



Module 1: How WIC Supports Breastfeeding

Handout 1.1


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 affect 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.



HANDOUT 1.2

WIC FOOD PACKAGES FOR BREASTFEEDING MOTHERS AND BABIES

	Food Packages for Mothers		
	Fully Breastfeeding 	Partially (Mostly) Breastfeeding DELUXE	Fully Formula Feeding (minimal or no breastfeeding) BASIC
Length of Time	1 year postpartum	1 year postpartum	6 months postpartum
Fruits and vegetables	\$10.00 cash value voucher	\$10.00 cash value voucher	\$10.00 cash value voucher
Fish (canned)	30 oz	None	None
Whole wheat bread or other whole grains	1 lb	1 lb	None
Eggs	2 dozen	1 dozen	1 dozen
Cheese	1 lb	None	None
Legumes	1 lb beans <i>and</i> 18 oz peanut butter	1 lb beans <i>and</i> 18 oz peanut butter	1 lb beans <i>or</i> 18 oz peanut butter
Breakfast cereal	36 oz	36 oz	36 oz
Milk	24 qt	22 qt	16 qt
Juice	144 fl oz	144 fl oz	96 fl oz



Module 1: How WIC Supports Breastfeeding

Food Packages for Infants			
Breastmilk or Infant Formula	Mother's Priceless Breastmilk	Mother's Priceless Breastmilk (minimal WIC infant formula*)	WIC Infant Formula*
Infant food fruits and vegetables	256 oz of fruits and vegetables (64 - 4 oz jars)	128 oz of fruits and vegetables (32 - 4oz jars)	128 oz of fruits and vegetables (32 - 4oz jars)
Infant food meats	77.5 oz of infant food meat (31 - 2.5 oz jars)	None	None
Infant cereal	24 oz	24 oz	24 oz

* Infant formula amounts vary based on the age of the infant and the food package assigned.



Handout 1.3

IS YOUR CLINIC BREASTFEEDING-FRIENDLY?

Breastfeeding-Friendly WIC Clinic Recommendations	Yes	No
Physical Environment		
Culturally appropriate educational and promotional materials that portray breastfeeding as the preferred method of infant feeding are visible in the clinic.		
Infant formula, formula company materials, displays, and logos are not in public visibility.		
A private space is available for mothers who wish to breastfeed and/or express milk in a discrete location.		
Workplace policies for WIC staff are breastfeeding-friendly.		
Signs announcing “Breastfeeding Welcome Here” are displayed throughout the clinic.		
Support		
WIC staff demonstrate a positive attitude towards breastfeeding and deliver positive and supportive messages.		
WIC staff make women who choose to breastfeed in the clinic comfortable.		
WIC mothers are offered names of professional and peer resources (ex: WIC clinic breastfeeding coordinator, WIC peer counselor, public health nurse, breastfeeding mothers group, etc.) to contact for ongoing encouragement, information, breast pumps, and other assistance.		
WIC staff encourage the mother’s family and friends to participate in breastfeeding education and support sessions.		
Your website displays positive breastfeeding messages.		



HANDOUT 2.1

WHAT IF?

WIC Situation #1:

A pregnant teen is at WIC for initial certification. Her mother is with her. While they are waiting, her mother complains loudly about the breastfeeding posters in the waiting area. She says she shouldn't have to look at people doing "that," and besides, she didn't breastfeed and her children turned out fine. Her daughter needs to focus on finishing high school.

Your First Thought	How You Might Respond

WIC Situation #2

A staff member comes into your office and complains about a woman who is breastfeeding her toddler in the waiting room. She says that the mother "is showing her business to everybody," and she is afraid other WIC mothers will complain.

Your First Thought	How You Might Respond

WIC Situation #3

The mother of a 3 year old has brought in her child for recertification. You are preparing to check his hemoglobin and she tells you she wants to breastfeed him while you prick his finger.

Your First Thought	How You Might Respond



Module 2: Feelings About Breastfeeding

WIC Situation #4

You are certifying a pregnant woman with 3 other children who were all on special formulas due to allergies. When you mention breastfeeding this time around, the mother says, “You’ve got to be kidding. Why would I do that when I can get free formula from WIC?”

Your First Thought	How You Might Respond

WIC Situation #5

An expectant mother and her husband are in the waiting area. The father sees the “Mother’s Milk for Daddy’s Baby” poster you have near your desk and remarks, “Daddy’s baby or not, you’re not doing that—that’s nasty.”

Your First Thought	How You Might Respond

WIC Situation #6

Two mothers are talking while they wait for their WIC appointments. One mother is pregnant with twins; the other has a six month old baby. You overhear the mother of the baby telling the pregnant mother that she tried breastfeeding in the hospital but that it just didn’t feel right. She goes on to say that she knew she wouldn’t make enough milk so she started supplementing on day one. Her baby “never got the hang of it” and by the end of the first week, she was no longer breastfeeding. She tells the pregnant mother that if she decides to breastfeed, it would be better if she didn’t tell anyone at WIC or they won’t give her any formula.

Your First Thought	How You Might Respond



Module 2: Feelings About Breastfeeding

WIC Situation #7

You are assisting a breastfeeding mother with recertification and see that she is upset. When you ask her if something is wrong, she starts crying and tells you that she was feeding her baby in the waiting room and she overheard someone complaining to a staff person that she should “go to the bathroom if she wants to do that.” She reports that the staff person didn’t say anything to support her right to breastfeed. “I thought WIC supported breastfeeding.”

Your First Thought	How You Might Respond



HANDOUT 3.1

LET'S PRACTICE OPEN-ENDED QUESTIONS.

For each of the situations listed in the “Information” column, consider one or more open-ended questions that could help you gather that information. Don’t forget the words “what,” “how,” or “tell me” as you frame your questions. Share your answers with your group.

Information to Gather	Open-Ended Questions
Whether she brought in the paperwork needed to be able to get her enrolled in WIC.	
Why she insists on formula when things seem to be going well with breastfeeding.	
What a pregnant woman’s attitudes might be about breastfeeding.	
Whether she might be open to breastfeed this baby even though she bottle-fed last time.	
The support system she has in place.	
Why she seems to be in such a hurry today.	
Whether she plans to return to work after the baby is born.	
Her openness to using a breast pump to provide milk for her premature baby.	
Whether she has started supplementing the baby with formula.	
The baby’s well-being at her first postpartum visit to WIC.	



HANDOUT 3.1

ANSWER SHEET: RESPONSES TO CONSIDER

Information to Gather	Open-Ended Questions
Whether she brought in the paperwork needed to be able to get her enrolled in WIC.	<i>What paperwork did you bring with you today?</i>
Why she insists on formula when things seem to be going well with breastfeeding.	<i>Tell me some of your concerns about breastfeeding. What are some things that have changed since last time?</i>
What a pregnant woman's attitudes might be about breastfeeding.	<i>What have you heard about breastfeeding?</i>
Whether she might be open to breastfeed this baby even though she bottle-fed last time.	<i>Tell me how your baby did on formula last time. Tell me what people have been telling you about breastfeeding.</i>
The support system she has in place.	<i>Who is going to be around to help you when the baby is born?</i>
Why she seems to be in such a hurry today.	<i>What is your typical day like?</i>
Whether she plans to return to work after the baby is born.	<i>What are your plans for after the baby is born?</i>
Her openness to using a breast pump to provide milk for her premature baby.	<i>Tell me what the hospital might have told you about providing milk for your baby.</i>
Whether she has started supplementing the baby with formula.	<i>Tell me what you are feeding the baby.</i>
The baby's well-being at her first postpartum visit to WIC.	<i>Tell me how you think breastfeeding is going right now. Describe how often your baby has a wet or dirty diaper.</i>



HANDOUT 3.2

PRACTICE WITH PROBES

Read the statements that a WIC mother might say in the first column. As an individual or as a small group, discuss a probing question you could ask to learn more about what she means by what she is saying. Remember that your probes should be open-ended questions. Pad them so they sound warm and friendly. Write your probe in the second column, and note whether it is an extending, clarifying, reflecting, or redirecting probe.

