

| Know a little | Know a lot | Know nothing | |
|---------------|------------|--------------|---|
| | | | <p>Becoming a WIC Peer Counselor</p> <ul style="list-style-type: none"> • Role of the peer counselor in the WIC Program • Positive impact a peer counselor makes in helping WIC participants • Basic job responsibilities and duties of a peer counselor • How to work peer counseling into a peer counselor's life • Scope of practice for basic education and support • Situations which should be “yielded” to others with more expertise • WIC designated breastfeeding experts available to assist |
| | | | <p>Helping Moms say YES to Breastfeeding!</p> <ul style="list-style-type: none"> • Reasons to breastfeed for babies and mothers • Components of human milk • How human milk differs from infant formula • National breastfeeding goals and current rates • How WIC supports breastfeeding mothers' infant feeding goals • Role of peer counselor as part of WIC “circle of care” for new families |
| | | | <p>Helping Moms Overcome Common Barriers</p> <ul style="list-style-type: none"> • Common barriers to breastfeeding initiation, exclusivity, and duration • Making the infant feeding decision • Engaging family members in providing support • Myths and facts about breastfeeding • Exceptions to breastfeeding • When to yield |
| | | | <p>How to Talk with Moms About Breastfeeding</p> <ul style="list-style-type: none"> • Participant-focused counseling techniques • Connection before content • 3-Step counseling strategy • Assessing a mother's readiness to change • Dealing with participants who are resistant or difficult to counsel • Multi-cultural awareness and sensitivity • Misinformation from family members and health care providers |
| | | | <p>Ways to Reach New Moms</p> <ul style="list-style-type: none"> • Maintaining client confidentiality • Documenting contacts • In-person visits in WIC clinics • Effective telephone skills • Appropriate use of cell phones • Using social and electronic media |
| | | | <p>Encouraging Exclusive Breastfeeding</p> <ul style="list-style-type: none"> • Why WIC promotes exclusive breastfeeding • Why mothers begin formula • Barriers to breastfeeding exclusively • How the breast makes milk and factors that influence milk production • Mothers' concerns about real or perceived low milk production |

Handout 1.1

MAPPING THE JOURNEY: PEER COUNSELOR LEARNING TOPICS

| Know a little | Know a lot | Know nothing | |
|---------------|------------|--------------|--|
| | | | <p>Supporting New Moms</p> <ul style="list-style-type: none"> • The important first hour after birth • Skin-to-skin contact • Baby-led breastfeeding • Laid-back breastfeeding • Positioning and latch • How to know baby is getting enough • Early practices that support breastfeeding • When to yield - referrals for breastfeeding assistance |
| | | | <p>Helping Moms When Things Don't Go As Planned</p> <ul style="list-style-type: none"> • Sore nipples, engorgement, plugged ducts, and mastitis • Low milk production • Hand expression • Recovery from childbirth • Infant weight loss, jaundice, reflux, fussiness, growth spurts • When to yield |
| | | | <p>Talking with Pregnant Women About Breastfeeding</p> <ul style="list-style-type: none"> • Stages of pregnancy • Talking with pregnant women about breastfeeding • Preparing for breastfeeding • Mothers dealing with loss |
| | | | <p>Breastfeeding In the First Month</p> <ul style="list-style-type: none"> • Being a new mom • Recovery from childbirth • Dealing with emotional challenges • Understanding baby's transitions • Secrets of baby behavior – understanding fussy babies, why babies cry, and sleep patterns of newborns • Practices that support breastfeeding • Normal feeding patterns/characteristics of feedings • Assessing how well breastfeeding is going • When to yield for breastfeeding assistance |
| | | | <p>Breastfeeding as Baby Grows</p> <ul style="list-style-type: none"> • Growth patterns and appetite spurts • Working baby into a busy life • Introducing solid foods to a breastfed baby • Where baby sleeps • Through teething and weaning |
| | | | <p>Breastfeeding When Mother and Baby Are Separated</p> <ul style="list-style-type: none"> • Preterm babies and sick mother or baby • Returning to work/school, and occasional outings • Maintaining milk production when separated from baby • Expressing, storing, and handling breastmilk |
| | | | <p>Providing Peer Counselor Services in Other Settings</p> <ul style="list-style-type: none"> • Providing breastfeeding counseling to WIC mothers in the hospital • Making home visits to WIC mothers • Leading breastfeeding classes and support groups |
| | | | <p>Teaching Options for Ongoing Peer Counselor Training</p> <ul style="list-style-type: none"> • Lesson plans for ongoing training of peer counselors |

