that her nipples were sore, what suggestions would you make? (Answers may include having the baby lead into the breast more with her chin, ask mother to adjust her right hand so that it is supporting the baby's neck rather than holding the back of the baby's head, hold baby in closer)



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- If the mother of this baby told you that her baby was fussy and seemed “impatient” when feeding, coming off frequently at the beginning of the feed, what suggestions might you make? (Answers may include turning the baby so that she is facing her mother rather than nursing with her head turned, holding the baby when latching so that the mother’s nipple is opposite baby’s nose to encourage coming on to the breast leading with the chin).

SLIDE #22 HELPING MOTHERS BUILD CONFIDENCE IN THEIR MILK PRODUCTION

[Key Talking Points]

- Finding ways to build a mother’s confidence in her ability to make plenty of milk will assist her to breastfeed exclusively.
- Good positioning and latch are key to the baby removing milk from the breast. The more milk he takes out, the more milk the breast will make. It’s an excellent inventory system: More milk removed, more milk made.
- Using the phrase “breastfeed early and often” may help remind mothers that milk production depends on how much milk is taken out.



DEMONSTRATION

Supply and Demand

Purpose: to give training attendees a visual they can share with a mother to explain supply and demand.

Materials Needed:

- Clear container that has a spout at the bottom and an opening from which to fill at the top
- Food coloring

Time Allowed: 2 minutes



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Instructions

1. Use a clear container that has a spout at the bottom and an opening from which to fill at the top.
2. Fill it part way with water (if you add a few drops of food coloring, the water will show up better).
3. Remove some water through the spout. Pour the same amount of water back into the container through the top to show how what is removed is replaced in a continuous cycle.
4. An alternate suggestion is to refer to a refrigerator ice maker, which continually makes ice as ice is removed from the ice maker.

Take-Away Points

- A visual such as this can help mothers understand the concept of feeding on demand.
 - Explain to mothers that “the more milk you take out, the more milk you will make and the opposite is true as well—less milk out, less milk made.”
-
- “Early” means as soon after birth as possible. This is not because the baby is born hungry. Because babies usually go to breast during the first hours if given access, this time is a golden window of opportunity to get breastfeeding off to a great start. The idea is to get him in sync with his mother as quickly as possible.
 - “Often” means the baby feeds on an average of at least 8-12 times a day, usually every 1 ½ - 3 hours. However, every mother and baby are different. Remind a mother that a newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without a feeding. Let the mother know that as she and her baby learn how to breastfeed and as baby grows, breastfeeding will take less time.
 - A baby’s stomach holds only a small amount at a time in the early days. A teaspoon measure is a good visual to help the mother understand a rough estimate of how much she might expect her baby to take per feed on day one. His stomach will begin to stretch around the same time her milk volume increases.
 - Since removing milk tells the body to make more milk, feeding on demand (not on a schedule according to the clock) helps to ensure that the mother makes plenty of milk.



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- Rather than setting a schedule for feeding, show mothers how to anticipate a baby's signs of hunger and breastfeed before they cry.
- Discuss how the feeding patterns of breastfed infants are different from formula fed infants in that breastfed infants feed more often.

SLIDE #23 BABY'S HUNGER AND SATIETY SIGNS

[Key Talking Points]

- Help parents read and respond to signs that their baby is ready to eat.
- A baby sends an early feeding cue by moving his head around and perhaps raising his arms. He may then start smacking his lips, making sucking sounds, and sucking on his hands.
- When held or when his cheek is touched, he will root to try to find the breast.
- Tell mothers that crying is a late feeding cue. Babies cry because their parents missed their earlier message, "I'm hungry." Crying is a late sign of hunger or a distress call, and it makes it difficult to calm a baby and latch him properly to the breast.
- Babies who are born early (before 38 weeks) may not show strong feeding cues and their parents will need to pay attention to how long it has been since the last feeding so they can initiate feedings as needed.
- If the baby just had a good feeding and starts sucking on his hands right away, he may want to suckle for comfort. It is not necessarily a sign of hunger.
- The baby will give signs that he has had enough to eat. His hands will relax, he may drift off to sleep after a nursing session and may end the feeding himself by coming off the breast.

SLIDE #24 TIPS FOR ASSISTING A SLEEPY BABY

[Key Talking Points]

- Some babies are sleepy or lethargic and may not be interested in feeding on demand or every 2 to 3 hours. Nondemanding infants, who fail to "act hungry" may not gain weight adequately because they are not fed often enough or are not removing milk adequately.
- Sleepy babies need help to wake up for feedings. Undressing them to their diaper and holding them skin-to-skin will help to stimulate them.



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- Breast compression, when a mother gently squeezes her breast while the baby is latched on, can assist the baby who falls asleep after just a few minutes of suckling at the breast.



DEMONSTRATION

Breast Compression

Purpose: To show training attendees how to explain breast compression to a mother.

Materials Needed:

- Breast model or water balloon
- Baby doll

Time Allowed: 3 minutes

Instructions

1. Use the breast model to demonstrate breast compression. Invite the training attendees to follow along as you walk through the steps.
2. Explain that when the baby stops suckling, mother can gently compress her breast.
3. She can continue to compress until the baby starts suckling again.
4. The mother can release when the baby stops suckling and let him catch his breath before compressing again.

Take-Away Points

- Breast compression is a helpful hands-on thing that the mother can do to help her baby feed more efficiently.



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SLIDE #25: OTHER REASONS BABIES CRY

[Key Talking Points]

- A WIC mother may show concern or request infant formula because her baby cries after she feeds him. A crying or fussy baby may indicate other needs besides hunger. WIC staff can help mothers understand normal behaviors of newborns.
- A newborn has a strong need to be close to his mother. Babies want to be held or nursed for comfort.
- Encourage the mother to hold her baby skin-to-skin as often as possible.
 - Skin-to-skin contact lowers a baby's stress cortisol levels and reduces crying.
 - Many babies are fussy their first night or two home from the hospital. The transition from hospital to home can be very unsettling to babies. Skin-to-skin contact helps babies feel secure.
- Contrary to what family members may be saying, holding her baby does NOT cause the baby to be "spoiled." Babies have a physiological need to be held. Meeting that need for closeness may help babies become more independent later in life.
- Babies develop their own unique sleeping and feeding cycles.
 - Babies often seem fussier in the evenings and want to breastfeed more often. They may be over-stimulated and need to be close to mom.
 - Some babies "cluster feed" to get ready for a longer sleep stretch.
 - Show mothers that fussy periods are normal and do not always mean the mother is not making enough milk.
- Sometimes mothers misinterpret a baby waking up when he is put down to sleep as a sign that the baby is hungry again or that he is becoming spoiled. Unlike adults, it takes babies around 30 minutes to go into a deep sleep state after they fall asleep. This is why many babies wake up as soon as they are put down. Holding the baby long enough for him to go into the deeper sleep state may help him stay asleep when putting him down for a nap or for bed.

SLIDE #26 BUILDING CONFIDENCE: WAYS TO KNOW BABY IS GETTING PLENTY OF MILK

[Key Talking Points]

- Letting mothers know what to expect day by day can help a mother see that all is well or that she needs to call for help.



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- Since the number one worry for mothers is that they don't have enough milk, it will help to give them ways to know their baby is getting enough:
 - Breastfeeds frequently (8-12 times a day)
 - Baby is satisfied after feedings
 - Mother can hear audible swallowing during feedings
 - Mother's nipples are not sore
 - Baby's output and weight loss are within normal ranges
 - Mother's breasts feel less full after feeding.
- Remind mothers that breastfeeding exclusively helps her build her milk production, ensuring that her baby will get all that he needs. Providing infant formula during these critical first weeks interferes with her ability to make the most milk for her baby.

SLIDE #27 ADDRESSING CONCERNS ABOUT INFANT WEIGHT

[Key Talking Points]

- Encourage mothers to keep track of their baby's weight during the first few weeks, including birth weight and discharge weight.
- A baby may lose up to 7 percent of their birth weight during the first few days of life. During this period, infants pass their first meconium stools and eliminate extra fluids. If the mother received IV fluids during her labor, the weight loss might be greater as baby excretes the extra fluids.
- As the mother's milk production increases, an infant who is breastfeeding effectively should begin gaining weight.
- Babies usually gain 4 - 7 ounces per week from this point forward for the first few months of life.
- If the baby loses more than 7 percent of his birth weight, continues to lose weight after mother's milk production has increased, or still has meconium diapers by day 5, this is an indicator for a breastfeeding assessment by the WIC Designated Breastfeeding Expert or a healthcare professional.
- Remind mothers that weight checks during the first few days and weeks are an indicator that baby is gaining well. The AAP recommends that newborn infants be seen by their pediatrician or other knowledgeable and experienced healthcare provider at 3 to 5 days of age. Encourage the mother to arrange a follow-up visit for her infant with her healthcare provider or WIC clinic within the first 3 to 5 days of age. An early weight check gives a new mother confidence in her ability to produce enough milk and also gives her the opportunity to ask questions.



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- Let mothers know they can come to the WIC clinic at any time for a weight check, and that they do not need to wait until the baby's two-week checkup.
- Reassure a mother whose baby has lost weight. She may be concerned that she doesn't have enough milk. Show her how to do breast compression to encourage her baby to suck. Let her know that some weight loss in the first few days is okay and that we look for her baby to be back to birth weight by two weeks of age.
- If there are concerns about an infant's weight or weight loss is > 7 percent of birth weight, encourage the mother to consult her health care provider.

SLIDE #28 OUTPUT FOR THE BREASTFED BABY

[Key Talking Points]

- One way to know that the baby is getting enough milk is to keep track of the number of wet and soiled diapers they change in a day.
- The baby should have plenty of wet and soiled diapers (usually the diaper will be both wet and soiled) with pale yellow or nearly colorless urine. Let the mother know that she might not be able to see the urine in the diaper but that the diaper will feel heavy. Suggest that she put 3 tablespoons of water in a diaper to feel how heavy a wet diaper is.
- Keep your language simple as you help families know what to anticipate. The following are key points to bring out to mothers:
 - What goes in must come out, so count soiled diapers. That lets us know he is taking in enough calories.
 - The baby should have at least 5-6 wet and 3 soiled diapers per day in the first 3-5 days of life.
 - By 5-7 days of age, the baby should have 6 or more wet and 3-4 soiled diapers per day.
 - Note: Less than 4 soiled diapers per day by day 4 is an indicator that the baby is not getting enough breastmilk.⁸
 - Let the mother know she should call her doctor if her exclusively breastfed newborn has less than one stool per day or if her baby is still having meconium stools after day five of life.

⁸ Nommsen-Rivers L, Heinig J, Cohen R, & Dewey K. (2008). Newborn wet and soiled diaper counts and timing of onset of lactation as indicators of breastfeeding inadequacy. *Journal of Human Lactation*, 24(1):27-33.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)



DEMONSTRATION

Baby's Output

Purpose: To show training attendees one way to help mothers know what their breastfed baby's soiled diaper will look like.

Materials Needed:

A recipe for artificial baby poop (recipe courtesy of Amy Spangler):

- 1 teaspoon (or 2 packets) yellow mustard
- 2 teaspoon sesame seeds
- 1 Tablespoon cottage cheese
- 1 empty baby food jar or other small container
- A diaper
- A cotton swab

Time Allowed: 3 minutes

Instructions

1. Combine all of the ingredients in the jar.
2. Add enough water to fill the jar then gently mix all ingredients together.
3. While you hold the diaper, ask a training attendee to dip the cotton swab in the mixture and use it to make a mark on the diaper.
4. Hold the diaper up to the group and ask them if this would be a big enough bowel movement to count toward a baby's output for the day (no).
5. Next, while you hold both ends of the diaper, ask the trainee to dump the whole jar's contents into the diaper.
6. Ask the group again if this would be big enough bowel movement to count toward a baby's output for the day (yes).

Take-Away Points

- To show parents what meconium looks like, you can use molasses. For transitional stool, mix molasses with the artificial baby poop recipe.
- Parents appreciate anticipatory guidance, and it's a way to use humor while you give them a visual for what to expect.



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SLIDE #29 BABY'S FIRST WEEK: BREASTFEEDING RECORD

[Key Talking Points]

- Handout 7.2, "Infant Feeding Log," is a feeding diary created by the Rhode Island WIC Program to help mothers record the number of breastfeeds in a day, and how many wet and soiled diapers the baby had.
- This visual tool can help build mom's confidence in making milk. Some mothers like to keep this diary from day one until the baby's two-week check-up with his doctor to know what to look for, and to show the doctor how well breastfeeding is going.
- To help keep track of the number of soiled diapers, mothers can make a stack of six diapers at the beginning of each day and that can help her see how many have been used, no matter who changes the baby's diaper.

SLIDE #30 OTHER CONCERNS FOR NEW MOTHERS

[Key Talking Points]

- Encourage mothers to:
 - Go easy on activities for awhile, let the household work go and accept offers of help.
 - Find opportunities to rest when the baby naps to catch up on sleep.
 - Try to limit visitors.
 - Make food choices based on *MyPyramid Plan for Moms* (www.mypyramid.gov/mypyramidmoms/breastfeeding_nutrition_needs.html) and drink fluids to satisfy thirst.
 - Realize that "baby blues" are common during the early weeks. If a mother seems extremely depressed or sad for longer than a few days, suggest she talk with her doctor to assess for postpartum depression.

SLIDE #31 AVOID FORMULA SUPPLEMENTATION

[Key Talking Points]

- We can help mothers protect their intention to breastfeed by not automatically assuming they need formula.
- The best assumption to make is that she will make plenty of milk while we give her the support she needs to breastfeed exclusively for 6 months.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

- Honor the mother's intention to breastfeed by making sure she has all of the resources she needs to meet her breastfeeding goals.
- If a mother requests formula, discuss with her that supplemental feedings are unnecessary unless medically indicated and that they interfere with the success of the breastfeeding relationship she is establishing with her baby.
- Address the fears the mother may have about being able to make enough milk for her baby. Many mothers worry that their milk production has dropped when the initial breast fullness they felt at 3-5 days postpartum goes down.
- Advise the mother that to help the mother and infant get off to a good start with breastfeeding, WIC does not routinely provide infant formula to partially breastfed infants less than one month of age.
- Troubleshoot the reason the mother believes she needs formula and ensure she receives support and referrals as appropriate to continue to breastfeed. State agency policy should be followed regarding provision of formula in the first month postpartum.
- Staff can encourage mothers to continue exclusively breastfeeding and enjoying the benefits of the fully breastfed food package for herself at least through the first month. If after the first month she wants to provide some formula occasionally, WIC can provide her with a food package that protects her milk production and maximizes the health reasons to breastfeed.



PLANT YOUR LOCAL INFO

State and local agencies should share their policy for issuing infant formula in the first month of a baby's life.

SLIDE #32 SHOW ME!



ACTIVITY

Activity: Show Me!

Purpose: To model for staff 3-Step with a new breastfeeding mother.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

Materials needed:

- Handout 7.2: “Show Me Video Vignettes: Talking to a New Breastfeeding Mother”
- DVD: “Show Me Video Vignettes”

Time: 10 minutes

Instructions:

1. Show video vignette #4 from the training CD
2. Ask the training attendees to listen to the encounter and fill in their answers for Handout 7.2.

Points for discussion:

Review their answers to Handout 7.2. Invite several training attendees to share how they responded.

Take-away points:

- There are many different ways to talk to a new breastfeeding mother.
- Be mindful that a new mother may be easily overwhelmed if staff give too much information.
- Affirming the mother with sincerity and patience will help build her confidence that she can breastfeed successfully. She may forget that she and her baby are learning on the job.

Slide #33: Common Concerns: Sore Nipples

[Key Talking Points]

- Sore nipples are common but not normal.
- Can be prevented or resolved with quick help.
- Common causes of sore nipple:
 - Baby is not positioned or latched well.
 - Baby does not have enough breast in the mouth.
 - Baby’s mouth is not open wide enough.
 - Baby has had other nipples (bottles or pacifiers).
 - Mother is using a breast pump improperly.



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SLIDE #34 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- When mothers are in pain, it is easy to give up breastfeeding. This is why WIC mothers need support and easy solutions for quick pain relief.
- WIC staff can provide mothers with encouragement and support, affirming them with such comments as:
 - “I can see how much pain you are in--a lot of people would have just given up and said forget it! I’m so glad you called—let’s get you in to see someone who can help you right away.”
 - “You are working so hard to give your baby such a good start in life through breastfeeding. Your baby is lucky to have a mother who cares so much about him.”
 - “I can see you are really in a lot of pain. There are several things we can do to get you some quick relief.”
- Let moms know there are solutions to make breastfeeding more comfortable.

SLIDE #35 COMMON CONCERNS: ENGORGEMENT

Key Talking Points]

- Between days two and five, most mothers experience changes in their breasts as milk flow and circulation increases.
- Extra blood and fluids increase in the breast to provide the additional nutrients needed for milk production. The mother’s breasts become noticeably fuller.
- Sometimes a mother’s breasts may become over full if she misses or delays feedings (which happens often in the early days) or if she received a lot of IV fluids.
- Her breasts can become swollen and painful with excess fluids and milk that is not removed. Mothers may say their breasts are “as hard as a rock” or they may describe them as feeling “tight” and hot.
- This combination of milk that is not removed and swelling causes the nipple and areola to flatten out, making it hard for the bay to latch. This may make the baby fussy and impatient.



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SLIDE #36 THE DOMINO EFFECT

[Key Talking Points]

- Mothers who are engorged need to know the consequences of not removing the milk. Engorgement can lead to:
 - Diminished milk production
 - Reduced milk flow to baby
 - Plugged ducts
 - Breast infection
 - Premature weaning

SLIDE #37 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- Affirm the mother's feeling to let her know her experience is common with new mothers, and quick solutions can bring about relief.
- Examples of affirming statements:
 - "I can see you are really in pain and are frustrated. Let's get you some assistance so that you can work through this quickly."
 - "Many new mothers become engorged when their milk suddenly increases."
 - "I can see how much you care about your baby to be breastfeeding during this time."
 - "I can tell you are worried about the baby getting enough since he is having trouble latching now. Here you are in pain and you are thinking about your baby! I'm going to get you right back to see someone so you can get some help immediately."
- Educate: "There are things we can do immediately to get you some quick relief."
- Refer her immediately to the WIC Designated Breastfeeding Expert.

SLIDE #38 TALKING WITH MOTHERS ABOUT WIC FOOD PACKAGES

[Key Talking Points]

- WIC's food packages for fully breastfeeding mothers are designed to supplement her special nutritional needs and serve as an incentive for the mother to initiate and continue breastfeeding. While her baby gets his mother's priceless breastmilk, the mother gets breastfeeding support resources from WIC and a



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food package with the largest quantity and most variety of all of the food packages that WIC offers.