	Comment by a WIC Mother	Probing Question
1	"I could never do that."	
2	"I want the baby's father to help, too."	
3	"It would be really embarrassing."	
4	"My mother would freak out."	
5	"I want my baby to be independent."	
6	"My mother says I'm spoiling the baby."	
7	"Breastfeeding would be painful."	
8	"You can never go anywhere."	



HANDOUT 3.2

ANSWER SHEET: RESPONSES TO CONSIDER

Read the statements that a WIC mother might say in the first column. As an individual or as a small group, discuss a probing question you could ask to learn more about what she means by what she is saying. Remember that your probes should be open-ended questions. Pad them so they sound warm and friendly. Write your probe in the second column, and note whether it is an extending, clarifying, reflecting, or redirecting probe.

	Comment by a WIC Mother	Probing Question
1	"I could never do that."	Tell me more about why you feel that way.
2	"I want the baby's father to help, too."	Do you mean you want him to help you out or you want him to feel close to the baby, too?
3	"It would be really embarrassing."	What part about breastfeeding do you think would be most embarrassing?
4	"My mother would freak out."	So you're saying your mom would be upset that you're breastfeeding.
5	"I want my baby to be independent."	Tell me more about what you mean by "independent."
6	"My mother says I'm spoiling the baby."	Why do you think your mother is saying that?
7	"Breastfeeding would be painful."	Tell me about people you know who have had a painful experience.
8	"You can never go anywhere."	Where are some places you feel might not accommodate your breastfeeding?



HANDOUT 3.3

THE GIFT OF AFFIRMATION

The following affirming statements are examples of ways to validate a mother's feelings. Copy these affirming statements on a sheet of paper and cut into small slips of paper and place inside a gift bag or gift-wrapped box with a removable lid. Add to the collection of affirming statements as you hear affirmations that you could hear yourself using in WIC.

I remember feeling that way, too.

You're not alone. Other mothers have worried about this or experienced this, too.

It's great that you are breastfeeding!

With all you have on your plate today, it's great you made WIC a priority.

Your baby is lucky to have a mom who takes such good care of him.

You should be so proud of yourself for sticking with it. A lot of mothers would have stopped breastfeeding.

That's a very common reaction I can see how much your baby loves you.

I can tell it's important to you to have a strong family.

Being a good mom is a struggle some days.

It's great that you made WIC a priority today.

You are working hard at being a good role model for your children.

I remember what those days are like—being a good mom is a juggling act on some days.

I've met a lot of dads who worried about that too.

How wonderful to have your mom there to help you.

It's hard to take care of everyone else and still have time to take care of ourselves.

It's great that you have talked to your doctor about this.



I'm glad you've given this some thought. Look at you! You're doing it!

HANDOUT 3.4

AFFIRMATION SNAPSHOT

This handy reference sheet gives six key ways to affirm or validate a mother's feelings, and an example of how it might sound in a WIC clinic setting. In the column on the right, "How Would That Sound in YOUR Words?" think about how you could affirm in each of these ways in language you might use every day.

Ways to Affirm	How Affirmation Might Sound	How Would that Sound in YOUR Words?
Agree with her.	<i>You are absolutely right.</i>	
Let her know you've been there, too.	<i>I remember feeling that way, too.</i>	
Show her that she is not alone in this experience.	<i>You're not alone. Other mothers have worried about this or experienced this, too.</i>	
Read between the lines to discover what she is worried about or what she values.	<i>I can see you are worried about making enough milk. That tells me what a good mother you are.</i>	
Shine the spotlight on what she is doing well.	<i>It's great that you are breastfeeding!</i> <i>With all you have on your plate today, it's great you made WIC a priority.</i>	
Show her how she is a good mother.	<i>It's obvious you talk to your baby a lot. What a great mom you are!</i>	



HANDOUT 3.5

SHOW ME VIDEO VIGNETTES

USING 3-STEP TO COUNSEL NEW MOTHERS

1. As you listen to this encounter between a WIC mother early in her pregnancy and a WIC staff member, jot down some notes on the following:
 - A. The open-ended questions you hear the counselor ask:

 - B. Probing questions you hear from the counselor:

 - C. Affirming statements given to the mother:
2. What would you have done differently?

3. What could you see incorporating into your own approach to counseling?



HANDOUT 3.6

ROLE PLAY SCENARIOS

Role Play #1

WIC Staff:

Jenny has come into the WIC clinic today without an appointment and says she must have formula *today*.

1. Ask open-ended questions to explore her concerns.
2. Use probes to better understand what she means.
3. Affirm her feelings.

Role Play #1

Mother:

You are Jenny, mother of a baby born 2 weeks ago. You were certified as a breastfeeding mother a few days after your baby's birth, but things are not going so well now. Your baby is nursing all the time and you are convinced you are running out of milk. Yesterday your partner lost his job and you are going to have to find a job to help supplement the family income as soon as possible. If you start the baby on formula today you will be able to go back to work as soon as you can find a job.

Role Play #2

WIC Staff:

You are counseling Maria, who is 16 weeks pregnant with her 2nd child. Her older child is now 2 years old. Although she breastfed her last child, she is not interested in breastfeeding this time.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

Role Play #2

Mother:

You are Maria, 16 weeks pregnant and mother of a 2-year-old who you breastfed for just a couple of weeks. You are not sure you want to breastfeed this time. After all, things didn't go



Module 3: Communicating with WIC Families About Breastfeeding

so well last time. For one thing, it was very embarrassing breastfeeding in the hospital with nurses and family members coming in and out of your room all the time. You gave the baby bottles a lot and decided you would wait to breastfeed when you got home. But once you were home from the hospital, Jose did not latch on very well. Your nipples became very sore and you got engorged when your milk came in. This time around you think it would be better to just start off with bottles and avoid the discomforts of breastfeeding.

Role Play #3

WIC Staff:

You are counseling Amber, a first-time mother who is 36 weeks pregnant. The WIC nutritionist has talked with Amber about breastfeeding in 2 prenatal visits.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.

Role Play #3

Mother:

You are Amber, 36 weeks pregnant with your first child. None of your family members have ever breastfed, and you can't even imagine what it would be like. When you mentioned to your sister that the WIC nutritionist told you breastfeeding was best, she said breastfeeding was nasty, and nobody in your family does it. She told your mother you were talking about it, and your mother said she had tried it but never could make any milk. It seems as though breastfeeding would probably cause some family problems, so bottle feeding might be better.

Role Play #4

WIC Staff:

You are counseling Miki, a recent immigrant to the United States. Miki is pregnant with her first child, and a high school student. She speaks excellent English.

1. Ask open-ended questions to find out her thoughts and feelings about breastfeeding.
2. Use probes to better understand what she means.
3. Affirm her feelings.



Module 3: Communicating with WIC Families About Breastfeeding

Role Play #4

Mother:

You are Miki, unmarried and 20 weeks pregnant with your first child. You recently came to the United States with your parents and got pregnant. He doesn't seem interested in being very involved in your baby's life. Your mother tells you that even though women from your homeland breastfeed, you are now in America, and you should try to fit in by bottle feeding. Besides, you have very small breasts and probably wouldn't be able to make any milk. Since you want to go to college in a few months, breastfeeding seems like it would be too hard, and not worth the effort.



HANDOUT 3.7

REPLACING WORN-OUT TOOLS

Consider our language, and how well-intended phrases might actually come across to mothers. Take a look at these common expressions and phrases sometimes used in WIC. Thinking from the perspective of the mother, what might these words communicate to them? What would be a better approach to consider instead?

Statements	What Mothers Might Interpret That to Mean	Another Approach to Consider
"Do you plan to breastfeed or bottle feed?"		
"Breast is best."		
"Do you think you will need any formula this month?"		
"If you breastfeed we can't give you any formula."		
"Wow! You're still breastfeeding?"		
"Wouldn't you rather breastfeed somewhere more private?"		
"Are you breastfeeding and working?"		
"Do you want some formula just in case?"		