Handout 1.2

WIC BREASTFEEDING PEER COUNSELOR JOB DESCRIPTION

Title: WIC PEER COUNSELOR

General Description:

- A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.
- Qualifications:
 - Has breastfed at least one baby (does not have to be currently breastfeeding).
 - Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
 - Can work about 10 hours a week.
 - Has a telephone and is willing to make phone calls from home.
 - Has reliable transportation.

Training:

- Attends a series of breastfeeding classes. Nursing babies are welcomed.
- Observes other peer counselors or breastfeeding experts helping mothers breastfeed.
- Reads assigned books or materials about breastfeeding.

Supervision: The peer counselor is supervised by the _____

Specific Duties of the WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Receives a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.
3. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
4. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
5. May counsel women in the WIC clinic.
6. Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.
7. Respects each mother by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC mothers.
9. Refers mothers, according to clinic-established protocols, to:
 - WIC nutritionist or breastfeeding coordinator.
 - Lactation consultant.
 - Mother's physician or nurse.
 - Public health programs in the community.
 - Social service agencies.
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

WIC Breastfeeding Peer Counselor

Date

Handout 1.3 TYPICAL DAY

| Job Settings | Questions to Ask Yourself | Write Your Answers here |
|----------------------------------|--|-------------------------|
| Telephone Calls from Home | How do you feel your children or partner might react if you are on the telephone with a mother who needs help? | |
| | What ideas do you feel will help calm your children while you are occupied on the phone? | |
| | What do you do now if someone calls you at a bad time? | |
| | What is the best time of day for making calls from home? | |
| | Where will your workspace be for storing the documentation records? | |
| WIC Clinic Visits | What will be the best day of the week to see WIC mothers at the WIC clinic? | |
| | Who will care for your children while you are at the WIC clinic? | |
| | If your baby is still nursing, what will you do to keep up your milk production while you are at the clinic [if your clinic does not allow you to bring your baby with you]? | |
| | What arrangements will you make to get to the WIC clinic on time each day you're scheduled to work? | |
| | What things have you thought of that might make working at the WIC clinic easier for you and your children? | |

Handout 1.3

TYPICAL DAY

| Job Settings | Questions to Ask Yourself | Write Your Answers here |
|------------------------|--|-------------------------|
| Hospital Visits | What will be the best day/time of day to make visits with new mothers at the hospital? | |
| | How will you handle a call that you receive over the weekend to visit with a new mother who has delivered her baby? | |
| | Who will care for your other children if you receive a message from the hospital to see a mother promptly? | |
| | What questions do you have about providing support to new mothers in the hospital and/or being part of the team serving mothers in the hospital? | |
| | What things have you thought of that might make it easier for you and your family when you are making hospital visits with new mothers? | |
| Other Settings | | |
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Handout 1.4 WHO CAN HELP ME IN MY JOB

As you begin working as a peer counselor, remember that you are not alone! Many people are eager to help you learn about your job and to share ways to help mothers. When mothers need help outside your area of training, follow your WIC agency's guidelines as outlined below.

| Situation | Who to Contact (insert name) | How to Reach |
|---|--------------------------------------|--------------|
| Breastfeeding problems that you have not been trained to help with. | WIC Designated Breastfeeding Expert: | |
| Breastfeeding questions or problems that do not resolve after 24 hours. | WIC Designated Breastfeeding Expert: | |
| Medical concerns of the mother or her baby. | Mother's Health Care Provider: | |
| Mother's concerns about the baby's weight gain or process/timing of starting solid foods. | WIC Nutritionist: | |
| Mother's questions about the WIC Program. | WIC Clerk/Nutritionist: | |

Handout 1.5 WHEN TO YIELD

Peer counselors provide basic breastfeeding information, encouragement and support to WIC participants. You should remain close to the information provided during your training and work within the peer counselor scope of practice.