- If a mother thinks she needs formula, assess how breastfeeding is going and how the baby is growing, and ensure that she receives support and appropriate referrals to continue to breastfeed.
- Explain the impact of formula supplementation on her milk production. Provide breastfeeding support to help her continue to exclusively breastfeed.
- Address her concerns about milk production.
- Provide support so that mother can provide as much breast milk as possible to her infant.
- Make referrals to Peer Counselors, the WIC Designated Breastfeeding Expert, and other medical experts when mothers have concerns about sustaining milk production or decide to resume exclusive breastfeeding after supplementing.



PLANT YOUR LOCAL INFO

State and local agencies should share their policy for issuing infant formula in the first month of a baby's life.

SLIDE #39 ANTICIPATORY GUIDANCE

[Key Talking Points]

- Consistent messages to new breastfeeding mothers include:
 - Babies are born to breastfeed, and you are built to provide your baby with everything he needs. WIC is here to help you succeed.
 - The first 4 - 6 weeks of breastfeeding are a crucial time for establishing your milk production. Exclusive breastfeeding *now* means you'll have the best chance for meeting your breastfeeding goals.
 - WIC does not routinely provide infant formula in the first month to help mothers get off to a good start with breastfeeding.
 - Breastfeed within the first hour after birth.
 - Position and latch baby comfortably.
 - Follow baby's hunger and satiety cues.
 - Avoid pacifiers as well as supplements (unless medically indicated).



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- A mother can return to exclusive breastfeeding if for some reason she supplements with formula.

SLIDE #40 OTHER ANTICIPATORY GUIDANCE: VITAMIN D FOR BABY

[Key Talking Points]

- Educate breastfeeding mothers about the importance of Vitamin D for all babies, children, and adolescents.
- The AAP recommends 400 IU Vitamin D drops for breastfed babies beginning in the first few days of life.
- Encourage parents to use sunscreen on their baby when they are outdoors.
- Refer the mother to her health care provider if she has questions or concerns about Vitamin D.

SLIDE #41 APPLICATION TO PRACTICE



ACTIVITY

Application To Practice: Helping a New Breastfeeding Mother

Purpose: To apply principles learned in Module 7 to the WIC clinic setting.

Materials Needed:

- Handout 7.4: “Application To Practice: Helping a New Breastfeeding Mother”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information when you talk to new mothers in the clinic?



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

SLIDE #42 SUMMARY

[Key Talking Points]

- WIC's support and services give mothers the confidence they need to breastfeed exclusively.
- When we help mothers know what is normal and when to call for help, mothers are empowered to reach their breastfeeding goals.

SLIDE #43 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your "My Goals for Breastfeeding Support" Goal-Setting Flower, write on one petal something you will do as a result of this module to help mothers exclusively breastfeed. For example, you might want to:
 - Include information about skin-to-skin when talking to new mothers
 - Use open-ended questions and affirmation to help mothers explore their concerns about making milk
 - Make referrals when breastfeeding mothers call the clinic requesting formula
- After this training post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.

Ongoing Enrichment

1. Shadow an International Board Certified Lactation Consultant (IBCLC) at your local hospital. Observe how she assesses for appropriate latch, milk transfer, and mother's comfort.
2. Watch additional segments in the DVD, "Baby-Led Breastfeeding: The Mother-Baby Dance" that were not shown in the training. Record your impressions.
3. Read pages 109-119 in "Quick Reference for the Lactation Professional." Select a scenario on page 126 to answer.



Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Help staff glow with recognition by acknowledging their efforts to help build the confidence of new breastfeeding mothers.

- Recognize staff who use open-ended questions and affirmation to assess the concerns of new breastfeeding mothers.
- Make a “We’re Here for You” bulletin board display with photos of your staff and quotes from them about the early days of breastfeeding and tips they like to share with new mothers.



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

MODULE 8

Helping Mothers Continue the Breastfeeding Relationship Month 1 to Month 12

Core Competencies

- Provides strategies to breastfeeding mothers on how to maintain milk production and continue the breastfeeding relationship.
- Provides affirmation and encouragement to breastfeeding mothers to continue the breastfeeding relationship at least through the first 12 months of age.

Learning Objectives

Training attendees will be able to:

- Name common issues that arise when breastfeeding an older infant.
- Describe how the introduction of solid foods affects the breastfeeding relationship.
- List ways to assist mothers through the weaning process.

Overview

Once a mother is comfortable breastfeeding and has adjusted to caring for a new baby, breastfeeding tends to become easier and her confidence grows. Even after breastfeeding is well established, however, most mothers continue to have questions about what to expect next with breastfeeding and whether their baby is doing well. This module provides staff with the knowledge and skills they need to provide support to breastfeeding mothers of babies one month of age and older.

Topics Covered

- Appetite spurts
- Introducing solid foods to a breastfed baby
- Vitamin supplementation for breastfed babies
- Weaning
- Talking with mothers about WIC food packages
- Anticipatory guidance

Time: 1 hour



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

Materials and Supplies

Handouts

- Handout 8.1: “Mom Says”
- Handout 8.2: “Application To Practice: Continuing the Breastfeeding Relationship”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart notepad
- Flip chart markers

Training Materials by Activity

Activity: Mom Says...

- Sticky notes (around 10 for each small group of 6-8)

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

MODULE 8 SPEAKER NOTES AND TALKING POINTS

SLIDE #1 HELPING MOTHERS CONTINUE THE BREASTFEEDING RELATIONSHIP: 1 MONTH TO 12 MONTHS

[Key Talking Points]

- During the first few weeks after birth, a WIC mother should receive the support she needs to breastfeed her baby and successfully handle any challenges that may deter her from continuing the breastfeeding relationship or breastfeeding exclusively.
- However, mothers who continue to breastfeed past the first few weeks continue to need WIC's *loving support* to ensure that breastfeeding continues to go well.
- As the baby grows, new issues may arise that can negatively affect the breastfeeding relationship.
- When mothers receive anticipatory guidance and support, they can feel confident continuing the breastfeeding relationship with their child.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module is designed to address two core competencies. WIC staff:
 - Provide strategies to breastfeeding mothers on how to maintain milk production and continue the breastfeeding relationship.
 - Provide affirmation and encouragement to breastfeeding mothers to continue the breastfeeding relationship through the first 12 months of age.

SLIDE #3 LEARNING OBJECTIVES

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Name common issues that arise when breastfeeding an older infant
 - Describe how the introduction of complementary foods affects the breastfeeding relationship
 - List ways to assist mothers through the weaning process.



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

SLIDE #4 BREASTFEEDING RATES

[Key Talking Points]

- The American Academy of Pediatrics (AAP) and other medical and professional organizations across the United States recommend that babies be exclusively breastfed for the first 6 months of life, and continue breastfeeding for at least a year and beyond for maximum health benefits to both the baby and the mother.
- According to the AAP¹:
 - Babies who are exclusively breastfed for at least 4 months have half as many episodes of otitis media.
 - Babies breastfed at least 13 weeks have fewer episodes of gastro-intestinal and respiratory illnesses.
 - If a breastfed baby does become ill, the duration of the illness is reduced.
- Many new mothers, however, do not breastfeed to the recommended duration.
- Although more women are initiating breastfeeding (nearly 75 percent in 2006)², data from the CDC National Immunization Survey shows that breastfeeding rates decline steadily throughout the infant's first year of life.
- By 6 months of age, less than half of babies are still breastfeeding. By one year, less than a fourth of infants are still breastfeeding.
- CDC data also shows that only 33.1 percent of mothers are exclusively breastfeeding at 3 months. At 6 months, 13.6 percent are exclusively breastfeeding.
- The numbers of WIC mothers who continue to breastfeed to a year are even lower compared to the national average, with only 34.2 percent breastfeeding at 6 months and 17.7 percent breastfeeding at 12 months.
- WIC staff can help mothers continue the breastfeeding relationship throughout the entire first year of life through timely information and support during the times when they are most inclined to begin supplementing or to discontinue breastfeeding altogether.

¹ Kleinman R. (2009). *Pediatric Nutrition Handbook*, 6th ed. Elk Grove Village IL: American Academy of Pediatrics.

² Centers for Disease Control and Prevention. (2008). National Immunization Registry. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

SLIDE #5 WATCH BABY GROW!

[Key Talking Points]

- Questions about appropriate weight gain are high on the list of concerns of many breastfeeding mothers.
- Babies who breastfeed grow according to normal standards for infant growth and development.
- Mothers often look at their baby's weight and growth to determine whether they have sufficient milk. They may compare their baby's growth with the growth of other babies who may or may not be breastfeeding.

SLIDE #6 GROWTH AND FEEDING PATTERNS OF BREASTFED BABIES

[Key Talking Points]

- Breastfed babies grow differently from formula-fed infants. After the first three months, breastfed babies tend to be leaner. According to AAP, the growth of breastfed babies should be considered the "norm" for infant growth. The typical higher rate of weight gain among formula feeding infants is sometimes due to overfeeding.¹
- Babies grow at different rates depending on their genetic make-up and that of their parents.
- During the first 6 months they tend to double their birth weight by 4 - 6 months of age. By the next 6 months, their weight gain begins to slow. By 12 months, babies typically weigh 2 ½ - 3 times what they weighed at birth.
- Mothers who are unsure about their baby's growth can be encouraged to bring their baby to the WIC clinic to be weighed. If the mother or the WIC staff are concerned about the baby's growth, yield her to the WIC Designated Breastfeeding Expert or to the baby's health care provider.

Baby's Age	Normal Weight Gain
Early Weeks	4 - 7 ounces per week
4 - 6 months of age	Double birth weight
7 - 1 months of age	2 ½ - 3 times birth weight
24 months	4 times birth weight



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

SLIDE #7 AS BABY GROWS – FEEDING PATTERNS OF BREASTFED BABIES

[Key Talking Points]

- How often babies feed also varies, depending on the baby's age and size, the mother's milk storage capacity in her breast, and the unique needs of her baby.
- In the early weeks most babies who are exclusively breastfed nurse 8 to 12 times or more every 24 hours. This not only helps babies grow, it also helps mothers establish and maintain milk production.
- As babies grow, they tend to become more efficient at breastfeeding, and may nurse less frequently or finish feeds more quickly. It is also normal for some babies to "cluster feed" or group several feedings back-to-back, often in the evenings when they may be over stimulated from the day and/or are preparing for longer sleep stretches at night. Mothers can be reassured that cluster feedings are normal, and often simply means her baby wants to be close to her.
- WIC staff can remind mothers that to make plenty of milk she will want to breastfeed whenever her baby shows signs of being hungry, or at least 8-12 times every 24 hours.

SLIDE #8 APPETITE/GROWTH SPURTS

[Key Talking Points]

- Babies typically have periods of time of rapid growth where they want to breastfeed more frequently for a day or more.
- This is commonly called a growth or appetite spurt. Although babies usually choose their own times to go through a growth spurt, they often occur around:
 - 2 weeks
 - 6 weeks
 - 3 months
 - 6 months
- 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 interpret this extra nursing as a sign they are not making enough milk, especially if the breast fullness they might have felt earlier has subsided.
- WIC staff should provide mothers with anticipatory guidance so they recognize these appetite/growth spurts when they occur, and to be aware that periods of growth are a normal part of the baby's development.
- They can also reassure mothers that infant formula supplementation is not necessary and will interfere with her milk production.



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

- Mothers can offer the breast frequently to the baby to comfort and nourish him.
- Yield to the WIC Designated Breastfeeding Expert if a mother remains concerned about an appetite spurt that lasts longer than a few days. Yield the mother to her baby's physician if you are concerned about the baby's growth.

SLIDE #9 AS BABY GROWS – OUTPUTS OF BREASTFED BABIES

[Key Talking Points]

- The stooling patterns of a breastfed baby also change as baby grows.
- Unlike the first month, when babies stool several times a day, breastfed babies may go several days or longer between bowel movements after the first month. This is normal.
- Once solid foods are introduced, the consistency of the baby's stools will also change from loose to more solid.
- Yield to the WIC Designated Breastfeeding Expert if a mother has concerns about her baby's stooling patterns.
- WIC nutrition staff should conduct a nutrition assessment of the infant that includes assessment of the following:³
 - Breastfeeding frequency and duration
 - Infant formula supplementation
 - Intake of solid foods and readiness for solids
- Mothers who are unsure about their baby's growth can be encouraged to bring their baby to the WIC clinic to be weighed.
- If the mother or the WIC staff are concerned about the baby's growth, yield her to the WIC Designated Breastfeeding Expert or to the baby's physician.

³ USDA.



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

SLIDE #10 CONTINUING THE BREASTFEEDING RELATIONSHIP



ACTIVITY

Activity: Mom Says

Purpose: To increase awareness of the common concerns of breastfeeding mothers of older infants and ways WIC staff can help them feel confident they can continue breastfeeding.

Materials Needed:

Handout 8.1: “Mom Says”

Time Needed: 10 minutes

Instructions

1. This activity works well when conducted in small groups.
 - For larger groups: Groups of 5-6 per table work well for this activity.
 - For smaller groups/one-on-one learning: The single learner can complete the handout independently. Slightly larger groups can discuss each statement together or complete independently before discussing.
2. Ask the groups to discuss common concerns or questions they hear from mothers during the first year regarding how to work breastfeeding into their lives. Write the questions in the boxes in the first column of Handout 8.1, “Mom Says.”
3. Ask groups to select one of the common questions and discuss.
 - What is the mother most worried about?
 - What is an affirming statement you could give her?
 - What information will help her maintain breastfeeding?
4. Ask attendees to note affirming statements they could use to address some of these issues, and place them in their affirmation gift bag or envelope (discussed in Module 3, “Communicating with Breastfeeding Families”).
5. Record questions, affirmation, and information on the handout, if desired.
6. Remind the groups that if they are not sure of the education to provide, this will be covered in the remaining slides in this module.
7. When groups present their findings, let them know that you will address many of their common questions as the slides that follow.



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Take-Away Message:

- It is easy to assume that once a mother gets past the early challenges of breastfeeding she will “do fine.”
- The reality is that mothers continue to have questions as their baby grows.
- Anticipatory guidance and connecting mothers to support will make the difference!



INSTRUCTIONAL GUIDANCE

- Review the group questions as they work on them to see which ones will be covered in the module. Hold discussion of those until the appropriate slide comes up in the presentation.
- Allow a short period of time to discuss the questions/concerns that are not addressed in the modules, For example, if one group worked on “solid foods,” when you get to slide # 14, ask the group who worked on that to report how they think mothers would feel as they address this, and the affirmation mothers need.
- After they report the information they would want to share with the mother, review any key talking points from slides #14-15 they did not already note. This teaching strategy allows for individual and group self-discovery, and keeps the module instruction from being too much lecture.

SLIDE #11 WORKING BREASTFEEDING INTO NORMAL LIFE

[Key Talking Points]

- After the initial month postpartum, many mothers are interested in resuming normal activities.
- Some of their common questions revolve around maternal issues such as weight loss, exercise, and working breastfeeding into their daily routine.

SLIDE #12 COMMON QUESTIONS: LOSING WEIGHT

[Key Talking Points]

- Often mothers want to lose the extra weight they gained during pregnancy and wonder if it is safe to do so while breastfeeding.



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- Affirm the mother's desire to lose these extra pounds.
 - "It's great that you are taking care of yourself right now, too."
- Education: Remind moms that breastfeeding helps mothers lose the weight gained during pregnancy. Women who breastfeed exclusively for more than 3 months lose more weight than those who do not.
 - The *My Pyramid for Pregnancy and Breastfeeding*⁴ has helpful strategies for breastfeeding mothers regarding healthy eating and weight loss.
 - Mothers should be encouraged to choose the right amount from each food group, and avoid added sugars and solid fats (found in fried foods, cheese, whole milk, and fatty meats).
 - The *My Pyramid Plan for Moms* is an interactive tool which can help breastfeeding mothers develop an individualized meal plan.⁵
- Yield to a WIC nutritionist for the best advice on a weight loss plan for a mother's unique situation.

SLIDE #13 COMMON QUESTIONS: EXERCISE

[Key Talking Points]

- Mothers often wonder if it is safe for them to exercise and breastfeed.
- Affirm the mother's desire to become physically active.
 - "It's great that you are going to take care of yourself right now, too."
- Education:
 - In the early weeks after her baby is born, the mother's body is recovering from the changes of pregnancy and childbirth. It is best to begin physical activity when her doctor agrees, beginning with gentle activities such as walking.
 - She can increase activity as she feels comfortable.
 - Encourage her to contact her doctor if she feels pain, headaches, dizziness, or rapid heart rate that continues after she has exercised.

SLIDE #14 COMMON QUESTIONS: FOODS TO EAT WHILE BREASTFEEDING

[Key Talking Points]

- Many mothers worry that they will have to eat a special diet while breastfeeding.

⁴ United States Department of Agriculture. (2009). Weight loss during breastfeeding. Available online at: http://www.mypyramid.gov/mypyramidmoms/breastfeeding_weight_loss.html



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- Affirm her concern about giving up her favorite foods.
 - “A lot of mothers share your feelings. It’s tough to think about making changes to the way you eat.”
- Education:
 - Most foods are fine to eat while breastfeeding.
 - If a mother is concerned that certain foods may bother the baby (such as milk products or eggs), she can talk to her WIC nutritionist about discontinuing that food for a period of time to see if the baby’s fussiness improves.
 - *My Pyramid for Pregnancy and Breastfeeding* provides recommendations for nutritional needs while breastfeeding.⁵
 - Breastfeeding mothers have a higher need for some vitamins and minerals.
 - Choose a variety of foods from each food group
 - Avoid foods with added sugars and solid fats in foods like soft drinks, desserts, fried foods, cheese, whole milk, and fatty meats.
 - Use the *My Pyramid for Moms*, an interactive menu planner on the website, to develop a healthy eating plan that will work for the mother.
 - Maintain fluids as the need for fluids will increase during breastfeeding. One suggestion is to encourage a breastfeeding mother to drink a glass of water or other beverage every time she sits down to breastfeed.
- Moderate amounts of caffeinated beverages (two to three per day) are considered acceptable. More than that can cause the baby to be very fussy.

SLIDE #15 COMMON QUESTIONS: MEDICATIONS FOR THE MOTHER

[Key Talking Points]

- If a mother is taking a prescribed or over-the-counter medication, she may worry about whether it is safe to continue breastfeeding.
- Affirm her feelings.
 - “I can tell you’re a good mother to be worried about this.”
- Education:
 - Most medications, including many antibiotics, are safe to take while breastfeeding.
 - Encourage her to consult her health care provider or the baby’s pediatrician about the safety of the medication for her infant.

⁵ United States Department of Agriculture. (2009). Nutritional needs while breastfeeding. Available online at: www.mypyramid.gov/mypyramidmoms/breastfeeding_nutrition_needs.html



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- Yield medication questions to the WIC Designated Breastfeeding Expert or to her physician for follow-up.
- Remind mothers that they have several family planning options that will not affect breastfeeding. Yield mothers with family planning questions to the physician or family planning specialist.