HANDOUT 3.7

ANSWER SHEET: RESPONSES TO CONSIDER

Statements	What Mothers Might Interpret That to Mean	Another Approach to Consider
"Do you plan to breastfeed or bottle feed?"	<i>Breastfeeding and bottle feeding are the same or equally as good.</i>	<i>"Tell me what you've heard about breastfeeding."</i>
"Breast is best"	<i>Breastfeeding is better, but formula is good enough.</i>	<i>"Breastfeeding is the normal way to feed babies."</i>
"Do you think you will need any formula this month?"	<i>You might not make enough milk.</i>	<i>"Your baby is doing great on your milk."</i>
"If you breastfeed we can't give you any formula."	<i>WIC punishes mothers who report they are breastfeeding.</i>	<i>"We want to help you carry out your intentions to breastfeed."</i>
"Wow! You're still breastfeeding?"	<i>There is something wrong with breastfeeding an older baby.</i>	<i>"It's great you are continuing to breastfeed."</i>
"Wouldn't you rather breastfeed somewhere more private?"	<i>Breastfeeding should be hidden, if possible.</i>	<i>"It's great you are breastfeeding!"</i>
"Are you breastfeeding and working?"	<i>The two may not be compatible.</i>	<i>"Tell me how things are going with breastfeeding."</i>
"Do you want some formula just in case?"	<i>There's a good chance you probably won't make enough milk.</i>	<i>"Look how great your baby is doing on just your milk. What a lucky baby to have a mother who loves him this much."</i>



HANDOUT 3.8

CLERICAL LANGUAGE SUPPORTING BREASTFEEDING

**Try some of these positive, affirming statements
to support mothers with breastfeeding in our clinic!**



“You’re a great mom for breastfeeding!”



“Breastfeeding is such a sweet way to express your love.”



“Look at how your baby is looking at you. He definitely knows you’re his mom!”



“Your baby looks very healthy and happy. He must really enjoy breastfeeding.”



“WIC has some great new food packages for breastfeeding moms! The nutritionist will tell you more about them today!”



“Dad/Grandma, you must be SO proud of her for breastfeeding!”



“WIC has peer counselors, WIC moms just like you, who you can talk to about making breastfeeding fit into our life.”



“I hope you’ll be sure to talk with the CPA today about your concerns about going back to work and breastfeeding. There are lots of great solutions that moms have found to fit breastfeeding into your life.”



HANDOUT 3.9

APPLICATION TO PRACTICE: COMMUNICATING CONNECTION

Sarah has come to the clinic to get her baby on WIC. James was born 2 weeks ago and is breastfeeding. Sarah said she would not have come to WIC but when her doctor saw James this morning, he wasn't happy with the baby's weight gain and suggested she add some formula at the end of each feeding. She cannot afford to buy formula and wants help from WIC.

1. Assess: Write 1-2 open-ended questions you could ask to learn more about Sarah and James. What do you think she might be worried about most?
2. Affirm: Write 1-2 ways you could validate Sarah's feelings.
3. Inform: List 2-3 reasons to continue breastfeeding that you could share with Sarah.
4. Inform: List a support option that WIC could provide her.
5. Yield: What referrals would be helpful for Sarah if you are the clerk? The CPA? The peer counselor?



HANDOUT 3.9

APPLICATION TO PRACTICE: COMMUNICATING CONNECTION *ANSWER SHEET: RESPONSES TO CONSIDER*

1. Assess: Write 1-2 open-ended questions you could ask to learn more about Sarah and James. What do you think she might be worried about most?
 - *Tell me more about what the doctor said.*
 - *How do you feel about what he has said?*
 - *What are your goals for breastfeeding?*
2. Affirm: Write 1-2 ways you could validate Sarah's feelings.
 - *It's wonderful that you are breastfeeding right now!*
 - *I can see you're worried.*
3. Inform: List 2-3 reasons to continue breastfeeding that you could share with Sarah.
 - *Lifetime of health benefits for her baby, including lower risk of ear infections respiratory infections, and diarrhea.*
 - *Benefits to the mother, including lower risk of breast and ovarian cancer.*
4. Inform: List a support option that WIC could provide her.
 - *Peer counselor*
 - *WIC Designated Breastfeeding Expert*
 - *Breastfeeding support group*
5. Yield: What referrals would be helpful for Sarah if you are the clerk? The CPA? The peer counselor?
 - Clerk: Refer the mother to the CPA at the clinic that day and to the WIC Designated Breastfeeding Expert
 - CPA: Refer the mother to the WIC Designated Breastfeeding Expert if the baby is truly having difficulties with breastfeeding; refer to the peer counselor for ongoing encouragement and support
 - Peer Counselor: Refer the mother to the WIC Designated Breastfeeding Expert



HANDOUT 4.1 Weed Identification

Instructions:

As you watch the video, “To Baby with Love: Overcoming Barriers to Breastfeeding” [available on the WIC Works Resource System or from the Texas Department of State Health Services, Nutrition Services Center], record in the first column the weeds or barriers to breastfeeding that the mothers share. In the second column, record any solutions that the mothers share. Think about other barriers that you hear from WIC mothers. What solutions could be helpful for them?

Barriers	Solutions



HANDOUT 4.2

Resources

Instructions:

Record the name and contact information for breastfeeding support people in your community. In the last column, give a reason why you would refer a mother to this person.

Within WIC:

Name	Job	Telephone	E-mail	Reason for referral

In the community:

Name	Job	Telephone	E-mail	Reason for referral



HANDOUT 4.3

Application To Practice: Overcoming Barriers

Nicole is at WIC today for the first time. She is in her fourth month of pregnancy. She has thought about breastfeeding, having heard it was best, but her mother told her that her breasts were too small to breastfeed.

1. Write 1-2 open-ended questions you could ask to learn more about Nicole's situation.
2. What do you think Nicole is most worried about?
3. What do you want Nicole to know before she leaves the WIC clinic?
4. What do you want her to know about WIC food package options at this point?
5. List a support option that WIC could provide her.
6. Considering the resources you listed in Handout 4.2, who would you want to refer Nicole to for follow-up to help her consider breastfeeding more seriously?



HANDOUT 4.3

APPLICATION TO PRACTICE: OVERCOMING BARRIERS *ANSWER SHEET: RESPONSES TO CONSIDER*

Nicole is at WIC today for the first time. She is in her fourth month of pregnancy. She has thought about breastfeeding, having heard it was best, but her mother told her that her breasts were too small to breastfeed.

1. Write 1-2 open-ended questions you could ask to learn more about Nicole's situation.
 - *Tell me more about what your mother is saying about breastfeeding.*
 - *How do you feel about what your mother is saying.*
 - *Tell me about people you know who have breastfed.*
2. What do you think Nicole is most worried about?
 - *Her breasts may be inadequate to make milk to sustain her baby.*
 - *She may not have support for breastfeeding from her mother.*
3. What do you want Nicole to know before she leaves the WIC clinic?
 - *Breast size does not normally impact milk production capacity.*
 - *Even small-breasted women can make plenty of milk.*
 - *The best way to assure a healthy milk production is exclusive breastfeeding and avoiding formula in the early weeks.*
4. What do you want her to know about WIC food package options at this point?
 - *The exclusive breastfeeding package provides more food and will help her get the best start in making plenty of milk for her baby.*
5. List a support option that WIC could provide her.
 - *Peer counselors for one-on-one assistance*
 - *Prenatal breastfeeding class (inviting her mother to attend with her)*
6. Considering the resources you listed in Handout 4.2, who would you want to refer



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Nicole to for follow-up to help her consider breastfeeding more seriously?

- *WIC local agency breastfeeding coordinator*
- *Local agency peer counselor*
- *Lactation consultant at the hospital*



HANDOUT 5.1

SHOW ME VIDEO VIGNETTES: COUNSELING ABOUT MILK PRODUCTION

As you listen to this counseling encounter between a breastfeeding WIC mother and a WIC staff member, jot down some notes on the following:

1. The questions the counselor asks to find out more about the mother's situation.
2. The affirmations she uses to help the mother feel more confident about her milk production.
3. The information that she shares.
4. What would you have done differently?
5. What could you see incorporating into your counseling with WIC mothers?