In your role as a peer counselor, you must yield anything beyond basic breastfeeding support. Situations that are not breastfeeding related, are complicated or unusual, or cause you to feel uncomfortable should be referred to the WIC staff and /or other trained professionals. You will continue to provide support while the designated expert is addressing the issue, unless the supervisor or peer counselor supervisor determines that it is best to discontinue peer support.

Yield if a mother expresses concern about:

1. Any health issues related to her or her baby
2. Her baby's weight or other growth issues
3. Her milk production or ability to satisfy her baby
4. Her baby's ability to latch and suck effectively
5. Her baby's ability to settle into feedings

Yield if a mother:

1. Has any breastfeeding problem that remains unresolved after 24 hours despite your help
2. Wants to supplement with formula or stop breastfeeding
3. Has a situation beyond basic breastfeeding, such as breastfeeding more than one baby or breastfeeding an adopted baby
4. Has a physical challenge, a hormonal condition, or a chronic or acute illness
5. Has prior breast or gastric bypass surgery
6. Appears at risk nutritionally
7. Appears depressed or at risk for physical abuse
8. Is suspected of abusing alcohol or street drugs
9. Is having problems and not following your suggestions

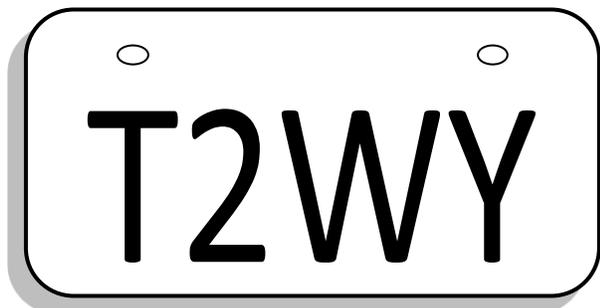
Adapted from the Minnesota WIC Program, "Yield List"

Handout 1.6 PASSPORT TO SUCCESS SKILLS CHECKLIST

See *Journey Together Passport to Success 5.5 x 8.5 finished.pdf*.

Handout 2.1 Tag Team

What could the letters in these state license tags tell us about the importance of breastfeeding? Select one or more letters in each license tag and write down a word that begins with that letter that reminds you of a reason to breastfeed. Write your ideas on the back of each license tag.