SLIDE #16 COMMON QUESTIONS: BREASTFEEDING AND RETURNING TO WORK OR SCHOOL

[Key Talking Points]

- Many WIC mothers return to work or school, either full-time or part-time, before their babies are 6 months old.
- Returning to work or school places unique demands on new mothers who are breastfeeding, and some mothers cut back on breastfeeding or wean altogether during this time.
- Many mothers do not realize that they can continue to breastfeed after returning to work or school, and may not be aware of special support that WIC offers.
- Having the support of a peer counselor to help them devise a plan will make this transition less stressful.
- Peer counselors can help mothers formulate plans well in advance of returning to work or school that allow them to continue breastfeeding.
- WIC staff can encourage the mother to take as long of a maternity leave as possible (at least six weeks), and inform her about breast pump options available through WIC.
- Module 9, “Talking With Mothers About Breastfeeding...When Mother and Baby are Separated,” provides more detail on how to maintain milk production when a mother is away from her baby.

SLIDE #17 COMMON QUESTIONS ABOUT THE BABY

[Key Talking Points]

- Mothers often also have questions about their baby.
- Mothers who express concerns about their infant can be praised for their interest in being good moms!



Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

SLIDE #18 COMMON QUESTIONS: VITAMIN D FOR BABY

[Key Talking Points]

- Mothers may have heard recommendations about the need for Vitamin D for their babies, and wonder if this means their milk is not adequate to meet their baby's needs.
- Affirm her concerns.
 - “What a great mom you are to be concerned about this.”
 - “This is a common concern of new moms.”
- Education:
 - The AAP advises that all babies, including exclusively breastfed babies, need a minimum daily intake of 400 International Units (IU) of Vitamin D per day, beginning in the first days of life, and continuing throughout childhood and adolescence⁶.
 - Vitamin D, normally obtained through sunlight, prevents a serious bone disease called rickets. However, the AAP states that it is not easy to determine the amount of sunlight exposure that is adequate for each individual. In addition, ultraviolet rays from the sun can be harmful.
 - Therefore, they recommend that all breastfeeding babies receive 400 IU Vitamin D drops beginning in the first days of life.
 - Infant formulas are supplemented with Vitamin D. Babies and children who are taking in less than 1000 mL of vitamin-D fortified formula or milk each day should also receive a vitamin D supplement of 400 IU/day.
 - Yield the mother to the baby's health care provider if she has questions about Vitamin D for her baby.

SLIDE #19 COMMON QUESTIONS: TEETHING

[Key Talking Points]

- Many mothers worry about teething and breastfeeding long before their baby has the first tooth, and assume they will need to wean. Anticipatory guidance will help the mother realize that the breastfeeding relationship can continue even when the baby is teething.
- Affirm the mother's concerns.
 - “I can see why you'd be concerned about that!”

⁶ American Academy of Pediatrics. (2008). Prevention of rickets and vitamin D deficiency in infants, children and adolescents. *Pediatrics*, 122(5):1142-1152.



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- “Lots of breastfeeding mothers worry about that. I wondered about it, too.”
- Education:
 - Babies *can* continue to breastfeed while teething without causing pain to mom.
 - As teeth emerge, the baby will learn how to nurse without “biting.”
 - Encourage the mother to break suction and remove the baby from the breast if the baby bears down or chews while nursing, even before teeth erupt. This teaches babies that they will not be rewarded for this behavior.
 - Oral health is important for all infants, including breastfed infants. Advise mothers to cleanse the gums and teeth after feedings.

SLIDE #20 READY FOR SOLID FOODS

[Key Talking Points]

- Breastfeeding mothers often receive conflicting advice about when to start solid foods. WIC staff can help them sort through the mixed messages they receive to offer solids appropriately.
- Despite the AAP’s recommendation of exclusive breastfeeding for about the first 6 months of life, many mothers introduce solid foods before then. Discuss:
 - Why do you think WIC mothers are anxious to begin solid foods early?
 - What teaching strategies have you found are effective in convincing WIC mothers to delay solid foods?
- Affirm her concerns.
 - “Many mothers have questions about starting solid foods.”
 - “It’s great that you are concerned about the baby getting enough nutrition.”

SLIDE #21 INTRODUCING SOLID FOODS

[Key Talking Points]

- Teaching mothers typical signs of readiness for solid foods will help them feel confident waiting until their baby is truly ready for them.
- Remind mothers that beginning solid foods too soon can trigger allergies in the baby since his digestive track is not fully developed until around 4-6 months.
- Breast milk is all a baby needs until he is ready for solid foods.



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SLIDE #22 SIGNS OF READINESS

[Key Talking Points]

- Teach mothers the developmental signs that a baby is ready for solid foods⁷. These include:
 - The baby can sit alone or with support.
 - The baby can hold his head steady and straight.
 - The baby can keep his tongue low and flat to receive the spoon (his tongue thrust reflex has disappeared).
 - The baby can close his lips over a spoon and scrape food off as the spoon is removed from his mouth.
 - The baby can keep food in his mouth.

SLIDE #23 GUIDELINES FOR INTRODUCING SOLID FOODS

[KEY TALKING POINTS]

- The FNS resource “Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs” provides guidelines for how to introduce solid foods appropriately. These guidelines include:
 - Introduce new foods one at a time.
 - Introduce single ingredient foods before foods mixed with other foods (ex: rice cereal before rice cereal mixed with fruit).
 - Introduce a small amount (about 1 - 2 teaspoons) of a new food at first to allow baby to adjust to the taste and texture.
 - Allow at least 3 - 5 days between introducing each new food.
 - Observe the infant closely for adverse reactions (such as wheezing, rash, or diarrhea) after introducing each new food.

SLIDE #24 FOODS TO OFFER BABY

[KEY TALKING POINTS]

- Research has shown that mothers do not need to introduce solid foods in any particular order. However, nutrients such as iron and zinc are important for exclusively breastfed babies.

⁷ USDA Infant Nutrition and Feeding



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- Iron is an important nutrient needed by all babies. The AAP recommends that exclusively breastfeeding babies receive a supplemental source of iron, preferably from solid foods, around 6 months of age.¹
- An average of 2 servings⁸ of iron fortified cereal or meats are sufficient to meet a baby's needs.
- Infant cereal and infant (baby) food meats provided in the WIC food package for fully breastfeeding infants can assist with these additional iron needs of infants.
- Recommend mothers continue gradually introducing a greater variety of solid foods as the infant grows accustomed to various tastes and textures.
- Discuss the importance of oral health for all infants, including breastfed infants. Advise mothers to cleanse the gums and teeth after feedings.

SLIDE #25 BREASTFEEDING AND SOLID FOODS

[Key Talking Points]

- WIC staff should inform mothers that solid food will replace some of infant's breast milk intake, but breast milk will continue to provide most of infant's nutrition.
- Give mothers information about the WIC food packages for the older infant.
 - WIC provides infant cereal and baby food fruits and vegetables to infants at 6 months of age.
 - Fully breastfeeding infants receive the greatest quantity and variety of infant fruits and vegetables.
 - In addition to the fruits and vegetables, fully breastfeeding infants also receive infant (baby) food meats at 6 months of age.
 - These extra meats have iron and zinc which are important nutrients for all healthy, full-term infants.

SLIDE #26 ON STRIKE!

[Key Talking Points]

- Occasionally a baby will suddenly refuse to breastfeed for a period of time lasting from several feedings to several days. This is called a "nursing strike" and can cause alarm in mothers.
- A nursing strike can occur because of illness in the baby (such as an ear infection) or stress, but most often the reason for the strike is never determined.
- Mothers often feel rejected when their baby goes through a nursing strike, and must deal additionally with the stress of coaxing the baby back to breast and



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dealing with engorgement. Showing a mom that her baby loves her will be important during this time.

- Affirm her concerns:
 - “What a lucky baby to have a mom who is working so hard to make this work.”
 - “Many babies go through a period like this. What a great mom you are to continue working on this.”
 - “Look at how your baby is looking at you. He sure knows you’re the mom!”
- Education:
 - Minimize distractions in the room. Dim the lights and decrease noise.
 - Try other breastfeeding positions.
 - Try breastfeeding when he shows signs of early hunger, is nearly asleep, or is just beginning to wake. Sleepy babies are sometimes more cooperative.
 - Hold the baby skin to skin and allow him to self-attach when he’s ready.
 - Give the baby expressed milk in a cup, spoon, or dropper until breastfeeding resumes.
 - Yield to the WIC Designated Breastfeeding Expert when a nursing strike continues beyond 24 hours.

SLIDE #27 WHEN WEANING HAPPENS

[Key Talking Points]

- Weaning begins whenever foods or liquids other than breast milk are introduced to the baby. Foods and juice “displace” breast milk in the baby’s diet and the breasts respond by making less and less milk until they discontinue making milk completely.
- Mothers may be told they should wean for many reasons. Not all of these recommendations are valid reasons to discontinue breastfeeding.
- Common reasons mothers may consider weaning:
 - Teething
 - Desire for baby to sleep through the night
 - Going back to work or school
 - Nursing strike
 - Pregnancy
 - Illness
 - Appetite spurts
 - Medication
- In most of these cases, breastfeeding can continue.



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- WIC staff can help mothers weigh the advantages of continued breastfeeding against weaning.
- The question of when to wean is a very personal decision, based on the needs of both the mother and the baby.
- WIC staff should avoid judgmental statements about how long the mother is breastfeeding, or how soon she wants to wean. Instead, help her explore options for *continuing* the breastfeeding relationship and offer your support to meet her goals.



ACTIVITY

Activity: Are You STILL Breastfeeding?

Purpose: To explore strategies for assisting mothers with questions about weaning.

Materials Needed:

Sticky notes (around 8-10 for each small group)

Time Allowed: 5 minutes

Instructions:

1. Invite small groups to discuss comments that WIC mothers often hear about breastfeeding an older baby from family, friends, and people in the community. Write those comments on sticky notes.
2. Ask the groups to come up with possible responses that a mother could give when she hears these kinds of comments. Write those on additional sticky notes.
3. Place comments mothers might hear on one flip chart sheet. Place possible responses next to the comments.
4. Allow individuals/groups to share their responses with the larger group.
5. Invite training attendees to jot down any responses from the sticky notes that they would like to remember to share with new mothers.

Take-Away Points:

- Mothers can benefit from language to help them address pressure to wean.
- Possible responses to consider:
 - “My baby is growing perfectly on my milk. I’m not ready to quit yet.”
 - “Breastfeeding is so much easier for me.”



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- “My doctor told me to breastfeed until the first birthday.”
- “The WIC Program recommends breastfeeding at least until the first birthday.”

SLIDE #28 HELPING THE MOTHER WHO WANTS TO PARTIALLY BREASTFEED

[Key Talking Points]

- Mothers who are considering weaning should be offered the option of partially breastfeeding at least some of the time.
- Many mothers do not realize that even some breastfeeding is better than no breastfeeding, and that partial breastfeeding provides health benefits to the baby and to the mother.
- WIC staff can also emphasize the importance of the food packages for partially breastfeeding mothers, which includes receiving a food package for the mother a full year postpartum. WIC staff can also tailor the food package to give the mother the minimal amount needed, while offering support options to help her breastfeed as long as she wants.

SLIDE #29 WAYS TO WEAN

[Key Talking Points]

- If the mother must wean completely, there are two main ways to wean: baby-led and mother-led.
- Baby-Led Weaning:
 - With baby-led weaning, babies gradually discontinue feedings on their own.
 - As babies grow, they often continue breastfeeding for comfort before bedtime and when they are upset, and rely on solid foods for their primary nourishment.
 - Baby-led weaning is less stressful for babies and mothers, and allows them to continue receiving the many benefits of breastmilk.
- Mother-Led Weaning
 - With mother-led weaning, mothers make the decision to stop breastfeeding for reasons of their own, including returning to work, pressure from family or friends, or personal reasons.
 - When mothers choose to end breastfeeding, help them explore their reasons, affirm their feelings, and offer information.
- Affirm the mother’s feelings, which can be ambivalent. For example:
 - “What a great mother you are to have breastfed this long.”



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- “Your baby is very lucky to have gotten your milk.”
- “You seem a little unsure about weaning. This is hard for a lot of mothers.”
- “I am so proud of you for breastfeeding.”
- “Making the decision about weaning is difficult for many mothers. I can tell you really love your baby a lot.”

SLIDE #30 HOW TO WEAN

[Key Talking Points]

- When a mother chooses to wean, help her explore continuing at least a few feedings a day. Even one feeding a day helps provide important immunity protection for her baby and meet baby’s need for comfort.
- Encourage her to wean over a period of weeks, when possible, instead of abruptly. Gradual weaning is more comfortable for the mother and less stressful for the baby.
- Babies older than 6 months can be weaned to a bottle and/or cup, depending on the infant’s developmental ability. Babies should be entirely weaned from the bottle and onto a cup by about 12 months of age.⁸
- Babies younger than a year old who are no longer breastfeeding need to receive iron-fortified infant formula.
- Older babies often breastfeed for comfort at night or when they are hurt or ill. Older babies can respond to a “don’t ask and don’t refuse” practice and can sometimes be distracted from breastfeeding with other activities.
- To gradually wean, discontinue the feeding the baby is least interested in first. After three or four days, drop another feeding; continuing until weaning is complete.
- When abrupt weaning is needed, such as a mother beginning chemotherapy, provide support for dealing with the emotions she might be facing. Suggestions:
 - Drop feedings more quickly and express just enough milk to relieve discomfort, but not enough to completely drain the breast.
 - Cabbage leaves, ice packs, and ibuprofen can help relieve swelling.
 - Wear a firm but non-binding bra for support.
 - Give baby extra cuddle time
- If baby resists taking a bottle or cup, ask another adult to offer it besides the mother. Yield a weaning mom to the WIC Designated Breastfeeding Expert and her peer counselor for ongoing follow-up and encouragement.

⁸ USDA Infant Nutrition and Feeding



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- Affirm that despite her reasons for weaning, she continues to be a wonderful mother for having given her baby her milk. She should be proud of what she has accomplished, and for the health that her baby will enjoy as a result.

SLIDE #31 APPLICATION TO PRACTICE – CONTINUING THE BREASTFEEDING RELATIONSHIP



ACTIVITY

Activity: Application To Practice

Purpose: To apply principles learned in Module 8 to the WIC clinic setting.

Materials Needed:

Handout 8.2: “Application To Practice: Continuing the Breastfeeding Relationship”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3 training attendees.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information with WIC mothers?

SLIDE #32 SUMMARY

- Breastfed babies do not grow at the same rate as formula-fed babies.
- Growth or appetite spurts in the older baby occur around 6 weeks, 3 months, and 6 months, and cause baby to suddenly need to breastfeed more often.
- As the baby grows mothers can have many ambivalent feelings about working breastfeeding into their life.
- Anticipate a baby’s teething and begin teaching him not to bite down or “chew” on the breast long before teeth erupt.



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- Watch for developmental cues that the baby is ready for solid foods at about 6 months of age (loss of tongue thrust reflex, first tooth has erupted, and baby is able to use hands and fingers in a purposeful manner).
- Many people give well-intentioned advice about breastfeeding, especially as the baby grows. Talking with a peer counselor can help reassure the mother.

SLIDE #33 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, write on one petal something you can do as a result of this module to help support breastfeeding in your clinic. For example, you might want to work on providing referrals to the CPA when breastfeeding mothers have questions about solid foods, or encourage mothers who are interested in weaning to consider partially breastfeeding.
- After this training, post the flower with your recorded goals in our work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.

Ongoing Enrichment

1. Read pages 205-223 in “Quick Reference for the Lactation Professional.” Select a situation on page 221-223 and answer.
2. Attend a La Leche League meeting in the community to listen to comments that mothers of older babies might be sharing. Make a note of common concerns you hear and the messages that new mothers need to hear.
3. Include *MyPyramid in Action* Fact Sheets “Tips for Breastfeeding Moms” for staff to review and list websites that they can review:
 - <http://www.mypyramid.gov/mypyramidmoms/index.html>
 - http://www.mypyramid.gov/mypyramidmoms/breastfeeding_nutrition_needs.html
 - http://www.mypyramid.gov/mypyramidmoms/breastfeeding_weight_loss.html
4. Read “Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs” – Chapter on Complementary Foods.
5. Go to WIC Learning Online and access Lesson 5: “Feeding Infants –



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Nourishing Attitudes and Techniques.” Take modules on “Feeding Infants 0-6 Months” and “Feeding Infants 6-12 Months.”



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Help staff glow with recognition by acknowledging their efforts to help mothers continue breastfeeding to one year.

- Recognize local agencies or clinics that have the highest breastfeeding duration rates, and those that have made the most improvement at your annual WIC conference.



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

MODULE 9

TALKING WITH MOTHERS ABOUT BREASTFEEDING... WHEN MOTHER AND BABY ARE SEPARATED

Core Competencies

- Helps breastfeeding mothers identify strategies for continuing to breastfeed when they must be away from their baby (i.e., returning to work or school).
- Encourages mothers to continue breastfeeding and provides guidance on ways to maintain milk production.

Learning Objectives

Training attendees will be able to:

- Explain how a mother can maintain milk production when she is separated from her baby.
- Identify common barriers to breastfeeding among women employed in unsupportive environments.
- State appropriate guidelines for storing and handling breast milk.

Overview

This module addresses barriers breastfeeding mothers face when they are separated from their babies as well as strategies for helping them continue breastfeeding.

Topics Covered

- Helping mothers continue breastfeeding under circumstances when they are apart from their baby
- Expressing, storing, and handling breast milk
- Maintaining milk production when separated from baby
- Resources for supporting mothers experiencing separation

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 9.1: "Separation Scenarios"
- Handout 9.2: "All in a Day's Work"
- Handout 9.3: "Show Me Video Vignettes: Talking about Breastfeeding with Working Mothers"
- Handout 9.4: "Application To Practice: Back to Work"



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- Handout 9.5: “Application To Practice: Hospitalized Infant”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

Training Materials by Activity

Activity: Separation Scenarios

- Handout 9.1: “Separation Scenarios”

Activity: All in a Day’s Work

- Handout 9.2: “All in a Day’s Work”

Activity: Show Me!