HANDOUT 5.2

Moving Mothers From Worries with Confidence

Instructions: Individuals or small groups should select a scenario from the list below.

1. Consider possible factors that might be leading a mother to have this concern. What is her true fear or worry?
2. Consider a way to validate her feelings about this concern.
3. Based on the information presented in this module, identify solutions that can be shared to help increase her confidence.

Mother Says...	Mother's Worries	Affirming Statement	Education to Share
<i>I want to switch to formula.</i>			
<i>Nobody in my family could make milk.</i>			
<i>I used a breast pump and nothing came out.</i>			
<i>My breasts are too small to breastfeed.</i>			
<i>I gave him some formula after nursing because he still seemed hungry and he drank the whole bottle.</i>			
<i>My breasts don't feel full anymore and my baby is always hungry.</i>			



HANDOUT 5.1

ANSWER SHEET: RESPONSES TO CONSIDER

Mother Says...	Mother's Worries	Affirming Statement	Education to Share
<i>I want to switch to formula.</i>	Real or perceived low milk production; busy life; returning to work; pressure from family, mother just wants to wean, etc.	"It's great that you have been breastfeeding."	Importance of breastfeeding; starting formula causes milk production to decline
<i>Nobody in my family could make milk.</i>	Lack of confidence in her body's ability to make milk (or that her body is defective); that this is a family trait, proven through the generations; or lack of support from family members.	"I used to think that, too."	Breastfeeding early and often, and following baby's signs of hunger, helps mothers make plenty of milk. Milk production can also be increased.
<i>I used a breast pump and nothing came out.</i>	This is visible proof that her worries are true and she has no milk	"I can definitely see how you would think you don't have enough milk since you weren't able to pump much."	The quality of the pump and the way the pump flanges fit make a big difference. Also, it takes a lot of practice to get the milk to "let down" to a pump and to flow well. Babies usually get more milk than the pump. Also, pumping after feeding the baby can result in lower amount expressed.
<i>My breasts are too small to breastfeed.</i>	Her body is inadequate to nourish her baby	"Many women worry about the size and shape of their breasts."	Breast size does not determine the amount of milk you make.
<i>I gave him some formula after nursing because he still seemed hungry and he drank the whole bottle.</i>	She is running out of milk and her baby is going to go hungry if she only breastfeeds.	"That must have been a scary feeling. I can tell you are worried about your baby, and that's good to be concerned."	Babies use a different mechanism to drink from a bottle and often continue drinking even though they are full.
<i>My breasts don't feel full anymore and my baby is always hungry.</i>	Her milk has dried up and her baby will go hungry if she continues to breastfeed.	"I can see you are very concerned about your baby."	Baby may be going through a growth spurt and her breasts may no longer be engorged.



HANDOUT 5.3

Application To Practice - Module 5

Jill has come to the WIC clinic to certify her newborn infant and to recertify herself as a postpartum mother. She has heard that WIC no longer gives formula in the first month postpartum. When you ask her how she is feeding her baby she stammers, and finally says,

“Well...uh...you know...I tried to breastfeed...but I’m probably going to just be formula feeding. I don’t think I’m making enough milk and he’s pretty greedy.”

When you ask a few probing questions, you learn that Jill gave birth by Cesarean section to a 9 pound baby a week ago. She gave the baby a bottle of formula in the hospital because she was tired and in pain, and her baby was hungry. He cried most of their first night home, so she gave him 2 more bottles and he settled right down. Though she is still breastfeeding, everyone in her family has all told her that she can’t possibly satisfy such a big baby.

1. What clues did you hear that might be impacting her milk production?
2. How do you suspect Jill might be feeling about breastfeeding and her baby’s response?
3. How can you validate those feelings?
4. What information do you think will help Jill most?



HANDOUT 5.3

Application To Practice - Module 5

ANSWER SHEET – RESPONSES TO CONSIDER

1. What clues did you hear that might be impacting her milk production?

- *C-Section delivery*
- *Supplementation with infant formula*
- *Not breastfeeding often*
- *Potential poor latch ~ poor milk transfer*
- *Negative advice from family members decreasing her self-confidence*

2. How do you suspect Jill might be feeling about breastfeeding and her baby's response?

She may be feeling overwhelmed with recovery from a c-section, a hungry/fussy baby, and all the negative messages from her family.

3. How can you validate those feelings?

"I can see you are feeling really overwhelmed right now. I think a lot of mothers have been in your shoes."

"I can tell satisfying your baby is important to you. What a good mother you are!"

4. What information do you think will help Jill most?

- *Referral to a WIC Designated Breastfeeding Expert to observe a feeding and assess whether baby is latched well.*
- *Consider issuing a hospital-grade breast pump if mom is engorged or needs to increase production.*
- *Encourage mother to feed baby at least 8-12 times every 24 hours and to feed for as long as baby wants to.*
- *Consider skin-to-skin contact if baby is reluctant to breastfeed.*



HANDOUT 6.1

BEST PRACTICE: PROMOTING AND SUPPORTING BREASTFEEDING IN WIC

Certification Visit	Assess and Inform	Follow-Up
Initial Prenatal Certification	Assess the mother's thoughts about breastfeeding. Questions to consider: <ul style="list-style-type: none"> What have you heard about breastfeeding? What was your previous experience like with your last baby? If you breastfed your last baby, what was the experience like? What worked well? What was challenging? 	Yield to a peer counselor for follow-up during her pregnancy
	Explore concerns the mother might have, being careful to assure her that her feelings are normal.	
	Explain how WIC supports her with breastfeeding: <ul style="list-style-type: none"> Extra WIC foods for breastfeeding mothers and babies Certification for both mother and baby through the first year of the baby's life Breastfeeding education classes and support group meetings Breast pumps for certain needs Breastfeeding peer counselors 	
	Remind mothers to know their HIV status.	Yield to a health care professional if necessary
2nd Prenatal Visit	Assess additional questions and thoughts mothers might have had about breastfeeding since the last visit: <ul style="list-style-type: none"> Who can support you with breastfeeding? (ex: baby's father, her mother, other family members, friends, co-workers) What has your mother/partner told you about breastfeeding? How do you feel about what they say? What are your plans after the baby is born (i.e., returning to work or school?) How supportive do you feel your employer will be? What other questions do you have about breastfeeding? 	Yield to a peer counselor if she is not currently being followed.
	Anticipatory Guidance: <ul style="list-style-type: none"> How the breast makes milk Combining breastfeeding and employment Ways WIC supports breastfeeding, including no routine infant formula to breastfed babies less than 1 month old Who can help 	Yield to WIC Designated Breastfeeding Expert Invite mother to a prenatal class
3rd Prenatal Visit	Assess how the mother is preparing for breastfeeding, including: <ul style="list-style-type: none"> Classes she may have attended Conversations she has had with her family and physician Support after the baby is born 	Invite mother to a prenatal class