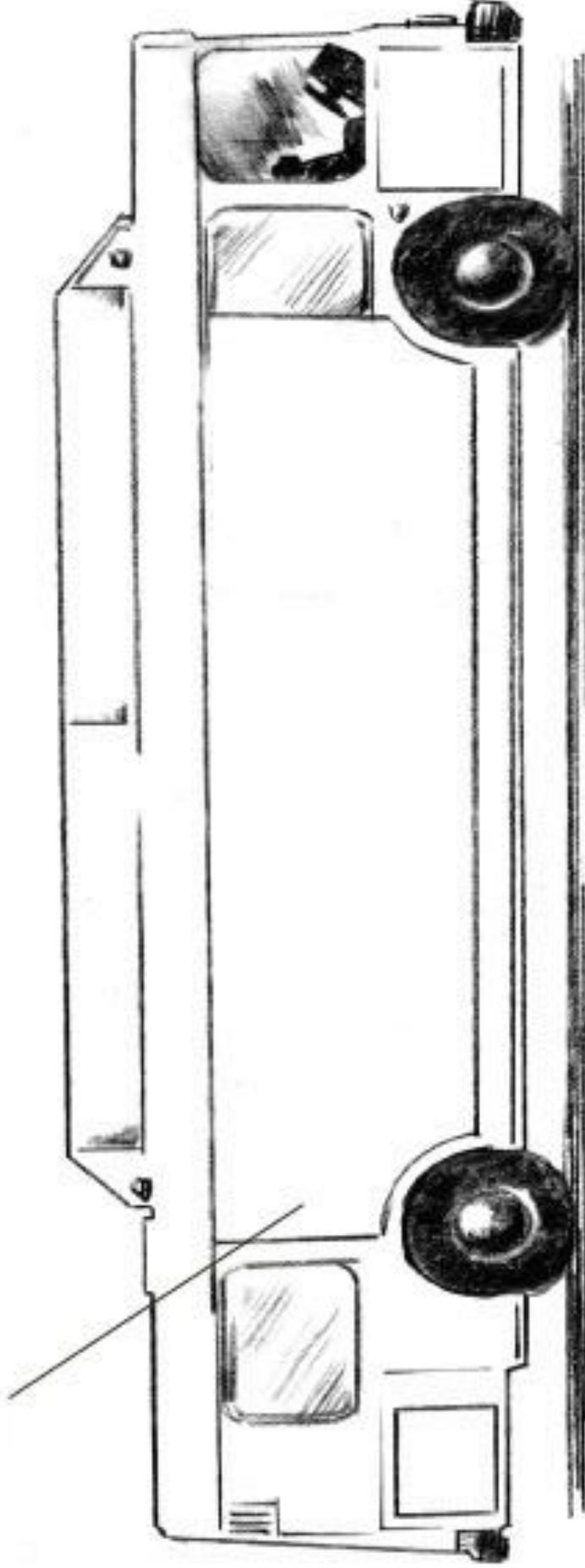
Handout 2.2 Bus Ad

In small groups, discuss the reasons breastfeeding could benefit one of the following groups (as assigned to your group):

| | | | | | |
|------------|-------------|-------------|------------------|---------------|--------------|
| 1 - Babies | 2 - Mothers | 3 - Fathers | 4 - Grandparents | 5 - Employers | 6 - Teachers |
|------------|-------------|-------------|------------------|---------------|--------------|

Write a BUS AD that could promote those reasons to that group and write it in your bus. Be creative and use our imagination to make it eye-catching!

Your Ad Here



Adapted from the California WIC Breastfeeding Peer Counseling Program

Handout 3.1 ROAD BLOCKS TO SPEED BUMPS

Read the following situations by yourself or with a small group of other peer counselors. Underline the things that could be potential “roadblocks” for the mother, or things that you feel will be important to her as she makes her infant feeding decision.

1. 15-year-old teen mother lives at home with her mother, step-father, and sisters. Her boyfriend is not interested in being part of her baby’s life so she will be raising this baby with the help of her mother. She will have to return to school quickly if she wants to pass her sophomore year in high school since she took a lot of sick time during her pregnancy. Her mother will care for her baby so she can return to school.
2. A 24-year-old mother is married and expecting her second baby. She tried to breastfeed her first baby but she said he never got the hang of it so after three days, she went to all pumping and did that for seven weeks. She says she did all she could to make it work but that maybe breastfeeding just wasn’t her thing. She says she feels bad about it, that sometimes it makes her feel like she’s not a good mom, especially when her friends go on and on about how amazing breastfeeding is and how good it is for the baby. Her family manages the casino in her community and she works there full-time.
3. A 28-year-old mother is pregnant with her 3rd child. She formula fed her first two children (now ages 3 and 5). Although she remembers that the older two were “sickly” and one child has asthma, she thinks they turned out all right since they are bright and healthy. She is married and works two part-time jobs. Her husband is a truck driver and is gone a lot. Both she and her husband smoke.
4. A 40-year-old woman is expecting her first baby after trying to get pregnant for years. She works at a convenience store and her husband works at a manufacturing plant. She is 32 weeks along and her doctor has put her on bed rest since he’s afraid she is going to deliver early. All of her friends have older children, none of whom breastfed.
5. An 18-year-old first-time mother has just found out she’s pregnant. She is overweight and diabetic, and extremely shy about discussing her pregnancy with the WIC nutritionist. She hopes her boyfriend will be a part of the baby’s life. She still has to break the news to her parents.

Handout 3.2 HAVE I GOT A TRIP FOR YOU!

This is a skit with two characters—a customer and a travel agent. The customer enters the travel agency for information on a trip she wants to take. The customer comes up to the desk while the travel agent is on the phone with a personal call, she sits and waits, clears her throat trying to get the travel agent’s attention—finally the travel agent looks up, annoyed, but not getting off the phone.