- Handout 9.3: “Show Me Video Vignettes: Talking about Breastfeeding with Working Mothers”
- DVD: “Show Me Video Vignettes”

Activity: Application To Practice

- Handout 9.4: “Back to Work”
- Handout 9.5: “Hospitalized Infant”

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible) with DVD capability
- DVD player (if computer does not have one)



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

MODULE 9 SPEAKER NOTES AND TALKING POINTS

SLIDE #1 TALKING WITH MOTHERS ABOUT BREASTFEEDING...WHEN MOTHER AND BABY ARE SEPARATED

[Key Talking Points]

- There are many reasons why a breastfeeding baby and mother may experience separation. Returning to work or school, hospitalization of the baby or mother, or even an occasional outing can mean feedings may be missed and milk production can be compromised if milk is not removed from the breast.
- Being separated from their baby is a common reason women give for discontinuing breastfeeding or beginning formula supplementation.
- Supporting mothers who work and breastfeed is identified by The Centers for Disease Control and Prevention as a key strategy for increasing breastfeeding rates.¹
- Our job is to help mothers see that during times of separation, WIC's many breastfeeding resources can help: from Peer Counselors to classes, from breast pumps to special food packages, WIC helps mothers succeed.

SLIDE #2 CORE COMPETENCIES

[Key Talking Points]

- This module addresses two core competencies. WIC staff will:
 - Help breastfeeding mothers identify strategies for continuing to breastfeed when they must be away from their baby (i.e., returning to work or school).
 - Encourage mothers to continue breastfeeding and provide guidance on ways to maintain milk production.

¹ Centers for Disease Control and Prevention. (2005). *CDC Guide to Breastfeeding Interventions*. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

SLIDE #3 LEARNING OBJECTIVES

[KEY TALKING POINTS]

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Explain how a mother can maintain milk production when she is separated from her baby.
 - Identify common barriers to breastfeeding among women employed in unsupportive environments.
 - State appropriate guidelines for storing and handling breast milk.

SLIDE #4 WIC'S ROLE IN SUPPORTING BREASTFEEDING WHEN MOTHERS AND BABIES ARE SEPARATED

[Key Talking Points]

- WIC offers many types of support to mothers who are separated from their babies. Two effective tools for helping mothers initiate and continue breastfeeding when they are separated from their babies include praise for continuing to breastfeed and anticipatory guidance that helps them know what to expect and how to plan ahead.
- Mothers often experience many different feelings when they are separated from their babies. Being able to talk to someone about those feelings and come up with a plan to make breastfeeding work even during times of separation is an area where WIC helps mothers move toward success.



DISCUSSION STARTER

Purpose: To let WIC staff share with each other some of the ways they encourage mothers as well as examples of anticipatory guidance they share with breastfeeding mothers who must be separated from the babies for a period of time.

Time Needed: 5 minutes

Discussion:

- What is something you say to praise mothers who are making plans to breastfeed while they are separated from their baby?



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

- What is something you like to tell mothers so they know what to expect about breastfeeding while they're apart from their baby?

Take-Away Points:

- Listening to mothers and encouraging them might seem a small gesture to WIC staff, but to mothers, it makes a difference.
- Years later, mothers may forget the details of the information shared with them at WIC, but they will always remember how staff made them feel, and the confidence they gained that helped them continue the breastfeeding relationship.

SLIDE #5 MOTHER'S CONCERN DURING SEPARATION: MAINTAINING HER MILK PRODUCTION

[Key Talking Points]

- An example of a way WIC can help a breastfeeding mother who is apart from her baby for any reason is to give her anticipatory guidance on how to maintain her milk production.
- While general guidance is given to mothers to breastfeed on average of at least 8-12 times a day, each mother will have her own individual number of times to remove milk from her breasts that will work best for her depending upon the storage capacity of her breasts. Some mothers will remove milk closer to 12 times a day; other mothers will remove milk closer to eight times a day. When a mother is home with her baby, ask her to keep track of the number of times in a typical day that the baby typically breastfeeds. This is a good guide for her going forward as to how many times she will need to remove milk from her breasts either by breastfeeding, pumping, or manual expression.
- To maintain her milk production, she will want to keep this number of feedings and milk expressions steady each day.
- Let mothers know that if she has a day in which she misses a feeding or milk expression time, she can try to get back to her normal number of times of removing milk as soon as she can.
- It is important for mothers to understand that if they have a store of milk in the freezer and they use that milk to feed their baby without continuing to express, their milk production will decline.



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

SLIDE #6 MAKING BREASTFEEDING WORK DURING SEPARATIONS

[Key Talking Points]

- Learning to balance motherhood with other demands can sometimes be difficult. When a mother needs to be apart from her baby there are many options she can consider. Helping a breastfeeding mother navigate these decisions for her unique situation is one way WIC assists her in reaching her goals.



ACTIVITY

Activity: Separation Scenarios

Purpose: To discuss common scenarios staff encounter with WIC breastfeeding mothers who need to be apart from their baby for a period of time and ways that they can support her.

Materials needed: Handout 9.1: “Separation Scenarios”

Time Needed: 10 minutes

Instructions:

1. Ask training attendees to work as a group. Assign each group a different scenario in Handout 9.1: “Separation Scenarios.”
2. Ask each group to come up with three affirming statements, three open-ended questions to explore the mother’s situation, and three anticipatory guidance messages to help this mother create a plan to continue breastfeeding. They may have to prioritize to choose their top three messages so as not to overwhelm the mother with too much information at once.
3. For each of the slides below dealing with separation, have each group share with the larger group the affirmations, open-ended questions, and anticipatory guidance they thought would best fit the situation.
4. Ask each group how they prioritized their information.
5. After each group reports, show the slide that corresponds with their scenario and fill in any gaps with more information.

Take-Away Points:

- Although it is tempting to try to give a mother all the anticipatory guidance we can think of, giving her a short list she can remember will



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make breastfeeding seem more doable.

- Sharing too much information with her at one time may overwhelm her and make her confidence waiver or leave her wondering if breastfeeding is worth the effort.

SLIDE #7 SEPARATION: PRE-TERM OR SICK BABY

[Key Talking Points]

- Mothers of pre-term or sick babies may believe that their tiny baby is too weak and fragile to breastfeed.
- Fact: Although preterm babies (babies born before 37 weeks gestation) may not go to the breast right away, they have better health outcomes when they receive their mother's expressed milk. Both morbidity and mortality rates of preterm infants are greatly reduced when mothers provide their milk for their baby.²
- The milk a mother provides for her preterm baby is critical for the baby's survival and well-being.
- When a mother delivers a preterm baby, her milk is different from what she would have made if she had delivered her baby at term. It is even higher in immunological factors to protect the baby. When her baby receives her milk, he is much less likely to develop conditions that are common with preterm infants, such as respiratory and vision issues. Necrotizing enterocolitis is an often fatal condition for premature infants that human milk is protective against.³
- Providing breast milk to preterm babies also improves cognitive outcomes.⁴

SLIDE #8 SUPPORTING MOTHERS OF PRETERM BABIES

[Key Talking Points]

- All WIC staff, no matter what their role, can help reassure mothers that providing their milk to their baby can be life-saving. Even if mothers did not initially plan to breastfeed, many mothers of premature infants change their

² Schanler RJ. (2001). The use of human milk for premature infants. *Pediatric Clinics of North America*, 207-219.

³ Mannel R, Martens P & Walker M. (2008). *Core Curriculum for Lactation Consultant Practice*. Sudbury, MA: Jones & Bartlett Publishers.

⁴ Vohr B, et al. (2006). Beneficial Effects of Breast Milk in the Neonatal Intensive Care Unit on the Developmental Outcome of Extremely Low Birth Weight Infants at 18 Months of Age. *Pediatrics*, 118(1). e115-e123 (doi:10.1542/peds.2005-2382).



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minds when they are told how important their milk is to their baby and that they will be a crucial part of their baby's care plan.

- Work with your local hospitals to be sure that WIC mothers are identified early and that a WIC Designated Breastfeeding Expert is consulted when a mother is discharged who has a preterm infant in the Neonatal Intensive Care Unit so that she starts pumping as soon as possible and learns how to store and transport her milk. Many WIC agencies provide hospital-grade double electric breast pumps for WIC mothers to use.



PLANT YOUR LOCAL INFO

State agencies should supplement the general information about breast pumps described in this module with their own State-specific policies, procedures, and terminology.

- Praise mothers for any amount of milk they are able to express and provide for their babies.
- Besides being referred to the WIC Designated Breastfeeding Expert, this mother would benefit from a referral to a Peer Counselor for on-going support.

SLIDE #9 SEPARATION: SICK OR HOSPITALIZED MOTHER

[Key Talking Points]

- A mother who is ill or hospitalized may not feel well enough to breastfeed, or may worry that she might make her baby sick by breastfeeding. Praise mothers for any amount of breast milk they are able to provide and refer to a WIC Designated Breastfeeding Expert for a breast pump or follow-up as necessary.
- Help a mother anticipate the need to remove milk from her breasts to avoid engorgement, by breastfeeding if possible or expressing milk from her breasts.
- Encourage her to speak to her healthcare provider about her desire to continue giving her milk to her baby.
- Unless medically contraindicated, the baby can continue to receive his mother's milk.
- The mother may feel that the one thing she can do while she is ill that no one else can is provide her milk for her baby.
- Beyond a referral to the WIC Designated Breastfeeding Expert for a breast pump, this mother would benefit from ongoing support from a Peer Counselor.



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

SLIDE #10 SEPARATION: OCCASIONAL OUTINGS

[Key Talking Points]

- There may be times when a mother may want or need to be away from her baby for a short period of time.
- The mother may be anxious about being away from her baby.
- All WIC staff can let her know that occasional outings and exclusive breastfeeding are compatible.
- Help the mother maintain her milk production and stay comfortable during these short outings by showing her how to hand express or referring her to the WIC Designated Breastfeeding Expert for a manual breast pump.

SLIDE #11 SEPARATION: RETURNING TO SCHOOL

[Key Talking Points]

- Mothers returning to school can continue to breastfeed. Praise from WIC staff will encourage a mother to finish school while providing her milk for her baby.
- Depending on the age of the mother, tailor your anticipatory guidance to fit the unique circumstances the mother is facing.
- As a student and a mother, she may experience fatigue from the time demands of these two roles.
- If she returns to school soon after the birth, she may struggle to establish her milk production.
- Reasons to breastfeed include that the mother may feel more “in charge” of the care of her baby and her baby will be sick less often, meaning she will miss less school.
- Working with this mother prenatally or during the very early post-partum period to come up with a plan that will work for her schedule can help her feel confident that she can combine school and breastfeeding. Anticipatory guidance includes helping the mother brainstorm a place to pump and store her milk as well as a schedule for pumping.
- Let her know that even if she is not able to express milk at school, she can still breastfeed when she is with her baby.
- Any amount of breast milk is a good amount of breast milk so affirm all efforts the mother makes to continue to breastfeed her baby.
- Yield this mother to a WIC Designated Breastfeeding Expert if the mother needs a breast pump or if she notices a drop in her milk production.
- Refer this mother to a Peer Counselor as well for support.



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SLIDE #12 SEPARATION: RETURNING TO WORK

[Key Talking Points]

- The delicate balance of employment, motherhood, and trying to maintain a personal life can be challenging for any woman.
- WIC mothers may face even greater challenges. They often work in environments in which it is not easy to pump. Their work schedule may make it difficult to establish a consistent milk expression routine.
- Checking in with a mother several weeks in advance to assist her in coming up with a plan for returning to work and breastfeeding will help her succeed.

SLIDE #13 WHERE DO WIC WOMEN WORK?

[Key Talking Points]

- Researching where WIC mothers in your community work will help staff develop a proactive approach in thinking through options.



PLANT YOUR LOCAL INFO

State agencies should supplement the general information about working and breastfeeding with information from their area as to where many of the WIC mothers at their local agency work.

- It is important to meet the mother where she is and share ideas with her. One size does not fit all and a “cookie cutter” communication approach is not useful when helping WIC mothers. For example, a mother might not feel that using a breast pump at work is a viable option.

SLIDE #14 ALL IN A DAY’S WORK



ACTIVITY

Activity: All in a Day’s Work



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

Purpose: To explore a mother’s barriers to breastfeeding and brainstorm ways WIC staff can support her.

Materials Needed: Handout 9.2: “All in a Day’s Work”

Time Needed: 10 minutes

Instructions:

1. Invite training attendees to work in groups of 6-8 each.
2. Provide each table with Handout 9.2, “All in a Day’s Work,” and assign each group one of the places of employment discussed in slide 13 above.
3. Give each group five minutes to discuss their assigned work setting and what a typical day might be like for WIC mothers who work there. Make a list of the barriers women might face, and the potential impact these might have on breastfeeding.

Points for Discussion:

- What open-ended questions might you ask a mother to help uncover the barriers she may face in the workplace?
- Ask the groups to report their findings. Note common challenges and solutions. Some examples are listed below:

Work Barriers	Potential Impact on Breastfeeding
Lack of space/ privacy	Embarrassment
Irregular work schedule	Reliance on family for childcare who may not support breastfeeding
Inflexible schedule while at work	Leaking, engorgement, and ultimate decline in milk production
Weather conditions (a job that involves working outside for example)	Inability to experience a milk ejection reflex easily Inability to safely store milk
Lack of supervisor support	Lack of confidence in speaking up about breastfeeding needs
Job stress	Lack of self-esteem/ confidence in working through breastfeeding concerns; inability to relax to bring about a milk ejection reflex

- Invite groups to share the possible solutions they discussed. When solutions are discussed below, highlight any information that the groups



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did not mention.

Take-Away Points:

- When discussing options with mothers, begin by asking her what she thinks will work. She knows more about her work situation than we do so starting there will save time and respects her as an expert.
- After learning from her what she sees working, staff can suggest solutions that other mothers have found worked for them.

SLIDE #15 UNSUPPORTIVE WORK ENVIRONMENTS

[Key Talking Points]

- Job settings may have a lack of a personal work space.
- Irregular work schedules create inconsistent work hours, making it more challenging to maintain milk production. Job settings may include food service workers and hospital jobs.
- Inflexible work hours make it more challenging to find time to express milk. This may be true in a job such as an assembly line worker.
- Low salaries make it more necessary for women to take an extra job to make ends meet.

SLIDE #16 TURNING OBSTACLES INTO OPPORTUNITIES

[Key Talking Points]

- Turning obstacles into opportunities with practical solutions will help breastfeeding mothers build their confidence in trying new strategies that might work for them.
- Presenting solutions as part of a “menu” of options allows the mother to be the expert. Mothers know best what will work best for them in their place of employment.

SLIDE #17 OBSTACLES TO OPPORTUNITIES: ANTICIPATORY GUIDANCE

[Key Talking Points]

- Pregnancy is a good time to encourage mothers to think through their options and speak with their supervisor about their needs.
- Some options to discuss:



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- Bring her baby to work with her, if possible. Often small businesses are more open to this option. The national “Bring Your Baby to Work” initiative has successfully worked with over 100 businesses to assist them in establishing baby at work programs.
- Talk with family members about bringing her baby to her worksite for scheduled breaks and meal periods. This can help sustain her milk production and help her feel close to her baby.
- Consider returning to work part-time for a brief period before returning full-time.
- Work a 4-day work week for awhile, taking off in the middle of the week to rebuild milk production.
- Telecommuting and job-sharing are growing in popularity in many companies, although for low-wage jobs these may not be possible or attractive options to employers. Nevertheless, explore the possibility given the mother’s unique situation.
- Split shifts can be an effective strategy for fast-food or restaurant workers whose busiest times come in two different segments of the day.
- If a gradual return to work is not possible, encourage her to return to work toward the end of the work week to make the first week back at work a shorter work week and to help her adjust to the separation physically and emotionally.
- Encourage mothers to seek support from other mothers at the job who are breastfeeding. Help them locate La Leche League or another mother support group in the community. We can help mothers find creative solutions when they return to jobs in non-office settings.
- To deal with irregular work schedules, encourage mothers to breastfeed often when they are with their baby to protect milk production.
- In situations where an electric breast pump or a pump with a battery pack or car battery attachment is not feasible, some mothers have found hand expression to be an option.
- Help mothers to think about “safe havens” for privacy to breastfeed or express milk. Ideas to consider:
 - Place curtains over cubicle entrances.
 - Use a supervisor’s office, conference room, or closet area.
 - When the weather permits, place a sun reflector screen over the car windshield and hang a baby blanket inside the driver and passenger windows. Some personal use breast pumps have car battery attachments.
 - Use a sling or light weight blanket or cloth to cover while breastfeeding or expressing milk.



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SLIDE #18 OBSTACLES TO OPPORTUNITIES: MOM'S SUCCESS PLAN

[Key Talking Points]

- Preparation is key to a smooth transition back to work. Help women prepare for the emotional demands before they are in the midst of them.
- During the postpartum period, mothers can get breastfeeding off to a good start by seeking help with early problems and by breastfeeding exclusively to build solid milk production.
- Help mothers develop a plan for returning to work and talking with family members about their needs. Search the WIC Works Resource System for ideas on how to set up a “back to work” plan.
- Breastfeeding exclusively during the first 3 - 4 weeks will help mothers build a strong milk production base and help them get in sync with their babies for feedings. It is important to set this strong foundation before returning to work. Mothers can begin preparing for the separation at feeding times early in their maternity leave period, after the initial month postpartum if possible.
- Reassure mothers that it is normal to feel sad or even guilty about leaving their babies when they return to work. Remind them that breastfeeding helps mothers stay emotionally and physically connected to their baby and that babies usually cope well with separation. The “reconnection” at the end of the work period can be a rewarding time for both mother and baby.
- Getting connected with other working mothers may help women cope with the ups and downs of working and breastfeeding. Some women feel guilty that they want to return to work, especially as time goes on. Some mothers feel a sense of isolation and they may desire the social interaction and fulfillment that comes from continuing their career path. Reassure mothers that these feelings are normal.

SLIDE #19 OBSTACLES TO OPPORTUNITIES: BREASTFEEDING AND CHILDCARE

[Key Talking Points]

- Some mothers worry their baby will not take a bottle. Most babies learn to take a bottle from the childcare provider, so it may not be a problem if the baby does not accept a bottle during her maternity leave. Babies often accept a bottle or cup if it is offered before six weeks, or two weeks before returning to work, whichever comes soonest.
- The mother can view these supplemental feedings as “practice” trial-run feedings, not full feedings. A small amount of one ounce every day or so will help the baby practice. Babies usually accept a bottle better from someone other



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than the mother. The mother can leave for a brief time to give the caregiver time to work with the baby to accept the bottle.

- The mother may want to do a trial run with childcare a few days before she returns to work. This allows both her and her baby time to adjust and helps her see how the baby responds to the childcare provider so any adjustments can be made before she returns to work.
- Mothers can feed their babies directly at the childcare center immediately before and after work and perhaps during the meal period as well to minimize the number of milk expression times needed during the workday.
- Mothers need to know ahead of time that some babies “reverse cycle feed” and wait until the mother is home to feed. If the mother is aware that this might happen, she won’t doubt her milk production if the baby wakes up to feed more often at night and she won’t be frightened if her caregiver tells her that her baby “didn’t eat all day.” Staff can also help mothers explore options for getting rest if this happens.