Module 6: Promoting Breastfeeding during Pregnancy

Certification Visit	Assess and Inform	Follow-Up
	Anticipatory Guidance: <ul style="list-style-type: none"> Hospital practices that get breastfeeding off to a good start The impact of supplementation on milk production How to know her baby is getting enough milk Feeding cues that will alert her that baby is ready to feed Options for breastfeeding support in the community 	Invite mother to a breastfeeding class or support group meeting in the community
	Explain how WIC supports her with breastfeeding: <ul style="list-style-type: none"> No routine formula to help her establish a good milk production and protect her intention to breastfeed Availability of breast pumps in certain circumstances Food package for both the mother and baby through the first year of her baby's life Access to peer counselor and WIC Designated Breastfeeding Expert to help her with her questions and concerns 	Yield to WIC Designated Breastfeeding Expert for follow-up questions she might have
Before Delivery	Assess by phoning mother within 1 week of expected delivery date <ul style="list-style-type: none"> How is pregnancy going? How comfortable is she? What delivery plans is she expecting at this point? 	Yield to a health care professional if appropriate
	Remind her to: <ul style="list-style-type: none"> Come in as soon as possible after delivery to enroll baby on WIC and to receive assistance with breastfeeding, if needed Contact her peer counselor as soon as her baby is born Ask the hospital IBCLC to assist her with breastfeeding and to observe a feeding before she is discharged 	Yield to WIC Designated Breastfeeding Expert as needed
After Delivery – telephone call and post-delivery WIC visit	Assess how the mother feels breastfeeding is going and how baby is doing <ul style="list-style-type: none"> Call within 1 week to offer congratulations and praise Ask how she feels breastfeeding is going Find out how the mother thinks breastfeeding is going Ask her baby's output and weight loss/gain since delivery 	Yield to WIC Designated Breastfeeding Expert
	Anticipatory Guidance <ul style="list-style-type: none"> Baby's hunger and satiety cues Growth spurts How her breasts might feel as milk flow increases 	
	Remind mothers about the importance of exclusive breastfeeding for around the first 6 months of her baby's life.	
	Explain how WIC supports her with breastfeeding: <ul style="list-style-type: none"> No routine formula to help her establish a good milk production Availability of breast pumps in certain circumstances Food package through the baby's first year of life Access to peer counselors and WIC Designated Breastfeeding Expert to help her with her questions and concerns 	Yield her to support group meetings available in the community

(ADAPTED FROM THE NORTH COUNTY HEALTH SERVICES, SAN MARCOS, CA AND THE "REVIEW OF PROCEDURES: PROVIDING BREASTFEEDING PROMOTION, EDUCATION AND SUPPORT" FROM THE COLORADO WIC STATE AGENCY. MATERIALS AVAILABLE ONLINE AT WIC WORKS RESOURCE SYSTEM: [HTTP://WWW.NAL.USDA.GOV/WICWORKS/SHARING_CENTER/GALLERY/WIC_FOODS3.HTM](http://www.nal.usda.gov/wicworks/sharing_center/gallery/wic_foods3.htm))



HANDOUT 6.2

SHOW ME VIDEO VIGNETTES: PRENATAL COUNSELING

As you listen to this encounter between a pregnant WIC mother and a WIC staff member, jot down some notes on the following:

- A. The questions the counselor asks

- B. The affirmations she uses

- C. How she shares information

What would you have done differently?



What could you see incorporating into your own approach to prenatal assessment?

HANDOUT 6.3

APPLICATION TO PRACTICE: SOLUTIONS TO BARRIERS

Rosa is a first-time mother in her eighth month of pregnancy. At her first visit to WIC, she was quiet and had little to say about breastfeeding. At this visit, she says that she had been thinking about trying breastfeeding but she'd heard that if you smoke, you shouldn't breastfeed. She tells you that she has been working really hard to cut back and is down to five cigarettes a day. She's just having trouble giving up those last five. Her mother lives with her and her husband and they smoke too.

1. Assess: Write 1-2 open-ended questions you could ask to learn more about Rosa's situation.
2. Assess: What do you think Rosa's primary worries might be?
3. Affirm: What do you think Rosa needs to hear most from you?
4. Educate: What information do you think is important for her to hear at this stage of her pregnancy?



5. Yield: What follow-up options and resources would be helpful to share with Rosa?

HANDOUT 6.3

APPLICATION TO PRACTICE - MODULE 6

ANSWER SHEET – RESPONSES TO CONSIDER

1. Assess: Write 1-2 open-ended questions you could ask to learn more about Rosa's situation. *"Tell me how you were able to cut down to five cigarettes a day?" "What would you like to see happen?" "You were successful this far—what do you see will help you put down that pack for good?"*
2. Assess: What do you think Rosa's primary worries might be? *Rosa is concerned that she is not going to be able to completely stop smoking before her baby is born and that if she breastfeeds, the smoking will harm the baby. She is also concerned about the smoking of the other members of her household.*
3. Affirm: What do you think Rosa needs to hear most from you? *"Cutting back on your smoking while you're pregnant is not an easy thing and yet you did it—I can tell it's important to you to give your baby a healthy start in life. You should be proud."*
4. Educate: What information do you think is important for her to hear at this stage of her pregnancy? *Encourage Rosa to breastfeed, letting her know that research shows that babies who live in a smoke environment and are bottlefed have more infections than breastfed babies. Share information from modules 4 and 6 on how to minimize baby's exposure to second-hand smoke and ask her to share this information with her husband and mother.*



Module 6: Promoting Breastfeeding during Pregnancy

5. Yield: What follow-up options and resources would be helpful to share with Rosa?
According to her answers to the above question on how she was able to cut down on the amount of smoking she was doing, refer her to a smoking cessation program in your community.



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

HANDOUT 7.1 BABY-LED BREASTFEEDING

Instructions:

After you watch “Baby-Led Breastfeeding” and walk through the guided demonstration with your own baby doll or stuffed animal, answer the following questions:

1. How would you explain “baby-led breastfeeding” to a new mother?
2. What was something you **saw** in the video that was new information for you?
3. What was something you **heard** in the video that was new information for you?
4. What are three ways you plan to share this information with WIC mothers?



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

HANDOUT 7.2 INFANT FEEDING LOG

Breastfeeding Record for Baby's First Week

Keep this record and a pencil near you during the first week of your baby's life to keep track of your baby's breastfeedings, wet diapers, and bowel movements.

A sample is provided in the shaded box below.

Breastfeedings: Circle the Bf whenever your baby breastfeeds.

Wet Diapers: Circle the W whenever your baby has a wet diaper.

Bowel Movements: Circle the BM whenever your baby has a bowel movement.

It is okay if your baby has more breastfeedings, wet diapers, or bowel movements than the goal for the day. You can write in additional Bfs, Ws, or BMs. Keeping this record will help you know your baby is doing fine!

If your baby has fewer Bfs, Ws, or BMs than the goal for that day, call your doctor or breastfeeding helper. Remember – don't feel shy about asking questions.

SAMPLE day three									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 3-5 W W W									
Brown or green bowel movements									
Today's goal: 3-4 BM BM BM									
On day three, this baby met the day's goal of at least 8 breastfeedings, 3 wet diapers, and 3 brown or green bowel movements.									
day one									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
» Any bowel movements will be black and tarry.									
» The doctors and nurses at the hospital will monitor your baby's health.									
day two									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
» Any bowel movements will be brown and tarry.									
» The doctors and nurses at the hospital will monitor your baby's health.									

day three									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 3-5 W W W									
Brown or green bowel movements									
Today's goal: 3-4 BM BM BM									
day four									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 3-5 W W W									
Loose yellow bowel movements									
Today's goal: 3-4 BM BM BM									
day five									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 4-6 W W W W									
Loose yellow bowel movements									
Today's goal: 3-6 BM BM BM									
day six									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 4-6 W W W W									
Loose yellow bowel movements									
Today's goal: 3-6 BM BM BM									
day seven									
Breastfeedings									
Today's goal: 8-12 Bf Bf Bf Bf Bf Bf Bf Bf									
Wet diapers									
Today's goal: 4-6 W W W W									
Loose yellow bowel movements									
Today's goal: 3-6 BM BM BM									



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

HANDOUT 7.3 SHOW ME: TALKING TO A NEW BREASTFEEDING MOTHER

1. As you listen to this encounter between a breastfeeding WIC mother and a WIC staff member, jot down some notes on the following:
 - A. The questions the counselor asks to inform her assessment
 - B. The affirmations she uses to help the mother relax
 - C. How she shares information
2. What would you have done differently?
3. What could you see incorporating into your own approach to post-partum assessment?



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

HANDOUT 7.4 APPLICATION TO PRACTICE HELPING A NEW BREASTFEEDING MOTHER

Bonnie came into WIC today with her baby, born 3 days ago. Bonnie is breastfeeding, but worried that she will not be able to make milk for her baby. She has asked if she can still get formula. Her baby, Bella, weighed 7 lbs. 4 ounces at birth, and now weighs 6 lbs. 11 ounces. When you asked her what kind of stools the baby had in the last 24 hours she recalled that she had a large bowel movement that looked a little like black tar. Her breasts do not feel hard like her friends told her they would, and Bella cried most of the night last night. She is afraid she is starving her baby.