Travel agent: Yes? May I help you?

Customer: Um, yes, I’m sorry to disturb you but I saw your ad in the paper about a cruise to the islands and I’d like some more information—I tried to call to set up an appointment but your phone was busy all morning.

Travel agent: (into phone, sighing) Let me put you on hold for a minute—no, no, I’ll only be a sec—I want to tell you the rest of that dreadful story! (to the customer) Yes, well, we only have this one line here and so it does stay quite busy. Now, what was this you mentioned about an ad showing a cruise to the islands? I don’t think we’ve run an ad lately. And you’re going to have to be more specific than “the islands”—there are lots of different islands you know!

Customer: Here, I brought the ad with me—it’s to Paradise Islands--does that help?

Travel agent: Oh, that—I wouldn’t do that trip if it were the only destination on earth! Heavens, no! What I would suggest is a tour of, let’s see here, (consults computer screen) Siberia, yes, a 21 day tour. We’re running a special on this once-in-a-lifetime tour!

Customer: Siberia? For 21 days? I’m sure that would be an interesting trip, but I don’t even know anything about Siberia. It’s sounds far away...and cold! And expensive!

Travel agent: No it’s not—it’s actually very reasonable—here, let me just pull this info up for you (taps away on computer)— I can book it for you right away—only two seats left on the charter flight. I’ll need a deposit of \$2,500.

Customer: A \$2,500 deposit?? I don’t even have that amount in my total travel budget!

Travel agent: (rolls eyes) Look, I’m telling you, I am a travel expert—I have people coming in here all day long, saying they saw an ad in the paper or they’ve been looking on the internet and found some great deal to some beautiful island. Well, I’m here to tell you what it doesn’t say on those websites—cruises are notorious for making passengers sick! I went on a cruise once and was so seasick I said never again! And then I got food poisoning on top of that—I think it was some bad fish.... No, cruises are not the way to go—now a nice tour of Siberia, on the other hand...that would definitely be something to write home about!

Customer: But I really have no desire to go to Siberia.

Travel agent: (interrupting) Well, why not? What do you have against Siberia?

Handout 3.2 HAVE I GOT A TRIP FOR YOU!

Customer: Nothing, no, it's not that, I just...

Travel agent: You just what? Would rather get a sun burn? Come home and have sand in your clothes for weeks on end?

Customer: Well, I rather like the beach...and I've never been on a cruise before—I wanted to treat myself to a nice holiday!

Travel agent: Fine, I'll book you on that silly cruise then. But I don't want to hear from you when you get sick—consider yourself warned! (begins typing away at her computer again)

Customer: (hesitant) You know what, maybe I'll just take a brochure or two home and give this a bit more thought.

Travel agent: Oh, I know what that means!

Customer: What *WHAT* means?

Travel agent: You're going to take my brochures home and throw them right in the trash and never book anything! I know your type and I won't do it.

Customer: Won't do what? (surprised)

Travel agent: I won't give you any of my brochures! You people, you think you can come in here and just book any trip you want without even consulting us, the experts!

Customer: Look, I didn't mean to offend you or anything.

Travel agent: Well you've done just that!

Customer: I've never been to a travel agent before—I thought I'd come in and you'd ask me questions about what I had in mind, what my travel dates were, and what my budget was and you'd maybe make a few suggestions and we'd discuss those and go from there.

Travel agent: That's just what I've done! Siberia was a suggestion. But no, you didn't want to go to Siberia, you want to take a silly cruise to some island.

Customer: You know what, I'm not sure I want to even take a trip anymore—maybe I'll just buy a new couch or something safe like that.

Travel agent: Fine! There's a furniture store next door—good day to you!

(Customer gets up and leaves as travel agent picks her phone back up and says, now, where were we? Oh, no, no, she's gone—just some silly customer who wanted to take a cruise of all things! How ridiculous!)

Many mothers realize that breastfeeding can work once they learn practical ways to fit breastfeeding into their busy lives.