SLIDE #20 HELP MOTHER PROTECT HER MILK PRODUCTION

[Key Talking Points]

- Provide ample support in the form of Peer Counselor follow-up, access to information, and strategies for beginning to express milk. Milk expression takes practice. Encourage her to practice expressing milk to build her confidence that she can continue to breastfeed after she returns to work. Options include:
 - Express milk from one breast while feeding the baby on the other side. The baby can get the milk flowing well which makes it easier when learning how to use a breast pump.
 - Express milk in the early morning hours if her breasts seem extremely full. Prolactin levels are highest at night, so mothers often have extra full breasts in the morning.
 - Give her some tips for relaxation you’ve learned from other mothers, such as listening to music and massaging her breasts before and during expression. Each mother will have her own way of relaxing: For some it will be looking at a photo of their baby, for others, they may want to have an item that smells like their baby. Some mothers relax by watching or listening to a funny show while they pump.
- After the mother returns to work, help her access a Peer Counselor or WIC Designated Breastfeeding Expert if she has questions or concerns about maintaining milk production, and to get help if concerns arise.



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SLIDE #21 HANDLING HUMAN MILK

[Key Talking Points]

- Another common question of mothers is how to handle the milk they express.
- Suggest that mothers freeze their milk in small quantities to eliminate waste. For healthy full-term babies, milk can be stored in 2-4 ounce quantities. For premature babies, they can store their milk in even smaller quantities.
- Label all milk, and use the oldest milk first.
- Ask mothers to store their milk in a refrigerator or freezer after expressing. If adding new milk to a container of frozen milk, chill the milk first before adding to avoid thawing any of the frozen milk.
- Milk should be kept cool while transporting it.
- Mothers will want to share this information with their childcare providers.

SLIDE #22 STORING HUMAN MILK

[Key Talking Points]

- The AAP's "Pediatric Nutrition Handbook," 6th edition, 2009 recommends that if milk will not be fed within 72 hours, it should be frozen. Milk can be stored in the freezer for 3-6 months.

SLIDE #23 HOW TO THAW FROZEN MILK

[Key Talking Points]

- Thaw frozen milk under warm water or in a bottle warmer. Never microwave breast milk.
- Milk that has been warmed must be used immediately and only for that feeding. Milk that has been thawed should not be refrozen.

SLIDE #24 SUCCESS STARTS AT HOME: WIC SUPPORTING BREASTFEEDING EMPLOYEES

[Key Talking Points]

- Modeling support at WIC is the first step toward encouraging mothers to combine employment with breastfeeding.
- The California Public Health Foundation Enterprises has implemented a comprehensive employee worksite program for their WIC staff. The program has



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resulted in dramatic increases in breastfeeding rates among staff, with a spillover effect on mothers.⁵

- Agencies can also provide recognition and publicity to employers that provide lactation accommodation to WIC mothers.



PLANT YOUR LOCAL INFO

State agencies should include information here on the ways they support breastfeeding employees.

SLIDE #25 SHOW ME!



ACTIVITY

Activity: Show Me!

Purpose: To help training attendees gain confidence counseling mothers about their milk production.

Materials Needed:

- Handout 9.3: “Show Me Video Vignettes: Talking about Breastfeeding with Working Mothers”
- DVD: “Show Me Video Vignettes”

Time Needed: 5-7 minutes

Instructions:

1. Show the “Show Me” video clip for Module 9 to the full group.
2. Invite training attendees to record their thoughts on their handout.

⁵ Whaley SE, Meehan K, Lange L, Slusser W, & Jenks E. (2002) Predictors of breastfeeding duration for employees of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Journal of the American Dietetic Association*, 102(9):1290-3.



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Points for Discussion:

- What affirmations were helpful?
- What education did you feel worked well for the mother?
- What more would you want to share with her?

Take-Away Points

- Many mothers have reported that combining working and breastfeeding is one of the hardest things they've done.
- Consistent messages should be provided to mothers that breastfeeding can continue after returning to work, and WIC has solutions they can consider.
- Pausing to affirm mothers helps mothers feel they have been heard and that they are not alone in their concerns.

SLIDE #26 APPLICATION TO PRACTICE



ACTIVITY

Activity: Application To Practice: Back to Work, Hospitalized Infant

Purpose: To apply principles learned in this module to the WIC clinic setting.

Materials Needed:

Handout 9.4: "Application To Practice: Back to Work"

Handout 9.5: "Application To Practice: Hospitalized Infant"

Time Needed: 5 minutes for each practice

Instructions:

1. Invite attendees to work independently or in small groups of 2-3.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals or groups to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information in your practice with WIC mothers?



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Take-Away Points:

- Practicing potential responses will help staff prepare ahead about possible responses and solutions to offer.
- There is no one right answer for exactly how to apply what has been learned—each staff member will come up with their own unique way to communicate with mothers.

SLIDE #27 SUMMARY

[Key Talking Points]

- This module addressed the ways staff can better assist breastfeeding mothers who are apart from their babies.
- By helping mothers devise a plan ahead of time to maintain their milk production during these times of separation, staff support mothers to continue breastfeeding as long as they and their baby wish.
- Support, information, and encouragement from all WIC staff is what helps WIC mothers feel that they don't have to figure it all out on their own.

SLIDE #28 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower (Handout 1.4), write on one petal something you will do as a result of this module to help mothers continue to breastfeed when they are apart from their baby. For example, you might want to:
 - Include information in your prenatal education about breastfeeding during separations.
 - Use open-ended questions and affirmation to help mothers explore their concerns about breastfeeding while they are apart from their baby.
 - Refer breastfeeding mothers who are going back to work or school or apart from their baby for any reason so that they can get information about pumping and storing their milk.
- After this training post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.



Module 9: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

Ongoing Enrichment

1. Read pages 14-19 in “Quick Reference for the Lactation Professional.” Select a situation on page 19 and answer.
2. Find a staff member in your clinic or agency who returned to work after having her baby. Interview her about her thoughts and feelings when she returned to work. If she was breastfeeding, how did it go? What support options could have made it work better for her?



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Recognize the efforts of WIC staff to help mothers breastfeed when they are apart from their babies. For example:

- At a staff meeting, acknowledge a WIC team member’s work in supporting a breastfeeding mother experiencing separation by giving them a highlighter with a note attached that says, “Highlighting a Job Well Done!” and sharing with other staff members how they supported the mother.
- Put together a bulletin board display with pictures of your staff and quotes from them explaining what they do to support mothers who breastfeed while they are separated from their babies.



MODULE 10

Solutions for Common Breastfeeding Concerns or Questions

Core Competency

Assesses the breastfeeding mother and infant for common breastfeeding difficulties and counsels and provides support and/or referrals as needed.

Learning Objectives

Training attendees will be able to:

- Identify consequences of unresolved breastfeeding issues (engorgement, plugged ducts, sore nipples, and low milk production) and strategies mothers can use to address them.
- Name situations in which referrals are needed.

Overview

This section is an optional module designed for staff who are most likely to provide breastfeeding management advice to WIC mothers, or those who would otherwise benefit from the information. State and local WIC agencies will decide which levels of staff can benefit most from this module. The reality is that when women receive accurate information and support for breastfeeding, they are usually able to prevent many of the common concerns that can sometimes arise. However, even in the best of circumstances, concerns can sometimes arise, particularly in the early days when woman is easily overwhelmed with her new responsibilities as a mother and the changes in her body. This module addresses the dual role of WIC professional staff in helping mothers to address common concerns, while offering support and assistance to continue breastfeeding.

Topics covered:

- Addressing challenges of: sore nipples, engorgement, plugged ducts, mastitis, and low milk production
- Hand expression
- When to refer

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 10.1: “Real-Life Breastfeeding Challenges”
- Handout 10.2: “Solutions to Share with Mothers”



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- Handout 10.3: “Application To Practice: Overcoming Challenges”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart notepad
- Flip chart markers
- Wind chimes

Training Materials by Activity

Practice Hand Expression

- 12-inch balloons, one for each training attendee (fill with water to “breast” size)
- Latex balloons for training attendees with latex allergies
- DVD: “Breastfeeding Techniques that Work: Hand Expression” (available from Geddes Productions)

Practice Massage

- 12-inch balloons, one for each training attendee (fill with water to “breast” size) [*use same balloons for Hand Expression activity*]
- Latex balloons for training attendees with latex allergies

Application To Practice – Overcoming Challenges

- Handout 10.3: “Application To Practice: Overcoming Challenges”

Training Materials by Demonstration

Effect of Engorgement

- Two 12-inch balloons
- Inexpensive balloon pump

Pinching off the Flow

- Drinking straw

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)
- DVD player (if computer does not have DVD capability)



MODULE 10

Speaker Notes and Talking Points

SLIDE #1 SOLUTIONS FOR COMMON BREASTFEEDING CONCERNS OR QUESTIONS

[Key Talking Points]

- Mothers often have questions about breastfeeding when they are learning more about how their body works and as they adjust to being a new mom.
- This module examines common questions and concerns WIC mothers have about breastfeeding, as well as strategies that can help.

SLIDE #2 CORE COMPETENCY

[Key Talking Points]

- This module is designed to address one core competency. WIC staff:
 - Assess the breastfeeding mother and infant for common breastfeeding difficulties and counsels and provides support and or referrals as needed.

SLIDE #3 LEARNING OBJECTIVES

- To develop this competency, this module is designed to help WIC staff:
 - Identify consequences of unresolved breastfeeding issues (engorgement, plugged ducts, sore nipples, and low milk production) and strategies mothers can use to address them.
 - Name situations in which referrals are needed.

SLIDE #4 SOLVING CONCERNS WHILE THEY ARE SMALL

[Key Talking Points]

- Most breastfeeding challenges can be prevented; if they do occur, dealing with them early can help keep them from becoming bigger issues.
- Breastfeeding challenges can usually be prevented through proper latch and milk transfer from mother to baby. Module 7, “Providing Support for New Breastfeeding Moms (Birth to 1 Month),” has simple guidelines.
- If a concern arises, it can usually be managed with accurate information, support, and follow-up, including referrals as needed.
- WIC staff can let new mothers know that there are always options and solutions for breastfeeding challenges.



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- The secret is identifying potential concerns while they are still small and easily managed.

SLIDE #5 REAL LIFE BREASTFEEDING CHALLENGES



ACTIVITY

Activity: Real Life Breastfeeding Challenges

Purpose:

To help WIC staff understand how to address common challenges breastfeeding mothers face, and how support can make a difference.

Materials needed:

- Handout 10.1: “Real-Life Breastfeeding Challenges”

Time required: 15 minutes

Instructions (Option 1):

1. Consider asking a panel of WIC mothers who have breastfed and faced challenges to attend the opening part of this session to discuss their experiences. Invite the mothers to be honest in discussing the challenges they may have faced with sore nipples, engorgement, plugged ducts, low milk production, etc.
2. Allow training attendees to ask questions of the panelists regarding their experience to learn more about what was going on.
3. Give a small token of appreciation to the mothers such as an educational book about breastfeeding and thank them for giving their babies the best gift of all: their priceless breastmilk, even in the face of challenges.
4. After the panelists have shared their stories, assign each small group to take one mother’s story and discuss contributing causes to her breastfeeding challenges, what the mother was feeling, affirming statements that would have helped her, information that would have been helpful, and support options.



Instructions (Option 2):

1. If actual mothers are not available, assign each small group to a scenario in Handout 10.1, “Real-Life Breastfeeding Challenges.”
2. If conducting the activity with staff who are not very knowledgeable or experienced with breastfeeding, consider providing the resource booklet, “Quick Reference for the Lactation Professional,” and suggest that small groups or individual staff refer to this booklet to look up potential suggestions for managing the breastfeeding problems.
3. Ask the groups to read the scenario aloud to their group members and discuss the questions listed on the handout, including:
 - What might have caused the concern?
 - What might the mother be feeling in this situation?
 - What affirming statement could help her?
 - What information does the mother need to hear?
 - What support options can you offer the mother?
4. Process this activity by allowing each group to share their insights when that topic area comes up on the slides. After the group has reported, use the slides to add any key messages to the discussion that they did not cover. This learning process allows staff to move through self-discovery and reinforcement of what they do know, and keeps them better engaged.

Points for Discussion

- What are other solutions that you have found helpful in helping mothers deal with common challenges?

Take-Away Points

- Breastfeeding is not about problems, though if a woman is experiencing a concern it is easy to feel overwhelmed.
- Reminding mothers that WIC is a place to come to for help with those common questions and concerns will help mothers to realize that they are not alone, and that there are solutions that can help!



SLIDE #6 COMMON CONCERNS: SORE NIPPLES

[Key Talking Points]

- Sore nipples are the most common breastfeeding complaint of new mothers in the early postpartum period. Although mild discomfort is common, pain that continues or becomes severe, is *not* normal and should be assessed.¹
- Sore nipples are a sign that something is not working properly.
- Mothers with sore nipples need quick relief options.
- When mothers are in pain, oxytocin does not release well. This can keep the milk from flowing. Mothers may believe they are running out of milk.
- Common causes of sore nipple:
 - Baby is not positioned or latched well
 - Baby does not have enough breast in the mouth
 - Baby's mouth is not open wide enough
 - Baby has had other nipples (bottles or pacifiers)
 - Mothers are going long periods of time between feedings
 - Mother's nursing pads are wet
 - Mother is using a breast pump improperly or is using the wrong sized flange
 - Mother has Raynaud's Syndrome (which causes painful blanching of the nipple)
 - Mother and baby have a fungal infection
 - Baby's oral structure ("tongue tie," high/bubble palate, short tongue) does not allow him to latch properly
 - Baby has a facial anomaly (such as Pierre Robin)

SLIDE #7 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- When mothers are in pain, it is easy to give up breastfeeding. This is why WIC mothers need a lot of support and easy solutions for quick pain relief.
- Mothers with sore nipples need lots of praise and support, and in some cases, referral to the WIC Designated Breastfeeding Expert if sore nipples do not begin resolving within 24 hours.
- Let moms know there are solutions to make breastfeeding more comfortable.
- Yield the mother to the WIC Designated Breastfeeding Expert and to her peer counselor for ongoing encouragement and support.

¹ Kleinman R. (2009). *Pediatric Nutrition Handbook*, 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.



SLIDE #8 SOLUTIONS FOR SORE NIPPLES

[Key Talking Points]

- Getting ready to breastfeed:
 - Start feedings on the side that is least sore.
 - Try different breastfeeding positions to put pressure in different places.
- Before breastfeeding:
 - Apply a bag of frozen peas with a wet washcloth over the breast for a few seconds to take the edge off the pain.
 - Massage the breast to begin milk ejection. This helps the baby not suck so vigorously at the beginning of the feed.
- During the feeding:
 - Do not limit how long the baby breastfeeds.
- After the feeding is over:
 - Apply a small amount of breast milk to the nipples and air dry.
 - Apply lanolin if the skin is cracked or damaged and air dry.
 - Avoid using creams that must be removed before the baby nurses. Lanolin does not have to be removed.
 - If the mother says her baby has white patches on the tongue or cheeks that do not wipe off, suggest she phone her physician for treatment of possible thrush.
- Yield to the WIC Designated Breastfeeding Expert if the common ways to deal with moderately sore nipples do not improve things within 24 hours, or if the mother reports severely damaged nipples and pain.
- The WIC Designated Breastfeeding Expert can determine if more advanced management strategies are needed such as use of breast shells.



DISCUSSION

- Handout 10.2: “Solutions to Share with Mothers”
- Ask attendees to review the section on preventing and managing sore nipples in Handout 10.2, “Solutions to Share with Mothers.”
- Invite the full group or small groups to discuss their own breastfeeding experiences.
- How many experienced sore nipples? Which of the comfort measures worked best for you?



SLIDE #9 COMMON CONCERNS: ENGORGEMENT

Key Talking Points]

- Between days two and five, most mothers experience changes in their breasts as milk flow and circulation increases.
- This extra blood and fluids provide additional nutrients needed to make milk. The mother's breasts often become noticeably fuller. This is normal fullness.
- If mothers miss or delay feedings during the early days their breasts can become swollen and painful due to excess fluids and milk that are not removed. This causes the milk-making cells to become overfull, causing painful swelling. This is called "engorgement."
- Mothers who are engorged may say their breasts are "as hard as a rock" or may report that their baby cannot latch. This occurs because the breast is so full that the nipple flattens and baby cannot grasp it easily.



DEMONSTRATION

Effect of Engorgement

Materials Needed:

- Two 12-inch balloons and balloon pump

Time Needed: 2 minutes

Instructions

1. A balloon can be used to demonstrate how swelling can make it difficult for a baby to latch.
2. Use a balloon pump to blow a balloon just a little. Show how a partially filled balloon allows you to easily grab the other end.
3. Continue adding air until the other end flattens out with the fullness.
4. Release a little of the air and show that when the fullness is relieved, you can grab the other end again.

Take-Away Points

- Engorgement can usually be prevented.
- If it does occur, an infant who was otherwise nursing well may suddenly refuse to latch or becomes fuss at the breast.
- WIC staff can reassure mothers that engorgement can be relieved.



- Common contributors to engorgement:
 - Scheduled, delayed, or missed feedings.
 - Typical reasons for missing or delaying feedings include: introducing supplements, babies who are too sleepy to wake to feed (especially at night), mothers who are busy and overlook feedings or pacify the baby in other ways to hold off feedings.
 - IV fluids received by the mother in the hospital can cause extra swelling between the milk making cells.
 - Breast is not drained well (ineffective latch or shortened feeding).

SLIDE #10 THE DOMINO EFFECT

[Key Talking Points]

- If engorgement is not relieved quickly, it can lead to greater concerns such as:
 - The baby gets less milk since ducts are constricted or “pinched.
 - The Milk Ejection Reflex (MER) or “let-down) is diminished so milk does not flow through the breast well. This milk back-up makes engorgement worse.
 - Milk ducts can become plugged, stopping milk flow and creating lumps.
 - A breast infection, mastitis, can develop.
 - Ultimately, milk production slows down and breast tissue begins to involute
 - Premature weaning may result.



DEMONSTRATION

Demonstration – Pinching off the Flow

Materials Needed:

- Drinking straw

Time Needed: 1 minute

Instructions

1. Demonstrate the impact of engorgement on the flow of milk by showing training attendees a simple drinking straw.
2. Pinch the straw and explain that when you pinch it, the liquid cannot flow well.



Take-Away Points

- In the same way, when breast tissue is swollen, the pressure against the milk ducts can block the flow of milk.

SLIDE #11 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- Mothers who are engorged need to know the consequences of not removing the milk, and lots of affirmation.
- Affirm the mother's feeling to let her know her experience is common with new mothers, and quick solutions can bring about relief.
- Remind her that:
 - If she is already engorged, offering supplements of formula will make her engorgement even worse
 - Engorgement is not a milk production problem, but a milk *flow* problem
 - There are simple solutions that can bring quick relief
 - Not treating engorgement can lead to more serious conditions
- Yield the mother to the WIC Designated Breastfeeding Expert.