1. Assess: Write 2-3 questions to help you determine more about Bonnie's situation. What potential red flags worry you?
2. Affirm: What do you believe Bonnie is most fearful of, and what supportive words of affirmation can you share with her?
3. Educate: What information would be most appropriate for Bonnie today?
4. Yield: To whom would you yield Bonnie for further support?



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

HANDOUT 7.4 APPLICATION TO PRACTICE HELPING A NEW BREASTFEEDING MOTHER ANSWER SHEET – RESPONSES TO CONSIDER

1. Write 2-3 questions to help you determine more about Bonnie's situation. What potential red flags worry you?

- *Number of bowel movements*
- *Meconium bowel movements*
- *Mother requesting infant formula*
- *Baby crying all night*
- *Mother concerned she is "starving her baby"*
- *Potential poor latch ~ poor milk transfer*
- *Misinformation from friends*
- *"Tell me about the last 24 hours—how feeding Bella has gone."*
- *"Describe a typical feeding with Bella."*
- *"Tell me how your breasts feel."*

2. What do you believe Bonnie is most fearful of, and what supportive words of affirmation can you share with her?

She feels she is starving her baby and doubts her ability to breastfeed and take care of her baby.

"I remember feeling this way too Bonnie—that first night home from the hospital, my baby cried and that made me cry."

"I hear this from a lot of mothers. I can see you are worried about how breastfeeding is going. Bella is lucky to have a mother who is so concerned about her wellbeing."

3. What information would be most appropriate for Bonnie today?

- *WIC is here to help her today*
- *Importance of skin-to-skin contact*



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

- *Encourage mother to feed baby at least 8-12 times a day*
- *Let mother know not to take the baby off the breast after a certain number of minutes—let the baby finish the feed*
- *Breast compression*

4. To whom would you yield Bonnie for further support?

- *Immediate referral to the WIC Designated Breastfeeding Expert*
- *Peer Counselor*



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

HANDOUT 8.1 MOM SAYS

Instructions:

Write down common questions you hear from a new mother once she gets past the initial adjustment period of the first several weeks. Write down:

1. What is she most worried about when she says these things?
2. What affirmation will help her feel reassured?
3. What information is most important to share with her?

Mom Says:	What She Is Worried About Most	Affirmation	Information



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

HANDOUT 8.2 APPLICATION TO PRACTICE CONTINUING THE BREASTFEEDING RELATIONSHIP

Kym has come to WIC today to certify her 3-month-old baby for WIC. Although she has been fully breastfeeding and knows it is best, she wonders if giving some formula now that her baby is a little older might make her life a little easier and give her more freedom to resume the things she used to do before the baby came along.

1. Assess: What more do you want to know from Kym? Write 1-2 open-ended questions to help you get that information.
2. Affirm: What supportive words can you offer to Kym to affirm her worries and concerns?
3. Inform: What information does she need to hear?
4. Inform: List 2-3 support options available through WIC that might be helpful for her.



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

HANDOUT 8.2 APPLICATION TO PRACTICE CONTINUING THE BREASTFEEDING RELATIONSHIP *ANSWER SHEET: RESPONSES TO CONSIDER*

1. Assess: What more do you want to know from Kym? Write 1-2 open-ended questions to help you get that information.
 - *Tell me about a typical day at your house.*
 - *Who are some of the support people helping you?*
2. Affirm: What supportive words can you offer to Kym to affirm her worries and concerns?
 - *You're not alone. Trying to manage a baby and your normal routine can be tough.*
 - *I remember what those days were like.*
3. Inform: What information does she need to hear?
 - *Milk expression options*
 - *Specific guidance about breastfeeding with the particular priorities she has identified*
4. Inform: List 2-3 support options available through WIC that might be helpful for her.
 - *Peer Counselor*
 - *Breastfeeding mother's support group meeting*
 - *Educational materials*



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

HANDOUT 9.1 SEPARATION SCENARIOS

For each of the situations below, list three affirming statements you could say to a mother, three open-ended questions to help explore her situation, and three anticipatory guidance messages you could share with her to help her create a plan to continue breastfeeding.

1. Liz is a 20-year-old college student and the mother of a two month old. She is going back to school full-time in two weeks.
2. Kimberly is returning next week to work full-time at a large retail store after a four-week maternity leave.
3. Marta is going to be in her sister's wedding this weekend. She has a four-month-old exclusively breastfed baby.
4. Barb was just readmitted to the hospital six weeks postpartum for emergency gall bladder surgery.
5. Cassie is a 26 year-old mother of two. She just delivered a 34-week old premature baby.



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

HANDOUT 9.1 SEPARATION SCENARIOS RESPONSES TO CONSIDER

1. Liz is a 20-year-old college student and the mother of a two month old. She is going back to school full-time in two weeks.
 - Affirming Statements
 - *How wonderful that you have been breastfeeding!*
 - *You're a great mom to be giving your baby such a good start in life.*
 - *Lots of mothers have felt a little overwhelmed thinking about going to school and breastfeeding.*
 - Open-Ended Questions
 - *What are your breastfeeding goals?*
 - *How has breastfeeding been going so far?*
 - *Tell me more about your school schedule.*
 - Anticipatory Guidance
 - *How baby might respond to accepting other feeding methods at this age.*
 - *How supplementation affects her overall milk production.*
 - *How baby's feeding cycles may change once she is apart from baby.*
2. Kimberly is returning next week to work full-time at a large retail store after a four-week maternity leave.
 - Affirming Statements
 - *How wonderful that you have been breastfeeding!*
 - *You're a great mom to be giving your baby such a good start in life.*
 - *Lots of mothers have worried about returning to work and continuing to breastfeed.*
 - Open-Ended Questions
 - *What is your work schedule going to be like?*
 - *What thoughts have you had about continuing to breastfeed after you return to work?*
 - *What are your breastfeeding goals?*
 - Anticipatory Guidance
 - *How supplementation affects her milk production.*
 - *Preparing for milk expression once she is back at work.*
 - *How baby's feeding cycles may change once she is apart from baby.*



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

3. Marta is going to be in her sister's wedding this weekend. She has a four-month-old exclusively breastfed baby.
 - Affirming Statements
 - *Your baby is very lucky to have received your milk for four months!*
 - *It's great you have given your baby such a good start in life.*
 - *Lots of mothers have worried about being apart from their baby.*
 - Open-Ended Questions
 - *What will some of the activities of this weekend entail?*
 - *How will be caring for your baby while you are away, and what have they been telling you about breastfeeding?*
 - *What ideas have you already been considering?*
 - Anticipatory Guidance
 - *How baby might respond to accepting other feeding methods at this age.*
 - *How missing feedings might affect her own comfort. .*
 - *Effect of alcohol she may consider ingesting may affect breastfeeding if her baby is with her.*
4. Barb was just readmitted to the hospital six weeks postpartum for emergency gall bladder surgery.
 - Affirming Statements
 - *This must seem very overwhelming right now. Any mother would be worried.*
 - *What a great mother to have given your baby such a good start in life through breastfeeding!*
 - *It's great you are focused on taking care of yourself right now. That's important.*
 - Open-Ended Questions
 - *What has the doctor told you about keeping your breasts drained?*
 - *How do your breasts feel right now?*
 - *What are the things that worry you most right now?*
 - Anticipatory Guidance
 - *The domino effect that can occur when breasts are not drained.*
 - *Options for milk expression by the mother or a caregiver.*
5. Cassie is a 26 year-old mother of two. She just delivered a 34-week old premature baby.
 - Affirming Statements
 - *Lots of mothers have been in your shoes.*
 - *It's great you are considering giving your baby your milk.*
 - *It's normal to feel scared right now.*
 - Open-Ended Questions



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

- *What has the baby's doctor said about breastfeeding?*
- *What have you heard about how breastfeeding affects premies?*
- *Tell me about your plans once you go home from the hospital.*
- Anticipatory Guidance
 - *Expressing milk early and often will help build milk production.*
 - *WIC provides special support for mothers of premature babies, including provision of a high quality breast pump.*



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

HANDOUT 9.2 ALL IN A DAY'S WORK

Instructions:

Think about job settings unique to your community where a WIC mother might work. Consider the potential barriers she might face in that setting combining working and breastfeeding, and how that might impact breastfeeding. Are there any solutions you can consider offering her?