Worries About Milk Production

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| <p>Things she might say:</p> <ul style="list-style-type: none">• My breasts are too small.• I tried to pump and didn't get very much.• My mom said I'm starving my baby.• He's greedy.• Nobody in my family could make milk. <p>She may worry that:</p> <ul style="list-style-type: none">• Her baby will not thrive on her milk.• Milk production is a genetic phenomenon and outside her control.• She feels inadequate and unable to provide for her infant. | <p>Ideas you can share:</p> <ul style="list-style-type: none">• Getting off to a good start in the first month after baby is born makes the difference!• Breastfeed early – within the first hour of birth.• Breastfeed often – 8-12 times every 24 hours.• Count baby's wet and dirty diapers to be sure you are making enough. What goes in, must come out!• Babies need to feed often – mother's milk is digested well.• Get help if you are concerned about how much milk you are making. <p>• Write other ideas here:</p> |
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Returning to Work/School

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| <p>Things she might say:</p> <ul style="list-style-type: none"> • I am going to do “both.” • It is too hard to breastfeed. • I could never talk to my boss (or principal) about that. • I don’t know what my co-workers/boss/other students would say. <p>She may worry that:</p> <ul style="list-style-type: none"> • Co-workers may not support her, or may say negative things about her. • She will make her supervisor/co-workers uncomfortable. • Combining work/school and breastfeeding will be too overwhelming or too much trouble.. • It will be embarrassing for others at work to know she is expressing milk. • There is nowhere to express milk privately. • Taking breaks to express milk may cause extra work for her co-workers. | <p>Ideas you can share:</p> <ul style="list-style-type: none"> • Many mothers are able to combine breastfeeding and working or attending school successfully. • Breastfeeding is one way to stay connected to your baby even when you must be apart. • WIC offers breast pumps that will help you express your milk for your baby when you must be at work or school. • You have rights under the law to be supported with breastfeeding at work. • Continuing to breastfeed gives the business and school advantages too (ex: less likely to have to miss work or school, and lower health care costs) • Breastfeeding is an investment in your baby’s health and well being. • The amount of time needed to express milk becomes less and less as the baby grows. • You can talk with your supervisor at work (or counselor at school) about her plans to breastfeed. She can discuss: <ul style="list-style-type: none"> – Coming back to work more gradually, such as working part-time for a while. – Finding a place to express milk when you must be away from your baby. • Write other ideas here: |
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Embarrassment

Things she might say:

- I could never do *that*.
- I just can't see myself doing it.
- I only want to breastfeed at home.
- It would be just too embarrassing.
- I can't stand the thought of a baby at my breast.
- I think I'll just pump and put it in a bottle.

She may worry that:

- Her breasts may be exposed in public.
- She may make others uncomfortable.
- Other people may criticize her.
- She will have uncomfortable questions to answer, especially if her child continues to want to nurse as he grows older.

Ideas you can share:

- Reassure her that many women worry about embarrassment.
- Tell her many women grow more comfortable with the idea of nursing after baby is born.
- Show her ways to breastfeed discreetly.

Tips would include:

- Pulling her shirt up from the bottom, rather than the top.
- Buying nursing tops that are available at many maternity and discount stores.
- Practicing in front of a mirror.
- Asking a partner or friend to observe.
- Using a sling or cover with a blanket.
- Seeking out dressing rooms.
- Other options:
 - Shopping at stores that provide nursing mother's rooms.
 - Pumping milk in advance and feed a bottle in public.
- Teach women who are worried that people may watch them breastfeeding to keep their eyes up and focused in another direction.
- Write other ideas here:

Lack of Social Support

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| <p>Things she might say:</p> <ul style="list-style-type: none"> ▪ My mother says we can't make milk in our family. ▪ I want the baby's father to feed the baby, too. ▪ I want the baby's father (or her mother) to help with the baby. ▪ It will be too hard for others to keep the baby if I breastfeed. ▪ I don't know anyone in my family who has ever breastfed before. ▪ I don't want my baby's father to see me breastfeeding. <p>She may worry that:</p> <ul style="list-style-type: none"> ▪ Family members who will be caring for her child will not be supportive. ▪ The baby's father will not be able to feel close to the baby unless she bottle feeds. ▪ Her mother or female relatives want to feed the baby, too. ▪ It will be too hard to try and breastfeed in public places. | <p>Ideas you can share:</p> <ul style="list-style-type: none"> ▪ Encourage the mother to talk with her partner and mother about their infant feeding decisions. ▪ Invite her family members to attend prenatal classes. ▪ Show her how the baby's father can be involved with the baby, such as: <ul style="list-style-type: none"> – Playing with the baby. – Burping. – Cuddling the baby after breastfeeding. – Singing or humming softly if baby is fussy. – Holding the baby closely, skin-to-skin. – Doing infant massage. ▪ Show her how her mother can be involved with the baby, such as: <ul style="list-style-type: none"> – 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. ▪ Write other ideas here: |
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Busy Life

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| <p>Things she might say:</p> <ul style="list-style-type: none"> ▪ I don't have time to breastfeed. ▪ He'll be spoiled if I breastfeed. ▪ I'm afraid he won't take a bottle. ▪ He'll be too attached. ▪ I think I'll just pump and put it in a bottle. <p>She may worry that:</p> <ul style="list-style-type: none"> ▪ Her child may become overly dependent. ▪ Her baby may not easily accept a bottle when she needs him to. ▪ She cannot easily speak about her breastfeeding needs, especially with a male supervisor or principal. ▪ It will be too hard to express milk. ▪ Breastfeeding is going to mean she won't have a life. | <p>Ideas you can share:</p> <ul style="list-style-type: none"> ▪ Breastfeeding becomes easier as baby grows. ▪ Bottle feeding takes time, too! ▪ Mothers can express their milk for times when they will be separated from their babies. A few tips include: <ul style="list-style-type: none"> – Express soon after baby is born to relieve fullness and freeze for later use. – Use a breast pump or hand express milk. – Contact the WIC local agency that may provide a breast pump mothers can use to express their milk. – Store milk in the refrigerator or freezer for times when she needs to be separated from her baby. ▪ Breastfeeding helps her stay connected to her baby after a separation. ▪ Teach women that: <ul style="list-style-type: none"> – Babies who are breastfed are actually more independent and self-assured. – Babies often take a bottle from someone else besides the mother when needed. ▪ Write other ideas here: |
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Lack of Confidence

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| <p>Things she might say:</p> <ul style="list-style-type: none"> ▪ I don't think I'll make enough milk. ▪ I might "try" to breastfeed. ▪ Breastfeeding will be too hard. ▪ I'm afraid I won't have any milk like my mother. ▪ I'm going to breastfeed, but I also want some formula from WIC "just in case." ▪ My breasts are too small. ▪ I'm not sure I can do it. <p>She may worry that:</p> <ul style="list-style-type: none"> • Breastfeeding will be too difficult for her. • Breastfeeding will be overwhelming and too hard to learn in the midst of her other demands. • There's something wrong with her breasts (too big/too small/nipple issues). | <p>Ideas you can share:</p> <ul style="list-style-type: none"> • Always find something to praise a new mother about. • Let her know she is a good mother. • Remind her that lots of mothers have shared her concerns and found that breastfeeding can work. • Breast size does not determine how much milk she will make. Women of all breast sizes have been able to breastfeed. • Mothers can make plenty of milk for their babies by getting off to a good start (as discussed in later modules). • Write other ideas here: |
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Fear of Pain

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| <p>Things she might say:</p> <ul style="list-style-type: none">▪ My friends all say it hurts.▪ I just couldn't do it.▪ I quit with my first baby after three days because it hurt so badly. <p>She may worry that:</p> <ul style="list-style-type: none">▪ Breastfeeding will be overly painful.▪ The "horror tales" she has heard from friends are true.▪ If she had a painful experience breastfeeding another child that it will be painful this time, too. | <p>Ideas you can share:</p> <ul style="list-style-type: none">▪ Pain can usually be prevented by positioning and latching the baby properly.▪ Mothers can attend a WIC prenatal breastfeeding class to learn how to properly position and latch their babies.▪ Although some breast tenderness is normal right at first, breastfeeding usually grows very comfortable as long as the baby is latched correctly.▪ Women have been breastfeeding all over the world for many years.▪ People in the community can help if they think something is not working correctly.▪ Write other ideas here: |
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Handout 4.1 MESSAGE IN A BOTTLE

These quotes were gathered from <http://matadornetwork.com/bnt/2008/03/07/50-most-inspiring-travel-quotes-of-all-time>.