INSTRUCTIONAL GUIDANCE

Handout 10.2: "Solutions to Share with Mothers"

Ask attendees to review the engorgement prevention and management in Handout 10.2. Invite the full group or small groups to discuss their own breastfeeding experiences. Even women who did not breastfeed might have experienced engorgement since medications to dry up milk are no longer given. How many people became engorged? Which of these comfort measures worked best for you?

SLIDE #12 SOLUTIONS FOR ENGORGEMENT

[Key Talking Points]

- When a mother's breasts are engorged, she needs to breastfeed and empty the breasts of milk often, every 1 ½ to 3 hours, to avoid more serious breast problems and to protect the mother's milk production.



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- Before feeding the baby, advise the mother to massage her breasts with warm (not hot) compresses. Avoid heat on an engorged breast, as heat for a prolonged time can actually worsen swelling. “Warm before and cool afterwards” is the current recommendation.
- If the baby has trouble latching (caused by flattening of the nipple as a result of swelling) teach the mother to use “reverse pressure softening” to soften the areola and push the fluid back enough to where the baby can attach.²
 - Show her how to place her fingers outside the areola and gently press inward, holding it for about 90 seconds.
 - The diagram on the slide shows the placement of the fingers.
 - Mothers can use both hands or one hand.
 - Once the fluid has been pushed back, she can latch the baby quickly.
- Reverse pressure softening also makes it easier to pump.
- The milk can also be removed with a breast pump or manually, using hand expression techniques.
- Between feedings, ice packs can help reduce swelling.



PLANT YOUR LOCAL INFO

Consider incorporating information about breastfeeding products available in your local WIC agency to assist mothers who are engorged. This could include showing attendees the types of breast pumps available in your local WIC agency, techniques for using the pumps, and local policies regarding who can receive a breast pump.

SLIDE #13 HAND EXPRESSION

[Key Talking Points]

- Milk can be removed manually for quick softening of the areola to give the baby something to grasp. Hand expressing in the shower is especially comforting since the warm water helps the mother relax, helping milk flow more easily.

² Cotterman J. (2004). Reverse pressure softening: a simple tool to prepare areola for easier latching during engorgement. *Journal of Human Lactation*. 20:227.



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- It is easier to get the milk flowing before expressing milk. Strategies to get the milk flowing:
 - Apply warm (not hot) compresses to the breast
 - Gently massage the breast to help release the milk
- Technique for hand expression:
 - Every breast is different, and every mother will need to find the right place on her breast to hand express. A good place to begin is on the edge of the areola, where the dark meets the lighter part of her skin.
 - With thumb on top and pointer finger underneath, push back towards the chest wall with the hand, and then gently squeeze the thumb and finger together, and roll the fingers forward towards the nipple.
 - Avoid squeezing the nipple. This is not where the milk is, and squeezing it can damage the mother's sensitive nipple tissue.
 - If the mother is hand expressing in the first 3-4 days, she might see a small amount of colostrum begin to drip. As milk production increases, she might notice the milk spray out.



ACTIVITY

Activity: Practice Hand Expression

Purpose: To help training attendees learn the skill of manual expression of breast milk so they can teach the technique to WIC mothers.

Materials Needed:

- 12-inch balloons, one for each training attendee that has been filled with water to “breast” size.
- Consider providing latex balloons for training attendees with latex allergies]
- DVD: “Breastfeeding Techniques that Work: Hand Expression” (available from Geddes Productions)

Time Allowed: 5 minutes

Instructions:

1. Provide each training attendee with a water-filled balloon.
2. Ask if any training attendees have latex allergies; consider providing latex-free balloons to those training attendees.



3. Ask training attendees use a pen to draw an areola and nipple onto one end of their balloon “breast.”
4. Demonstrate the technique for hand expression and invite training attendees to follow along by practicing with their water balloon.
5. Show the DVD and ask training attendees to again follow along and practice with their water balloon.
6. Walk around the room so all attendees can easily see the technique. Ask each training attendee to show you their hand expression technique so you can assure they are doing it correctly. Be willing to answer questions about the technique.

Points for Discussion

- Who has personally hand expressed breast milk before?
- What technique worked best for you?

Take-Away Points

- Many mothers have never handled their breasts in this way, and find it empowering to learn this important and useful skill.

SLIDE #14 COMMON CONCERNS: PLUGGED DUCTS

[Key Talking Points]

- Sometimes milk can collect in the ducts and form a thick plug that can be very tender to the touch.
- To prevent a plugged milk duct, encourage the mother to do the following:
 - Position the baby effectively.
 - Vary the positions used to breastfeed throughout the day.
 - Avoid any delayed or missed feedings.
 - Avoid allowing breast overfullness or engorgement to go untreated.
 - Avoid wearing bras that are too tight.
- Plugged ducts can also occur as a result of an object pressing against the very thin, sensitive milk ducts, which lie close to the surface of the skin. Examples:
 - Purse or diaper bag strap that presses across the mother’s breast
 - Wearing a bra that is too tight
 - Rolling the bra up over her breast while breastfeeding
- If the mother discovers a hardened area of the breast that does not shrink after breastfeeding or when the milk is removed, or if it changes in shape and size, refer her to her physician for immediate assessment.



SLIDE #15 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- Mothers with a plugged duct may be dealing with two major stresses: painful breasts, and possible fears about what the lumpy area might be.
- A mother with a plugged duct will probably report pain, and perhaps an overall lack of feeling well. Because a plugged duct can be a precursor to mastitis, a breast infection, it is important for mothers to deal with plugged ducts early.
- Mothers may also be afraid that the lumpy area is a malignancy. Quick strategies that relieve the plugged duct will help her relax.
- Reassuring mothers that plugged ducts are not unusual, especially in the early days, can help them feel confident continuing to breastfeed.
- Affirmation makes the difference, such as, “It is great that you asked for help. It sounds like breastfeeding is very important to you...we’re going to get you whatever help we can.”

SLIDE #16 SOLUTIONS FOR PLUGGED DUCTS

[Key Talking Points]

- Quick action to treat a plugged duct will help prevent future breast problems such as mastitis and more serious infections.
- Comfort measures for a plugged duct include:
 - Place a warm compress on the plugged area before each breastfeeding.
 - Gently massage the plugged area and stroke toward the nipple to help dislodge and loosen the plug.
 - Feed the baby on the breast with the plug first.
 - Continue gently massaging the plugged area while the baby is feeding.
 - Breastfeed more often, when possible, to keep the breast well drained.
 - Hand express or pump after feeding the baby to remove the plug and to relieve fullness.
- Yield to your WIC Designated Breastfeeding Expert if these common comfort measures do not resolve the plug.
- If the mother reports fever, flu-like symptoms, or has a reddened area on her breast, she may have developed mastitis, a breast infection. Refer her to her physician for appropriate management of the infection.
- Reassure the mother she can continue to breastfeed with a plugged duct and with mastitis. The worst thing to do with either of these conditions is to suddenly stop breastfeeding, which only increases swelling from extra milk and compounding the problems.



ACTIVITY

Activity: Practice Massage

Purpose: To help training attendees learn the skill of manual breast massage to help relieve a plugged milk duct.

Materials Needed:

- Use same balloons for hand expression activity used earlier in this module.

Time Allowed: 3 minutes

Instructions:

1. Ask training attendees to use the same water-filled balloon used for the hand expression activity.
2. Demonstrate the technique for manual massage of the breast that can help dislodge a plugged milk duct.
3. Invite attendees to follow along by demonstrating the technique on their water balloon “breast.”

Take-Away Points

- Gentle breast massage toward the nipple can help dislodge a plugged duct so the milk can flow freely again.

SLIDE #17 COMMON CONCERNS: MASTITIS

[Key Talking Points]

- 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.¹
- Mothers may report flu-like symptoms such as:
 - Fever > 100.4 degrees
 - Chills
 - Body aches



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- Painful breast(s) that may be red and hot to the touch³
- The mother may also say her baby has suddenly lost interest in nursing on that breast. This may be due to the higher sodium levels in milk when mastitis is present, which some infants find distasteful.

SLIDE #18 WHAT MOM NEEDS TO HEAR

[Key Talking Points]

- Breast inflammation and infections can usually be prevented when mothers avoid overdoing their activity in the early days, when they get help for treatment of sore nipples, and when they avoid sudden missed feedings or weaning.
- Affirm mothers describing symptoms of pain and discomfort. Example:
 - I can see you are hurting right now. We can help you get some quick relief.
- The mother should *always* be referred immediately to her primary care physician for an assessment and treatment.
- Mothers can also be told that continuing to breastfeed will be important to keep the breast drained of milk, and that the milk is safe for babies.

SLIDE #19 SOLUTIONS FOR MASTITIS

[Key Talking Points]

- Refer the mother who reports flu-like symptoms immediately to her primary care physician for quick treatment.
- WIC staff should encourage the mother to rest, drink plenty of fluids to thirst, wash hands often, and continue breastfeeding or using a breast pump to keep the affected breast well drained. Encourage mothers to use a warm compress on the affected breast before feeding, and offer that breast to the baby first since babies suck more vigorously on the first breast and can drain it more quickly and effectively.
- Prevention is always best. Educate mothers about:
 - The importance of early, frequent, unrestricted access to the breast
 - Positioning and latching the baby properly to remove milk well
 - Removing some of the excess milk that might remain with a breast pump if the mother's breast still feels overly full
 - Getting plenty of rest and help with household tasks in the early weeks

³ Mannel R, Martens P & Walker M. (2008). *Core Curriculum for Lactation Consultant Practice*. Sudbury, MA: Jones & Bartlett Publishes.



- Proper nutrition and fluids
- Promptly treating any engorgement or plugged ducts that might occur

SLIDE #20 COMMON CONCERNS: LOW MILK PRODUCTION

[Key Talking Points]

- When mothers get a slow start with breastfeeding, or have already begun formula supplementation, they may report concerns with low milk production.
- WIC staff should first assess that mothers truly *do* have low milk production. Sometimes mothers incorrectly assume they are not making milk. For example:
 - Mothers might say they were unable to express much milk with a breast pump. This could be due to the fact using a pump takes practice, and getting the milk to “let down” can help the milk flow better.
 - Mothers might misinterpret baby’s behaviors to mean they are not making enough milk. For instance, babies have strong needs to be held for security and closeness, not always to feed. Also, when babies are taken off the breast too soon they may want to continue feeding to get the calorie-rich milk toward the end of the feeding. Mothers might misinterpret this to mean they are not producing enough to satisfy their baby.

SLIDE #21 PERCEIVED VS. REAL LOW MILK PRODUCTION

[Key Talking Points]

- Perceived low milk production
 - The baby is stooling well (3 or more stools per day in the first 3 - 4 weeks), is gaining weight (4 - 7 ounces per week), and breastfeeds at least 8 - 12 times every 24 hours.
 - The mother’s breasts feel firm before and softer after breastfeeding.
 - The mother is not supplementing or offering solid foods.
 - The mother may be receiving negative messages from others about making enough milk, or she may report her baby is fussy. She may also report that she pumped and got only a small amount.
- True low milk production
 - The baby is not stooling well or gaining weight, and is not feeding 8 - 12 times every 24 hours.
 - The mother limits the baby’s time at the breast.
 - The mother’s breasts do not feel fuller before the feedings.
 - The baby has begun supplements of formula or solid foods.
 - The mother may have begun birth control (especially combination birth control pills).



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- The mother and baby are separated and mom is not expressing milk during the separation period.

SLIDE #22 CAUSES OF TRUE LOW MILK PRODUCTION

[Key Talking Points]

- Because numerous factors can cause low milk production, WIC staff are important partners to help mothers explore possible causes.
- Common factors that can relate to low milk production are:
 - Replacing breastfeedings with formula
 - Introducing solid foods too early
 - Limiting the baby's time at the breast
 - Illness in the baby or mother
 - Mom returning to work or school and not expressing milk while away from her baby
 - Smoking
 - Surgery on the breast
 - Another pregnancy
 - Taking birth control pills with estrogen
 - Taking some antihistamines.
- Medical conditions in either the mother or baby can also cause low milk production. If the more common reasons do not seem to be the cause, yield the mother to the WIC Designated Breastfeeding Expert for help in exploring other possible causes.

SLIDE #23 WHAT MOMS NEED TO HEAR

[Key Talking Points]

- Whether a mother has perceived or a true milk production issue, the result is often the same: supplementation and premature weaning.
- If WIC staff assess that the mother's concern is a perceived milk production problem, they can reassure mothers that things are going well, and remind them about typical newborn behaviors such as:
 - Normal infant fussy periods, which typically occur during the evenings
 - Cluster feedings, which means babies want to feed continually during a short period of time, typically during evening fussy periods
 - Growth spurts, when babies are growing and want to feed more often
 - Strong sucking needs of some infants.



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- Encourage the mother to bring her baby to the WIC clinic for weight checks to make sure the baby is growing well
- Affirm the mother. Examples:
 - “What a great mother you are to be concerned about this. I can tell you really care about your baby.”
 - “It’s completely normal to worry about making enough milk since we can’t see how much milk is going in.”
 - “I can see that you are worried about your baby.”

SLIDE #24 SOLUTIONS FOR TRUE LOW MILK PRODUCTION

[Key Talking Points]

- If WIC staff assess that a mother truly does have low milk production, there are many solutions to help increase it.
- Check the baby’s position and latch at the breast.
- Increase the number of feedings (or remove milk with a breast pump), including at night, when prolactin levels are highest.
- Offer the baby unlimited access to the breast, especially with skin-to-skin contact when possible to increase oxytocin levels.
- Encourage the mother to rest and relax to help milk to flow.
- Use breast compression to help the baby get more of the fatty parts of the milk.
- If the mother is using a breast pump, suggest she increase the suction level on the pump to her comfort level (*never* to cause pain), especially as she notices a letdown occurring. The highest volume of milk is released after the first letdown; the higher vacuum levels release more milk and may help with production.⁴
- Encourage mom to breastfeed on one side and pump on the other, and to keep the baby at the breast as much as possible.
- If a supplement is indicated, suggest she give it at the breast through a lactation aid that delivers the milk through a tube taped to the breast.
- Use moist heat and massage the breast before feeding or pumping.
- If the mother is separated from her baby, discuss ways to express milk when they are apart (see Module #10, “Talking with Mothers About Breastfeeding...When Mother and Baby Are Apart”).

⁴ Ramsay DT, Mitoulas L, Kent J, Cregan M, Doherty D, Larsson M & Hartmann PE. (2006). Milk flow rates can be used to identify and investigate milk ejection in women expressing breast milk using an electric breast pump. *Breastfeeding Medicine*. 1(1):14-23.



Module 10: Solutions for Common Breastfeeding Concerns or Questions

- Yield the mother to the baby's physician if you suspect the baby needs medical follow-up.

SLIDE #25 CONDITIONS THAT ARE COMPATIBLE

[Key Talking Points]

- Often mothers mistakenly assume that certain conditions or problems mean they cannot breastfeed at all, or must wean early. Some of these conditions are:
 - Hepatitis B & C: Breastfeeding is not contraindicated (with Hepatitis C, the mother would need to express and discard her milk if she had cracked and bleeding nipples until they healed).
 - Herpes: Breastfeeding is not contraindicated but if the mother has an active lesion, she needs to ensure that the baby does not come into contact with it. If the lesion is on the breast, the mother needs to cover it. If it is on the nipple, the mother should not feed on that side. She will need to express and dump the milk from that side until the lesion heals.
 - Diabetes: Breastfeeding is encouraged. She may experience a delay in her mature milk transitioning in.

SLIDE #26 WHEN MOTHERS EXPERIENCE PROBLEMS

[Key Talking Points]

- Mothers who experience difficulties with breastfeeding can feel overwhelmed and frustrated, especially if they are in pain or are worried about their baby.
- In the midst of a problem, infant formula can seem like an easy, quick solution.
- Active listening principles will help mothers explore their feelings.
- WIC staff can ask mothers open-ended questions, including her goals for breastfeeding and options she may already have tried to improve her situation.
- Affirm the mother's concerns, reminding her that many mothers have dealt with some of her same worries and challenges.



SLIDE #27 THINKING IN NEW WAYS



ACTIVITY

Activity: Thinking in New Ways

Purpose:

To help WIC staff realize that new ways of thinking are sometimes needed when talking with WIC mothers about formula requests.

Materials needed:

None

Time required: 2 minutes

Instructions

1. Ask training attendees to count from 1 to 10 together in unison.
2. After they have completed counting to 10, ask them to count from 1 to 10 **alphabetically**.
3. If training attendees stop or say they cannot do it, show them how easy it is:
Answer: Eight, Five, Four, None, One, Seven, Six, Ten, Three, Two
4. Provide recognition to the first person who gets the answer correctly.

Points to Discuss:

What made it so much more difficult the second time?

Take-Away Points:

- The thinking that allowed us to follow the first set of instructions so easily cannot be used when attempting to respond to the second set of instructions. A new way of thinking is required.
- When mothers are facing challenges, it can be easy for both mothers and staff to assume that formula is the best solution.
- A new way of thinking is to consider formula not as a solution to “fix” a breastfeeding problem, but compounding an existing problem.
- If a mother has decided to breastfeeding, offering her support and access to lactation experts who can help her work through those challenges can make the difference.



SLIDE #28 WHEN MOTHERS REQUEST INFANT FORMULA

[Key Talking Points]

- WIC staff should always properly assess the mother and baby before automatically issuing infant formula.
- When a mother requests infant formula, reassure her that:
 - While formula is one option, there are other options, as well
 - WIC wants to help her achieve her intention to breastfeed
 - There *are* solutions for breastfeeding problems that will help her quickly become more comfortable so breastfeeding can continue
 - WIC provides many ways to support her
- Discuss the fact that formula supplementation:
 - Is not always necessary for healthy, full-term infants.
 - Can interfere with her milk production if milk is not drained from the breast.
 - Can make a breastfeeding problem worse by leading to additional problems such as engorgement, plugged ducts, etc..
 - Can cause her baby to prefer a bottle nipple and suck differently, which can make breastfeeding problems more difficult to manage.
 - Increases the baby's risk of infections and disease.
- If the mother chooses to begin formula, or some formula is determined to be necessary after a careful assessment:
 - Issue only the smallest amount needed for the number of feedings she plans to replace with formula.
 - Let her know that she can resume exclusive breastfeeding and WIC can help.
 - Yield her to the WIC Designated Breastfeeding Expert.
- Encourage mothers to attend a breastfeeding mother's support group at WIC, La Leche League, or other places in the community to share experiences with other mothers.



PLANT YOUR LOCAL INFO

Consider including your own State or local agency policies about authorizing infant formula for breastfeeding mothers, as well as support options provided by your agency for mothers experiencing breastfeeding problems.