Work Setting	Barriers	Impact on Breastfeeding	Solutions



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

HANDOUT 9.3

SHOW ME VIDEO VIGNETTES:

TALKING ABOUT BREASTFEEDING WITH WORKING MOTHERS

As you listen to this counseling encounter between a breastfeeding WIC mother and a WIC staff member, jot down some notes on the following:

1. The questions the counselor asks to find out more about the mother's situation.
2. The affirmations she uses to help the mother feel more confident about her milk production.
3. The information that she shares.
4. What would you have said differently?
5. What could you see incorporating into your counseling with WIC mothers?



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

HANDOUT 9.4 APPLICATION TO PRACTICE: BACK TO WORK

Lela is in for WIC services following the birth of her first child, born 2 weeks ago. Breastfeeding is going well, but she is concerned that she may not be able to continue breastfeeding after returning to work at a discount store in her community. She would like to go ahead and get formula from WIC now so she can “do both.”

1. Write 1-2 open-ended questions you could ask to learn more about Lela’s situation.
2. What do you think Lela’s primary worries might be?
3. What do you think Lela needs to hear most from you?
4. What options would be most helpful for her?
5. What do you want her to know about WIC food package options at this point?
6. What follow-up options and resources would be helpful to share with Lela?



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

HANDOUT 9.4

APPLICATION TO PRACTICE: BACK TO WORK

RESPONSES TO CONSIDER

1. Write 1-2 open-ended questions you could ask to learn more about Lela's situation.
 - *Tell me more about what you think your typical work day might be like.*
 - *What have you heard about using a breast pump?*
 - *What has your employer said to you about breastfeeding after you return to work?*
2. What do you think Lela's primary worries might be?
 - *Making enough milk after she returns to work*
 - *Approaching her supervisor who may or may not be supportive*
 - *Retaining her job if her supervisor or co-workers feel breastfeeding is interfering with her ability to do a good job*
 - *Embarrassment discussing her breastfeeding needs*
 - *Getting support from her family who might care for her baby while she is away*
3. What do you think Lela needs to hear most from you?
 - *Many WIC mothers successfully combine breastfeeding and working*
 - *WIC provides support to working mothers, including providing a quality breast pump and peer counselors who can help her work breastfeeding into her life*
 - *Beginning formula so soon will negatively affect her milk production; exclusively breastfeeding for the first few weeks will give her more options for feeding once she is ready to return to work*
4. What options would be most helpful for her?
 - *Strategies for building milk production in the early weeks before returning to work.*
 - *How to talk to her supervisor and her family about her breastfeeding needs.*
5. What do you want her to know about WIC food package options at this point?
 - *She will receive many more foods and for a full year if she exclusively breastfeeds.*
6. What follow-up options and resources would be helpful to share with Lela?
 - *Postpartum breastfeeding mother's support group*
 - *Peer counselor support*



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

HANDOUT 9.5

APPLICATION TO PRACTICE: HOSPITALIZED INFANT

Akira came into your WIC clinic today to enroll. She was discharged from the hospital yesterday but she sadly reports that her baby twins had to stay behind and she begins to cry. Her babies came early at only 32 weeks, and they will remain in the hospital NICU for several weeks. She was told she should get a breast pump from WIC, but is not sure whether this will work for her.

1. Assess: What more do you want to know from Akira? Write 1-2 open-ended questions to help you get that information.
2. Affirm: What supportive words can you offer to Akira to affirm her fears and concerns?
3. Inform: What information does she need to hear?
4. Inform: List 2-3 support options available through WIC that might be helpful for her.
5. Yield: Who else can provide help to Akira at WIC or in the community?



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

HANDOUT 9.5

APPLICATION TO PRACTICE: HOSPITALIZED INFANT

RESPONSES TO CONSIDER

1. Assess: What more do you want to know from Akira? Write 1-2 open-ended questions to help you get that information.
 - *Tell me more about what the doctors are telling you about the babies and breastfeeding.*
 - *What have you heard about using a breast pump?*
 - *Tell me about some of your plans while the babies are in the NICU.*
2. Affirm: What supportive words can you offer to Akira to affirm her fears and concerns?
 - *I can tell what a good mother you are to be so concerned.*
 - *This is definitely hard, and it can be scary when they are so tiny.*
3. Inform: What information does she need to hear?
 - *Breastfeeding can be a life-saver for premature babies.*
 - *Lots of mothers have successfully used a breast pump for their premature babies.*
 - *WIC can assist by providing a quality breast pump.*
4. Inform: List 2-3 support options available through WIC that might be helpful for her.
 - *Postpartum support group*
 - *Peer counselor*
5. Yield: Who else can provide help to Akira at WIC or in the community?
 - *WIC Designated Breastfeeding Expert*
 - *WIC Peer Counselor*
 - *Local La Leche League support group*



HANDOUT 10.1

REAL LIFE BREASTFEEDING CHALLENGES

For each of the scenario story starters, discuss the following questions:

1. What might have caused this mother's concern?
2. What might the mother be feeling in this situation?
3. What affirming statement could help her?
4. What information should be shared with the mother to help her manage this situation?
5. What support options could be offered to her?



Story Starters

#1 – Crissy and Nate

16-year-old Crissy made a decision to breastfeed after her baby was born. Her baby was taken to the nursery soon after birth and by the time Crissy saw Nate a few hours later, he was sleepy and uninterested in breastfeeding. She offered him the bottle sitting in the bassinet and he took an ounce or so. Trying to get Nate to latch was hard, and by a week postpartum, Crissy's nipples were cracked and bleeding and Nate never seemed satisfied.

#2 – Roberta and Eduardo

Roberta, a first-time mother, has called the WIC office to request formula. She said her new baby, Eduardo, latched on pretty well in the hospital, though they did not have many chances to work on breastfeeding since the baby spent most of the time in the nursery. Now that she is home from the hospital Eduardo arches his back and screams when the breast is offered. Roberta's breasts are swollen and hard and she is feeling tired and run-down from the ordeal.

#3 – Terri and Katie

Terri is concerned that she is not making enough milk for her 2-week-old baby. Things got off to a rocky start in the hospital when Terri ended up delivering Katie by C-section and she did not feel much like breastfeeding for a few days. Katie became jaundiced in the hospital and the nurses told her to flush the baby with fluids. Katie's physician told her to start giving some formula since the baby was not gaining weight well. At 2 weeks, Katie is nearly back to birth weight. However, Terri is concerned that her baby may not be doing well, and has requested formula from WIC.

#4 – Jolene and Marcus

Jolene has phoned the WIC clinic to request formula. She is ill with the flu and worried that continuing to breastfeed her 3-week-old baby, Marcus, will cause him to become ill, as well. Jolene says she was not prepared for how difficult breastfeeding would be, and feels formula will help solve some of the issues she is facing. Today she noticed that her swollen breasts were feeling a little hot.



Module 10 – Solutions for Common Breastfeeding Concerns or Questions

HANDOUT 10.2

SOLUTIONS TO SHARE WITH MOTHERS

Sore or Cracked Nipples	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> Breast or nipple pain Cracks across the top of nipple or around the base Bleeding possible May be infected Nipple may be flat/inverted and baby is latching poorly 	<ul style="list-style-type: none"> Ensure a good latch; ask an IBCLC to observe latch in the hospital before discharge Breastfeed at least 8 times every 24 hours – every time baby shows early signs of hunger Avoid long intervals between feeds (baby nurses more vigorously when he has not eaten in awhile) Keep breast pads clean and dry Avoid alcohol, soaps, perfumes, deodorants, and other products on the breast Avoid bottles the first 3-4 weeks 	Before the Feed: <ul style="list-style-type: none"> Begin feeding on the side that hurts less (baby nurses more vigorously on the first breast) Ensure a good latch; ask the WIC Designated Breastfeeding Expert to help Vary the positions for breastfeeding Massage breasts to encourage milk to flow before latching baby During the Feed: <ul style="list-style-type: none"> Do not limit feedings After the Feed: <ul style="list-style-type: none"> Apply drops of mother's milk Wear breast shells between feedings to keep clothing away from breasts Other Things to Keep in Mind: <ul style="list-style-type: none"> Do not stop breastfeeding unless nipples are severely damaged; use a breast pump to maintain milk production DO not use soap or creams on nipples Do not miss feedings or wait until the breast is full to breastfeed 	<p>Comfort measures do not resolve the soreness</p> <p>Mother reports severely damaged nipples or pain with breastfeeding</p> <p>Mother reports a severe burning, stinging sensation (could signify Candida albicans) or says baby has white patches inside mouth</p> <p>Mother reports her nipples are blanched after feeding</p> <p>Mother is running a fever</p> <p>Mother's nipples look infected</p>



Module 10 – Solutions for Common Breastfeeding Concerns or Questions

Engorgement	Prevention	Simple Comfort Measures	Yield When:
<p>Physical Symptoms</p> <ul style="list-style-type: none"> Swelling Tenderness Warmth Pain Skin shiny, tight Nipple flattened <p>Mother May Report</p> <ul style="list-style-type: none"> It began on the 3rd to 5th day after birth Breastfeeding was going well until now Baby cries and refuses the breast Her breasts feel hard and painful She feels overwhelmed 	<ul style="list-style-type: none"> Breastfeed within the first hour after birth Get help to assure baby is latched well Breastfeed at least 8 times or more every 24 hours in the early days Listen for signs of the baby swallowing to be sure milk is transferring Respond to baby's early signs of readiness to feed and feed day and night when those early signs are observed Keep baby skin to skin with mother Do not limit the feedings; allow baby to feed as long as he wants and to release the breast on his own Avoid supplementing the baby with foods other than the mother's milk 	<p>Before the Feed:</p> <ul style="list-style-type: none"> Apply warm (not hot.) compresses Perform "reverse pressure softening" to relieve edema and allow the softened areola to be easier to grasp Express a little milk to soften the areola <p>After the Feed:</p> <ul style="list-style-type: none"> If the mother still feels full, continue to express milk to relieve the fullness Apply ice packs (frozen peas work well) <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> Breastfeed more frequently Offer both breasts at each feeding Express milk if necessary to keep breasts from being uncomfortably full Express milk in a warm shower or bath 	<p>Comfort measures have not relieved engorgement</p>



Module 10 – Solutions for Common Breastfeeding Concerns or Questions

Plugged Duct	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> Localized pain Lump that is tender Mother's temperature usually below 101.3°F 	<ul style="list-style-type: none"> Ensure a good latch Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger Let the baby release the breast to end the feed Breastfeed in varied positions Avoid long intervals between feeds Follow basic engorgement prevention recommendations Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) Ask for help from family and friends for non-infant-care chores Rest and drink plenty of fluids 	<p>Before the Feed:</p> <ul style="list-style-type: none"> Apply warm (not hot.) compresses over the blocked area Massage the breast toward the nipple, paying attention to gently massaging the lumpy area <p>During the Feed:</p> <ul style="list-style-type: none"> Position baby with chin pointed toward the affected area Ensure a good latch Begin feeding on the breast with the plugged duct Gently massage the lumpy area during the feeding <p>After the Feed:</p> <ul style="list-style-type: none"> Express milk by hand or with a quality breast pump to keep the affected breast from becoming too full <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> Do not avoid breastfeeding Allow the baby to feed whenever he shows signs of hunger Get plenty of rest Contact the doctor if you begin running a fever Get help from the WIC Designated Breastfeeding Expert who can observe a feed and ensure the baby is latched well and is transferring milk 	<p>The plugged duct is not relieved</p> <p>Mother reports fever or flu-like symptoms</p>



Module 10 – Solutions for Common Breastfeeding Concerns or Questions

Mastitis	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> ▪ Mother has fever ▪ An area on the breast is red and painful ▪ Mother has flu-like symptoms (achy feeling) ▪ Milk production has declined ▪ Baby may not be interested in nursing on that side ▪ Mother has a previous plugged duct that never fully resolved 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ If plugged duct arises, treat aggressively ▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) ▪ Ask for help from family and friends for non-infant-care chores ▪ Rest and drink plenty of fluids and avoid overdoing it 	Before the Feed: <ul style="list-style-type: none"> ▪ Apply warm (not hot.) compresses over the affected area During the Feed: <ul style="list-style-type: none"> ▪ Breastfeed on both breasts, beginning with the affected breast ▪ Begin feeding on the side with the plugged duct ▪ Gently massage the lumpy area while baby is feeding After the Feed: <ul style="list-style-type: none"> ▪ Remove milk by hand or with a quality breast pump if breast is still uncomfortably full ▪ REST. ▪ Drink plenty of fluids ▪ Be vigilant about hand washing Other Things to Keep in Mind: <ul style="list-style-type: none"> ▪ Baby can continue to breastfeed ▪ Do not stop breastfeeding. Breasts need to be well drained ▪ Put the baby to breast whenever he shows signs of hunger ▪ Always contact the doctor if mother is running a fever or has flu-like symptoms; encourage her to consult her physician if symptoms do not improve after beginning an antibiotic regimen 	<p>Mother reports fever and/or flu-like symptoms, or a reddened area on her breast</p>



Module 10 – Solutions for Common Breastfeeding Concerns or Questions

Low Milk Production	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> The baby has fewer than 3 stools per day in the first 3-4 weeks and is not gaining weight well (at least 4-7 ounces per week) The baby does not feed 8-12 times every 24 hours Mom limits the baby's time at the breast The baby has begun supplemental formula or solid foods The mother has begun birth control The mother and baby are separated and mom is not expressing milk while away from baby 	<ul style="list-style-type: none"> Ensure the baby is positioned and latched well so that milk transfer can occur Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger Let the baby release the breast to end the feed Avoid long intervals between feeds 	<ul style="list-style-type: none"> Put the baby to breast whenever he shows signs of hunger Increase the number of feedings (or remove milk with a breast pump) Breastfeed at night when prolactin levels are highest Offer the baby unlimited access to the breast Hold the baby skin to skin Rest and relax to help milk flow Breastfeed on one side and pump on the other to keep the baby at the breast Express milk when separated from baby Talk with physician about medications that can help increase production 	<p>The assessment shows the mother has true low milk production</p> <p>The baby is in need of medical attention or follow-up</p>



HANDOUT 10.3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

Amelia phoned the WIC clinic today in tears. The clerk overheard her baby crying in the background while Amelia frantically asked for a quick change to formula. After yielding the mother to a nurse in the clinic, it was discovered that her baby, who had been doing well after she left the hospital, suddenly stopped breastfeeding. Amelia said she hasn't slept since she got home from the hospital 3 days ago. Her mother-in-law is staying with them to help, and insists she has run out of milk and needs formula. Amelia wants quick help from WIC.

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
4. Educate: What information does she need to hear?
5. List 2-3 support options available through WIC that would be helpful for her.
6. Yield: What referrals and follow-up would help Amelia the most?



HANDOUT 10.3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

ANSWER SHEET – RESPONSES TO CONSIDER

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
 - *Tell me how your breasts are feeling.*
 - *What all are you feeding your baby right now?*
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
 - *What kinds of things are people telling you about breastfeeding?*
 - *Who is around to help you right now?*
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
 - *I can tell you are worried about your baby.*
 - *Lots of mothers go through this after their baby is born.*
 - *You sound exhausted!*
4. Educate: What information does she need to hear?
 - *Strategies for managing engorgement and increasing rest*
5. List 2-3 support options available through WIC that would be helpful for her.
 - *Weight check at the WIC clinic to assess baby's growth*
 - *Access to a peer counselor*
 - *Home visit*
6. Yield: What referrals and follow-up would help Amelia the most?
 - *WIC Designated Breastfeeding Expert or peer counselor*