SLIDE #29 APPLICATION TO PRACTICE: OVERCOMING CHALLENGES



ACTIVITY

Application To Practice: Overcoming Challenges

Purpose:

To apply principles learned in Module 10 to the WIC clinic setting.

Materials Needed:

- Handout 10.3: “Application To Practice: Overcoming Challenges”

Time Allowed: 5 minutes

Instructions:

1. Invite attendees to work independently or in small groups of 2-3 training attendees.
2. Ask individuals or groups to read the scenario.
3. Discuss the questions and devise appropriate responses.
4. Allow individuals to share their responses with the larger group.

Points for Discussion:

- How could you see yourself using this information with WIC mothers?

Take-Away Points

- WIC staff can offer *loving support* in a variety of ways to help mothers feel supported in their decision to continue breastfeeding.

SLIDE #30 SUMMARY

[Key Talking Points]

- During this module we have addressed common challenges that mothers face with breastfeeding, and helpful strategies to help make breastfeeding more comfortable for both mothers and babies.



SLIDE #31 GROW YOUR BREASTFEEDING SKILLS

[Key Talking Points]

- Use your “My Goals for Breastfeeding Support” Goal-Setting Flower to write down on one petal something you can do as a result of this module to help support breastfeeding in your clinic.
- After this training, post the flower with your goals in a prominent place near your computer screen or other work area as a visible reminder of the support activities that you will be implementing over the next few weeks and months.

ONGOING ENRICHMENT

1. Read pages 143-159 in “Quick Reference for the Lactation Professional.” Select a situation on page 169 to answer.
2. Attend a postpartum support group meeting of new mothers, or a La Leche League meeting in the community. Observe the common issues and concerns mothers raise. How could that knowledge help as you support mothers in WIC?
3. Shadow an International Board Certified Lactation Consultant (IBCLC) at your local hospital. Observe how she assesses for appropriate latch, milk transfer, and mother’s comfort, and assesses for potential concerns that might worsen if not addressed.



INSTRUCTIONAL GUIDANCE

Glowing with Recognition – Ideas for Staff

Provide special recognition to WIC staff who make appropriate referrals for mothers experiencing breastfeeding concerns. Some options to consider:

- Provide verbal affirmation to any staff who make referrals when mothers are experiencing problems to get them quick help.
- Ask peer counselors and/or the WIC Designated Breastfeeding Expert to nominate a WIC clinic staff member who has made the most referrals to them for follow-up support to mothers with common concerns. Award certificates at the annual WIC Conference or at a staff meeting.



STRATEGIES FOR TRAINING WIC STAFF

Learning Objectives

Upon completion of this module, WIC staff will be able to:

- Explain the “Grow and Glow” concept in building staff competencies in breastfeeding promotion and support.
- Identify four principles of adult learning that should be incorporated into training.

Overview

This module familiarizes trainers with the curriculum, “Using *Loving Support To Grow and Glow* in WIC: Breastfeeding Training for Local WIC Staff.” The module also addresses adult learning strategies that both motivate and educate staff in a fun and engaging environment. Trainers will become acquainted with the curriculum “Grow and Glow” theme and understand how it can be used to encourage professional growth and build self-confidence in staff surrounding their agency’s breastfeeding promotion and support efforts.

Topics Covered

- Purpose of training curriculum
- Core breastfeeding competencies for all WIC staff
- Training theme and approach
- Effective training strategies
- Staff recognition
- Suggested training format and components of the curriculum
- Technical assistance for trainers

Time: 1 hour

Materials and Supplies

Handouts

- “Core Breastfeeding Competencies for all WIC Staff”
- “Resources for a Fertile Soil”
- “Master Checklist”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

General Training Materials

- Flip chart easel
- Flip chart notepad
- Flip chart markers



- Wind chimes

Training Materials by Activity

Staff Expectations

- Sticky notes (approximately three 3- by 3-inch notes for each attendee)

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible)



SPEAKER NOTES AND TALKING POINTS

SLIDE #1 USING *LOVING SUPPORT* TO GROW AND GLOW IN WIC: BREASTFEEDING TRAINING FOR LOCAL WIC STAFF -

[Key Talking Points]

- Welcome to “Using Loving Support To Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff.”
- This training is designed to provide all staff who interact with WIC mothers with the knowledge and skills they need to effectively promote and support breastfeeding.
- After completing this training, it is our hope that staff in every WIC clinic will provide a cohesive “Circle of Care” that provides caring and consistent breastfeeding messages and support for WIC mothers.
- Our role in this process is a critical one. As the trainer, you have an opportunity to energize and inform staff about WIC’s philosophy of breastfeeding support.
- Changing perceptions and enlisting support is not always easy.

SLIDE #2 STRATEGIES FOR TRAINING WIC STAFF

- This first module, “Strategies for Training WIC Staff,” is designed for you, the trainer, and provides ideas and strategies for conducting a dynamic and successful training experience for staff within your local WIC agency.

SLIDE #3 CORE COMPETENCY

[Key Talking Points]

- This module is designed to address one core competency for potential trainers of WIC staff. WIC trainers will:
 - Understand effective strategies for increasing staff support for breastfeeding and improving breastfeeding competencies.

SLIDE #4 LEARNING OBJECTIVES

[Key Talking Points]

- To develop this competency, this module is designed to help WIC trainers:
 - Explain the “Grow and Glow” concept in building staff competencies in breastfeeding promotion and support.



- Identify four principles of adult learning that should be incorporated into training.



ACTIVITY

Activity: Staff Expectations

Purpose:

To help trainers identify and understand their own personal expectations, and how those expectations can affect the way they hear the information being presented.

Materials needed:

- Three 3- by 3-inch sticky notes per training attendee
- Flip chart easel
- Flip chart notepad
- Flip chart markers

Time Required: 5 minutes

Instructions:

1. Ask training attendees to write down their expectations for the overall training program on sticky note sheets provided at each table.
2. Place their sticky notes on a flip chart sheet at the front of the room.
3. Read off some of the expectations and discuss.

Points for Discussion:

- What are similar expectations?
- Whenever you think of the two words “breastfeeding” and “WIC staff” in the same sentence, what thoughts and feelings immediately emerged? (Allow time for sharing.)

Take-Away Points

- Our purpose today is to equip you in providing a dynamic training experience that helps staff in local WIC clinics to become motivated to promote and support breastfeeding with WIC mothers.



SLIDE #5 LET'S GET TO WORK!

[Key Talking Points]

- Thomas Edison once said, "Opportunity is missed by most people because it is dressed in overalls and looks like work."
- This quote is very appropriate in thinking about the current and emerging opportunities in WIC to improve services for all mothers. This includes the opportunity to build on WIC's rich history of support for breastfeeding.
- Value Enhanced Nutrition Assessment (VENA) and the revised food packages help WIC truly actively partner with mothers to help them achieve their breastfeeding goals.

SLIDE #6 BREASTFEEDING TRAINING FOR WIC STAFF

[Key Talking Points]

- Since a major goal of WIC is to improve the nutritional status of infants, WIC staff provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding, encourage women to breastfeed for as long as possible, and provide appropriate support for the breastfeeding dyad, especially at time periods critical to breastfeeding success.
- Federal regulations require local agencies to incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC mothers.

SLIDE #7 USING *LOVING SUPPORT TO GROW AND GLOW* IN WIC: BREASTFEEDING TRAINING FOR LOCAL WIC STAFF

[Key Talking Points]

- "Using *Loving Support To Grow and Glow* in WIC: Breastfeeding Training for Local WIC Staff" is a competency-based training program that enhances skills and builds breastfeeding and counseling techniques.
- A "competency" is a skill or ability to perform a task. It is more than knowledge, or possessing certain information. To be competent means you can apply that information or knowledge appropriately.
- This training program was developed to help all levels of WIC staff learn and apply evidence-based principles to support WIC families with breastfeeding.
- This training builds on USDA's national breastfeeding program, "*Loving Support Makes Breastfeeding Work*" by focusing on how WIC can support its staff to help mothers initiate and continue breastfeeding.



Strategies for Training WIC Staff

- The training also builds upon USDA’s other breastfeeding trainings, including “*Loving Support* through Peer Counseling” and “Using *Loving Support* to Build a Breastfeeding-Friendly Community.”

SLIDE #8 ABOUT THE THEME

[KEY TALKING POINTS]

- The “Grow and Glow” theme is emphasized within each module, providing a memorable way of identifying the goals of the training.
- The “Grow” component focuses on how the training helps:
 - Babies grow with good health because of breastfeeding.
 - Mothers grow confidence in breastfeeding exclusively.
 - Staff grow in their ability to educate and support breastfeeding families.
- The “Glow” component focuses on:
 - Helping mothers breastfeed so their babies can glow with good health.
 - Helping WIC mothers glow with pride when they make informed decisions about infant feeding.
 - The power of staff recognition in creating change when they master competencies and continue to improve their skills.
- This training captures the “Grow and Glow” theme throughout with fun activities and practical applications that will provide a visual framework to help staff remember important concepts.

SLIDE #9 WHO SHOULD TRAIN WIC STAFF

[Key Talking Points]

- Breastfeeding management and the science of breastfeeding should be taught by WIC staff or WIC-designated partners who are trained and highly skilled in lactation management.
- Lactation management experts may be:
 - WIC agency breastfeeding coordinator
 - WIC peer counselor coordinator
 - Other community resources such as
 - Physician
 - Nurse
 - International Board Certified Lactation Consultant (IBCLC)
 - La Leche League Leader
- Topics typically covered by lactation experts include:
 - Reasons to breastfeed
 - Getting a good start with breastfeeding



Strategies for Training WIC Staff

- Dealing with common concerns
- Counseling techniques
- WIC policy may be taught by:
 - WIC supervisors
 - Program coordinators
- Topics typically covered by WIC supervisors and program coordinators include:
 - Understanding the role of peer counselors
 - Reviewing the processing of paperwork
 - Becoming part of the WIC team
 - Learning how to communicate effectively

SLIDE #10 TRAINING OVERVIEW

[KEY TALKING POINTS]

- The curriculum is divided into 10 individual modules that cover a wide variety of topics relevant to helping staff promote and support breastfeeding.
- The modules are designed for ALL WIC staff who are involved in direct contact with WIC mothers, and include examples, practice opportunities, and teaching instruction suitable for clerks, managers, and certifiers/educators.
- Each module can be used independently, or as part of a full training experience, for more flexible use in varied training situations.

SLIDE #11 THE TRAINING MODULES

[Key Talking Points]

- The following modules are considered core knowledge for all staff:
 - **Module 1** – How WIC Supports Breastfeeding – helps all staff see the many ways WIC supports mothers, and addresses strategies for improving the WIC clinic environment to support breastfeeding mothers.
 - **Module 2** - Feelings About Breastfeeding – enables staff to identify their own personal experiences and feelings that may affect the way they communicate breastfeeding messages.
 - **Module 3** – Communicating With Breastfeeding Families – includes counseling and communicating skills that can be used in all encounters with mothers.
 - **Module 4** – Barriers to Breastfeeding – enables staff to understand and address the barriers that mothers might have about breastfeeding, and provides practical strategies they can use to help reduce those barriers in WIC.



- **Module 5** – Promoting and Encouraging Exclusive Breastfeeding – helps staff understand the impact of supplementation on exclusive breastfeeding, and the rationale behind WIC’s food package policies so they can provide consistent messages for WIC mothers.

SLIDE #12 THE TRAINING MODULES

[Key Talking Points]

- **Module 6** – Promoting Breastfeeding During Pregnancy – helps staff understand common concerns that new mothers might have when they are pregnant, and provides strategies they can use to encourage them to breastfeed.
- **Module 7** – Providing Support for New Breastfeeding Moms (Birth to 1 Month) – helps staff understand the key principles that can help mothers get off to a good start with breastfeeding, enabling them to help notice early practices that may require referrals to the WIC Designated Breastfeeding Expert.
- **Module 8** – Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months) – helps staff address breastfeeding questions that arise beyond the early days of breastfeeding, including issues with infants (such as teething, nursing strikes, and growth spurts) and mothers (including physical activity, weight reduction, and birth control).
- **Module 9** – Talking With Mothers About Breastfeeding ...When Mother and Baby Are Separated – helps all staff understand options mothers might have in situations where breastfeeding may be viewed as too difficult. This can help staff understand the rationale behind pump policies and practices, and the need for getting mothers assistance quickly.
- **Module 10** – Solutions for Common Breastfeeding Problems – helps staff understand common questions that mothers typically have so they can recognize potential referral needs and encourage mothers to seek help.

SLIDE #13 FORMAT OF THE MODULES

[Key Talking Points]

- Each module includes:
 - Core competencies
 - Learning objectives
 - Overview of the module with materials and supplies, handouts, and audiovisual needs
 - Speaker notes



Strategies for Training WIC Staff

- Handouts with answer sheets
- Ongoing enrichment ideas
- PowerPoint presentation and handouts
- Speaker notes include:
 - Talking points
 - Instructional guidance
 - Discussion ideas
 - Instructions for all activities with training materials list for each
- In addition, the speaker notes and PowerPoint presentations use various icons to help trainers quickly and easily navigate the modules. These include:



Activity icon – a reminder that it is time to conduct an activity



Instructional guidance icon – to alert trainers of training options



Plant Your Local Info Here icon – alerts the trainer to insert local community or WIC agency specific information to personalize the information for WIC staff

SLIDE #14 OTHER TRAINING TOOLS

[Key Talking Points]

- “My Goals for Breastfeeding Support” Goal-Setting Flower – at the conclusion of each module, staff will be encouraged to consider at least one goal they can set to improve support for breastfeeding families based on the information they learned in that module. The Grow and Glow goal-setting flower should be provided to each training attendee. Staff can write one goal in one of the 10 petals. When they have completed the full training experience, staff can post



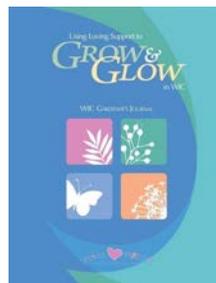
Strategies for Training WIC Staff

their Grow and Glow flower near their work station as a visible reminder of the goals they committed to implementing.



- Grow Your Breastfeeding Skills – at the conclusion of each module, ongoing enrichment ideas are presented for staff to continue their learning related to that module. These ideas are also listed in the trainer’s speaker notes. Training attendees should be encouraged to select at least one enrichment activity for each module to complete in the weeks and months to come. Trainers have the option of either printing off the speaker notes for attendees, or providing the WIC Gardener’s Journal, which includes each of the ongoing enrichment ideas in one place. The “WIC Gardeners Journal” is available at the WIC Works Resource System for easy downloading, if desired, at:

http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html



SLIDE #15 TRAINING RESOURCES PROVIDED

[Key Talking Points]

- The training package includes other resources that will be helpful in conducting your training:
 - A set of DVDs of the basic teaching portion of the training
 - DVD: “Show Me Video Vignettes” of common counseling situations in WIC, including prenatal and postpartum breastfeeding situations
 - DVD: “To Baby With Love: Overcoming Breastfeeding Barriers” from Texas WIC State Agency



- DVD: “Breastfeeding: Another Way of Saying I Love You” from Mississippi WIC State Agency
- Book: “Quick Reference for the Lactation Professional” by Judith Lauwers. This pocket guide is a resource for staff to research quick issues that might come up in WIC. Each section includes scenarios and reflective activities to enhance and enrich the learning experience. The curriculum provides a structured guide for ongoing enrichment using this and other resources.

SLIDE #16 CURRICULUM TERMS USED

[Key Talking Points]

- The curriculum makes use of two key concepts:
 - The WIC Designated Breastfeeding Expert
 - Yield (or referral system)

SLIDE #17 THE WIC DESIGNATED BREASTFEEDING EXPERT

[Key Talking Points]

- Each local WIC agency should identify one or more WIC Designated Breastfeeding Experts for staff to call upon when facing situations outside their scope of practice.
- Having a designated expert to turn to can help staff feel confident and supported, and ensures that mothers receive appropriate, necessary care.
- It is up to each State or local WIC agency to determine a process for making referrals and to identify the experts within this chain of command. The goal is to make sure the needs of breastfeeding mothers are addressed in a timely and appropriate manner.
- The WIC Designated Breastfeeding Experts might include:
 - Breastfeeding experts, (such as WIC breastfeeding coordinators, peer counselor coordinators, or International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), or Certified Lactation Educators (CLEs) in the community
 - WIC staff (such as nutritionists or nurses who can help with nutrition and WIC-related questions)
 - Medical staff (such as physicians or nurses)
- The training will refer repeatedly to the need for staff to “yield” to a WIC Designated Breastfeeding Expert.



SLIDE #18 YIELD!

[Key Talking Points]

- The USDA peer counseling curriculum, *“Loving Support Through Peer Counseling,”* includes the concept of “yielding” or handing a mother over to others who can support her best when situations arise that are beyond their scope. The concept is appropriate for WIC staff, as well.
- The “yield” system is similar to traffic yield signs we encounter when driving through traffic. Occasions arise when it is important to yield to other traffic. This ensures traffic flows more smoothly, and everyone is safe.
- Drivers do not stop forever at a yield sign. They continue on when the way is clear, traveling side-by-side with other drivers.
- In the same way, staff should be aware of whom they can travel side-by-side with when helping new mothers.
- The “yield” system of referrals does not imply a hierarchy, but values the contributions of each member of the WIC “Circle of Care.” For example:
 - A WIC Designated Breastfeeding Expert can assist mothers with more complicated breastfeeding issues.
 - A peer counselor can provide ongoing support and encouragement.
 - A clerk can assist a mother with community services and resources.
 - A nutritionist can be yielded to for nutrition-related concerns related to breastfeeding and complementary feeding.

SLIDE #19 EFFECTIVE TRAINING APPROACHES

[Key Talking Points]

- The most effective training approaches consider the needs of adult learners and incorporate varied teaching strategies.
- Adults often have different styles of learning that appeal to them most.
- Some adults prefer to see what you are talking about. Others respond more to hearing information. Still others are kinesthetic learners who respond best to hands-on interaction with the information.
- Learning techniques that appeal to varied types of learners include:

Auditory Learners	Visual Learners	Kinesthetic Learners
Stories	Video	Group activities
Lecture	Slides and flip charts	Physical touch
Group discussions	Engaging photo images	Role playing
Informal conversations	Demonstrations	Application practice
Music	Drama	Taking notes



- The curriculum uses a number of adult learning principles, including:
 - Active involvement in learning new skills
 - Reinforcement – for example, “modeling” affirmation skills by affirming training attendees throughout the training experience
 - Repetition of key principles
 - Visual aids and demonstrations to reinforce learning
- This curriculum employs liberal use of all of these elements, and provides instructional guidance for implementing the activities in both large and small group learning events, discussion starters, and things to consider.
- The curriculum also provides numerous applications to the WIC clinic setting, including scenarios, practice examples, and language that can be used to share the concept with a new mother.

SLIDE #20 USE ADULT LEARNING TECHNIQUES

[Key Talking Points]

- Traditional classroom lecture instructional approaches should be minimized.
- Skill building and interactive learning is well suited for WIC staff.
- Adult learning techniques allow trainees to learn at a comfortable pace.
- Making information practical and relevant will help staff find instant application to their jobs.
- Confidence is fostered by interactive teaching that allows for demonstrated successes among trainees.
- Be sensitive to trainees with lower literacy skills or who may associate classroom learning with previous negative educational experiences.
- Training should help staff gain confidence by offering opportunities for practical skills and demonstrating progressive successes in their learning.

SLIDE #21 KEEP THE PACE MOVING

[Key Talking Points]

- Most adults have an attention span of 8 minutes.
- Changing the kinds of activities frequently brings attention back to the subject matter.



SLIDE #22 MAKE YOUR POINT AS VISUAL AS POSSIBLE

[Key Talking Points]

- We live in a very visual world today, and most adults tend to rely on visual images to help them retain information.
- Modeling the techniques being taught gives an added dimension to learning that increases retention and the likelihood that it will be put into practice.
- Learning techniques that increase visual appeal:
 - Slides with lots of engaging photo images
 - Flip charts to record ideas and thoughts
 - Examples
 - Demonstrations
 - Drama
 - Video

SLIDE #23 TEACH SMALL AMOUNTS

[Key Talking Points]

- Training is best when it focuses on basic information that staff can immediately apply.
- Focus on the core information and skills WIC staff need to support mothers.
- Avoid unnecessary, advanced-level breastfeeding management concepts and language that is hard to remember and understand.
- Encourage staff to build on the basic skills of this curriculum through ongoing enrichment opportunities.

SLIDE #24 REPEAT THE INFORMATION

[Key Talking Points]

- Repetition and practice are key ingredients to retaining information learned.
- Learning techniques that help reinforce information:
 - Role plays
 - Written materials such as handouts, brochures, etc.
 - Discussion to process principles taught

SLIDE #25 KEEP IT RELEVANT

[Key Talking Points]

- Adults are more likely to pay attention to and remember information they feel is relevant.



Strategies for Training WIC Staff

- Remind staff frequently of their role as part of the “Circle of Care” supporting WIC families with breastfeeding so they can see the relevance of the training to their jobs.
- Learning techniques that help foster a sense of relevancy:
 - Facilitated discussion to apply key principles
 - Storytelling to demonstrate application
 - Practice opportunities that simulate typical WIC clinic situations
 - Goal setting
 - Structured ongoing enrichment

SLIDE #26 FOSTER SKILLS-BUILDING OPPORTUNITIES

[Key Talking Points]

- Skill-building opportunities allow staff to practice what they have learned before having to try it out for the first time on WIC mothers.
- Counseling principles, in particular, are important to practice. Showing staff that the principles apply to other WIC situations will help them gain confidence.
- Practice skills are woven throughout the curriculum so that skills can be reinforced while applying them to specific breastfeeding support situations.
- Learning techniques that help build skills:
 - Role play
 - Practice scenarios and situations
 - Task-oriented group activities

SLIDE #27 REWARD TRAINING ATTENDEES WHEN LEARNING OCCURS

[Key Talking Points]

- Regardless of age, role, or professional status, adults want to be affirmed for their accomplishments.
- Reward learning with both private and public affirmations:
 - “I couldn’t have said it better myself.”
 - “You are catching on so quickly!”
 - “That comment shows me that you are very committed to making a difference in the lives of our WIC families.”
- Affirmation can also come in the form of laughter when funny comments are shared, applauding insightful comments made, etc.
- Actual physical rewards can also be considered. Adults enjoy small tokens of accomplishments. For example:
 - Give out small gold nugget bars to represent “Breastfeeding: The Gold Standard.”



Strategies for Training WIC Staff

- Award individually wrapped Life Savers to represent the life-changing work they are doing.
- Pass out “WIC Dollars” to staff who provide excellent comments, and allow them to trade in their dollars at the end of the training for small items such as travel-sized lotion or hand sanitizers, breastfeeding educational materials, packets of seeds, pencils, etc.

SLIDE #28 ABOVE ALL: MAKE IT FUN!

[Key Talking Points]

- When training is fun staff are more likely to embrace the information being presented.
- Bring the training alive by paying attention to the room set up and learning environment.
- Ideas:
 - Arrange tables so that training attendees can face each other for group activities. Round tables work well, or two rectangular tables placed side by side to form a square.
 - Provide a colorful arrangement of fruits, vegetables, or flowers (silk, paper, or live flowers from someone’s garden) to spruce up the learning environment and reinforce the “Grow and Glow” theme of the curriculum. Tissue paper flowers can be made easily and inexpensively, if desired.
 - Seek donations of miniature potted flowers from a neighborhood nursery or farmer’s market for door prizes or decorations.
 - Print an image of a plant, vegetable, or flower on nametags and certificates.

SLIDE #29 HELP STAFF GLOW WITH BREASTFEEDING SUPPORT

[Key Talking Points]

- When staff work together as a team and deliver consistent messages and support, they form a “Circle of Care” that allows mothers to feel confident with breastfeeding.
- Your training event is a perfect opportunity to bring to light the role of staff who may not have had training in breastfeeding, including managers, front-line staff, and competent professional authorities (CPAs).
- When staff feel empowered with new knowledge and skills, they can glow with support for new families.
- Use the training as an opportunity to recognize the accomplishments of the entire WIC team. Ideas:
 - Award a certificate of recognition to thank them for their contributions.



Strategies for Training WIC Staff

- During the opening introductions ask each supervisor to introduce the clerks in her clinic, making note of the particular things about each clerk that she appreciates most (VERY powerful!).
- Incorporate photos of managers, clerks, peer counselors, CPAs, and other staff into the training PowerPoint presentation.
- You can also award staff who complete all levels of the training at your annual WIC Conference or other event.
- Note that the end of each training module includes “Instructional Guidance” with some possible ideas to help staff “glow with recognition.” Feel free to select from among these ideas, or come up with your own creative ideas for recognizing staff who provide support to new mothers.

SLIDE #30 TECHNICAL ASSISTANCE FOR TRAINERS

[Key Talking Points]

- Following the “Train the Trainer” events held in each USDA geographic region, staff from Every Mother, Inc. will be available to provide technical assistance as State WIC agencies implement the training curriculum.
- A technical assistance conference call for attendees in each region will be held a few weeks after their regional train-the-trainer event. This will be an opportunity to ask questions as you begin preparing for staff training events.
- Every Mother, Inc. staff will also be available by telephone and email for up to 1 year following the training events to provide assistance as needed in implementing training.
- All training-related resources as well as relevant State-developed materials will be available on the WIC Works Resource System at http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html.



BREASTFEEDING CORE COMPETENCIES FOR ALL WIC STAFF

Module	Competencies
Module 1: How WIC Supports Breastfeeding	<ul style="list-style-type: none"> ▪ Promotes and supports breastfeeding in a manner that is consistent with WIC regulations, policies, and initiatives. ▪ Discusses with mothers and their families how WIC promotes and supports breastfeeding.
Module 2: Feelings About Breastfeeding	<ul style="list-style-type: none"> ▪ Recognizes how personal beliefs and attitudes influence mothers' breastfeeding decisions.
Module 3: Communicating With WIC Families About Breastfeeding	<ul style="list-style-type: none"> ▪ Develops rapport and fosters open dialogue to successfully communicate with mothers and their families about breastfeeding.
Module 4: Barriers to Breastfeeding	<ul style="list-style-type: none"> ▪ Acknowledges mothers' concerns about their ability to breastfeed. ▪ Provides accurate and relevant information to mothers and their families about breastfeeding and emphasizes that most mothers can breastfeed. ▪ Discusses appropriate solutions to common breastfeeding barriers and provides support and/or referrals as needed.
Module 5: Promoting and Encouraging Exclusive Breastfeeding	<ul style="list-style-type: none"> ▪ Promotes exclusive breastfeeding without formula supplementation. ▪ Explains the effects of formula supplementation on a mother's milk production. ▪ Provides realistic strategies to mothers on how to feed their baby only breast milk and provides appropriate support and/or referrals as needed.
Module 6: Promoting Breastfeeding During Pregnancy	<ul style="list-style-type: none"> ▪ Encourages pregnant women to breastfeed and promotes the food packages available for breastfeeding women and their infants. ▪ Assesses a pregnant woman's intention to breastfeed and identifies factors that impact breastfeeding success. ▪ Provides appropriate anticipatory guidance on breastfeeding during the course of a mother's pregnancy.
Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)	<ul style="list-style-type: none"> ▪ Provides breastfeeding education and support at critical points in the early postpartum period. ▪ Assesses the breastfeeding mother and infant at critical points in the early postpartum period and provides appropriate support and/or referrals as needed. ▪ Explains to new mothers the food packages available for breastfeeding mothers and their infants.
Module 8: Helping Mothers Continue the Breastfeeding Relationship (Month 1 to Month 12)	<ul style="list-style-type: none"> ▪ Provides strategies to breastfeeding mothers on how to maintain milk production and continue the breastfeeding relationship. ▪ Provides affirmation and encouragement to breastfeeding mothers to continue the breastfeeding relationship at least through the first 12 months of life.
Module 9: Talking With Mothers About Breastfeeding When Mother and Baby Are Separated	<ul style="list-style-type: none"> ▪ Helps breastfeeding mothers identify strategies for continuing to breastfeed when they must be away from the baby (i.e., returning to work or school). ▪ Encourages mothers to continue breastfeeding and provides guidance on ways to maintain milk production.
Module 10: Solutions for Common Breastfeeding Problems	<ul style="list-style-type: none"> ▪ Assesses the breastfeeding mother and infant for common breastfeeding concerns and provides support and/or referrals as needed.



RESOURCES FOR A FERTILE SOIL

The following resources can be helpful for trainers in enriching their understanding and preparing for their training experience with staff. Keeping up to date with new research and new breastfeeding management techniques will help trainers maintain confidence in sharing evidence-based information.

Staff Reference Tools

- Lauwers J. (2009). Quick Reference for the Lactation Professional. Sudbury, MA: Jones & Bartlett Publishers. [Available at www.ilca.org or from Jones & Bartlett Publishers]
- Reference tools from the International Lactation Consultant Association online bookstore [www.ilca.org]
 - Clinician’s Breastfeeding Triage Tool
 - Spanish-English Glossary
 - Clinical Guidelines for the Establishment of Exclusive Breastfeeding [also available as a free download at: <http://www.ilca.org/i4a/pages/index.cfm?pageid=3314>]
 - Diaper diary [available in several languages]

WIC Resources

- “Fathers Supporting Breastfeeding” materials
- “*Loving Support* Makes Breastfeeding Work” promotional materials
- “Using *Loving Support* to Implement Best Practices in Peer Counseling”
- “Breastfeeding: A Magical Bond of Love” (WIC Hispanic Breastfeeding and Promotion Project)
- “Using *Loving Support* to Build a Breastfeeding-Friendly Community”

[Available at WIC Works Resource System: http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html]

Other Resources

- “The Business Case for Breastfeeding,” U.S. Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau. (2008).. [Available online at: www.ask.hrsa.gov]
- “Guide to Breastfeeding,” U.S. Department of Health and Human Services, Office on Women’s Health. . [Available at www.4woman.gov]



MASTER CHECKLIST OF MATERIALS FOR ACTIVITIES

General Training Props for All Modules

- Wind chimes, bell, or other object to signal the end of group activities (used in all modules)
- Flip chart easel
- Flip chart notepad
- Flip chart markers
- “My Goals for Breastfeeding Support” Goal-Setting Flower

Strategies for Training WIC Staff

- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower
- Wind chimes
- 3- by 3-inch sticky notes (3 for each attendee)

Module 1: How WIC Supports Breastfeeding

Activity: What Does WIC Mean to You?

- Sheet of paper for each small group

Activity: Growing Healthy Babies and Moms

- Large plant pot
- Household items that represent benefits of breastfeeding. Examples:
 - Plastic clock (time savings)
 - Packet of seeds (growing a lifetime of health benefits)
 - Breast self-exam card (lower risk of breast cancer in mom)
 - Back massager (lowers stress levels)
 - Boarding pass (mom can travel conveniently with a breastfed baby)
 - Tissue packet (fewer respiratory infections)
 - Baby thermometer (fewer infections)
 - Diabetes brochure or glucose monitor (lower risk of diabetes in both babies and moms)
 - Toy dollar bill (breastfeeding is more economical)
 - Weight scale, skin fold calipers, or other items that represent weight loss (helps mothers lose extra weight gained during pregnancy)
 - Growth chart of healthy weight baby (decreased risk of childhood obesity)
 - Air freshener (diapers smell less)
 - Leave statement showing accrued leave or perfect attendance sheet (less time off from work because of a sick baby)
 - Heart-shaped item (bond of love)



- “Back to Sleep” campaign material or Sudden Infant Death Syndrome (SIDS) brochure (decreased risk of SIDS)

Activity: The WIC Mother’s “Circle of Care”

- Grow and Glow Flower, printed from the image on the CD-ROM onto 8½- by 11-inch paper. Consider laminating the flowers to reuse for additional training events.
- Dry erase marker pens, one for each table

Activity: Building Breastfeeding Support

- Pipe cleaners (50 for each small group of 5-6 training attendees)

Module 2: Feelings About Breastfeeding

Activity: What If?

- Colored sticky notes, 14 per training attendee, 7 pink and 7 blue
- Breastfeeding situation stories (7)
- Manila envelopes (7)
- Emotion-based message breastfeeding posters from Massachusetts WIC State Agency:
http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/couns_ed3.htm#cl9a
- “Mother’s Milk for Daddy’s Baby” posters available from Pennsylvania WIC State Agency: <http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=179&Q=247761>

Module 3: Communicating with WIC Families About Breastfeeding

Activity: Show Me!

DVD: “Show Me Video Vignettes”

Activity: The Gift of Affirmation

- Gift bag or gift-wrapped box with removable lid for each small group (paper or bag with floral design is ideal)
- 10 small slips of paper with affirming statements from Handout 3.4, “The Gift of Affirmation,” written on each slip of paper
- Sticky note pad for each small group

Activity: Replacing Worn-Out Tools

- Optional Visuals: Selection of 4-5 various old tools or items from a household junk drawer or tool box that no longer work well. Examples: tape measure that does not retract, a worn-down pencil, a rusty screwdriver, or scissors that are too dull to cut.
- Plastic eggs or envelopes (4-6 for each small group of training attendees)
- Messages from Handout 3.7, “Replacing Worn-Out Tools,” printed on slips of paper and placed inside each egg



Activity: Role Play Scenarios

- Handout 3.6: “Role Play Scenarios” cut into half-sheets, with the WIC staff role printed on one half-sheet and the corresponding WIC mother role for that scenario printed on the other half-sheet (enough sets for each “pair” of training attendees)

Module 4: Barriers to Breastfeeding

Activity: Weed Prevention and Control

- Flip chart sheets with one of the following barriers recorded at the top:
 - Embarrassment
 - Time and Social Constraints
 - Lack of Social Support
 - Fear of Pain
 - Lack of Confidence (note: If you are training a large group and need more than five small groups, divide lack of social support into two groups, one that discusses grandmothers and another that discusses fathers).
- Flip chart markers
- Flip chart easel
- Wind chimes

Activity: Weed Identification: Know Your Weeds!

- Handout 4.1: “Weed Identification”
- DVD: “To Baby With Love” by Texas WIC State Agency (included in training curriculum packet)

Activity: Who Can Breastfeed?

- Yes/No paddles
 - popsicle sticks, one per person
 - paper plates, one per person
 - markers

Module 5: Promoting and Encouraging Exclusive Breastfeeding

Activity: Overcoming Worries with Confidence

- Handout 5.2: “Overcoming Worries with Confidence”

Training Materials by Demonstration

Build a Strong Foundation (Slide #11)

- Children’s building blocks (around 20-30, or enough to make two small towers)

Draw a Breast (Slide #13)

- White or other light colored balloons (one for each training attendee)



Strategies for Training WIC Staff

- Latex-free balloons or a sheet of 8½- by 11-inch paper for those who have latex allergies
- Markers or pens

Internal Structure of the Breast (Slide #14)

- Breast model
- Cluster of artificial grapes (or a picture of cluster of grapes)

Hormone Receptors (Slide #21)

- Ping pong paddle
- Velcro (self-adhesive strips or “dots”)
- 6 ping pong balls
- Hot glue gun

The Impact of Supplementation on Milk Production (Slide #22)

- Set of three or four small, clear containers (such as clear glass salt/pepper shakers)
- Small bag of rice
- Small bag of black beans

Module 6: Promoting Breastfeeding During Pregnancy

- DVD: “Show Me Video Vignette”

Module 7: Providing Support for New Breastfeeding Moms (Birth to 1 Month)

Gardening for beginners tools:

- Small pot
- Hand rake
- Packet of seeds
- Small bag of soil
- Watering can
- Gardening gloves

Items for Demonstrations

- Baby doll
- Stuffed animals (ask each training attendee to bring one with them)
- Breast model
- Water balloon
- Large plastic sandwich model
- Clear water container with a spout at the bottom and a refill opening at the top
- Food coloring
- Disposable diaper



- Artificial baby poop recipe: 1 teaspoon (or 2 packets) yellow mustard, 2 teaspoon sesame seeds, 1 Tablespoon cottage cheese, 1 empty baby food jar. Put ingredients in jar, fill jar to the top with water, put the top on and swirl to mix
- 1 cotton swab

Video Tools

- DVD: “Baby-Led Breastfeeding: The Mother-Baby Dance” (optional)
- DVD: “Show Me Video Vignettes”
- DVD: “Animated Latch”

Module 8: Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)

- Sticky notes (around 10 for each small group of 6-8 people)

Module 9: Talking with Mothers About Breastfeeding...When Mother and Baby Are Separated

- Not applicable

Module 10: Solutions for Common Breastfeeding Problems

Activity: Practice Hand Expression

- 12-inch balloons, one for each training attendee (fill with water to “breast” size)
- Latex balloons for training attendees with latex allergies
- DVD: “Breastfeeding Techniques that Work: Hand Expression” (optional - available from Geddes Productions)

Activity: Practice Massage

- 12-inch balloons, one for each training attendee (fill with water to “breast” size) [*use same balloons for Hand Expression activity*]
- Latex balloons for training attendees with latex allergies

Activity: Application To Practice – Overcoming Challenges

- Handout 3.3: “Overcoming Challenges”

Training Materials by Demonstration

Effect of Engorgement

- Two 12- inch balloons
- Inexpensive balloon pump

Pinching off the Flow

- Drinking straw



Using New Eyes

- Flip chart
- Marker
- Sheet of paper, one for each training attendee