“Travel is fatal to prejudice, bigotry, and narrow-mindedness.” – [Mark Twain](#)

“The world is a book and those who do not travel read only one page.” – [St. Augustine](#)

“There are no foreign lands. It is the traveler only who is foreign.” – [Robert Louis Stevenson](#)

“The use of traveling is to regulate imagination by reality, and instead of thinking how things may be, to see them as they are.” – [Samuel Johnson](#)

“All the pathos and irony of leaving one’s youth behind is thus implicit in every joyous moment of travel: one knows that the first joy can never be recovered, and the wise traveler learns not to repeat successes but tries new places all the time.” – [Paul Fussell](#)

“Our battered suitcases were piled on the sidewalk again; we had longer ways to go. But no matter, the road is life.” – [Jack Kerouac](#)

“He who does not travel does not know the value of men.” – Moorish proverb

“A journey is like marriage. The certain way to be wrong is to think you control it.” – [John Steinbeck](#)

“All travel has its advantages. If the passenger visits better countries, he may learn to improve his own. And if fortune carries him to worse, he may learn to enjoy it.” – [Samuel Johnson](#)

“For my part, I travel not to go anywhere, but to go. I travel for travel’s sake. The great affair is to move.” – [Robert Louis Stevenson](#)

“One’s destination is never a place, but a new way of seeing things.” – [Henry Miller](#)

“Traveling is a brutality. It forces you to trust strangers and to lose sight of all that familiar comfort of home and friends. You are constantly off balance. Nothing is yours except the essential things – air, sleep, dreams, the sea, the sky – all things tending towards the eternal or what we imagine of it.” – [Cesare Pavese](#)

“A traveler without observation is a bird without wings.” – [Moslih Eddin Saadi](#)

“When we get out of the glass bottle of our ego and when we escape like the squirrels in the cage of our personality and get into the forest again, we shall shiver with cold and fright. But things will happen to us so that we don’t know ourselves. Cool, unlying life will rush in.” – [D. H. Lawrence](#)

“Twenty years from now you will be more disappointed by the things you didn’t do than by the ones you did do. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.” – [Mark Twain](#)

“Travel is more than the seeing of sights; it is a change that goes on, deep and permanent, in the ideas of living.” – Miriam Beard

“All journeys have secret destinations of which the traveler is unaware.” – [Martin Buber](#)

“We live in a wonderful world that is full of beauty, charm and adventure. There is no end to the adventures we can have if only we seek them with our eyes open.” – [Jawaharial Nehru](#)

“Tourists don’t know where they’ve been, travelers don’t know where they’re going.” – [Paul Theroux](#)

“To my mind, the greatest reward and luxury of travel is to be able to experience everyday things as if for the first time, to be in a position in which almost nothing is so familiar it is taken for granted.” – [Bill Bryson](#)

“Do not follow where the path may lead. Go instead where there is no path and leave a trail” – [Ralph Waldo Emerson](#)

“Two roads diverged in a wood and I – I took the one less traveled by.” – [Robert Frost](#)

“A journey of a thousand miles must begin with a single step.” – [Lao Tzu](#)

“There is no moment of delight in any pilgrimage like the beginning of it.” – [Charles Dudley Warner](#)

“A good traveler has no fixed plans and is not intent on arriving.” – [Lao Tzu](#)

Handout 4.1

MESSAGE IN A BOTTLE

"If you reject the food, ignore the customs, fear the religion and avoid the people, you might better stay at home." – [James Michener](#)

"The journey not the arrival matters." – [T. S. Eliot](#)

"A journey is best measured in friends, rather than miles." – [Tim Cahill](#)

"I have found out that there ain't no surer way to find out whether you like people or hate them than to travel with them." – [Mark Twain](#)

"Once you have traveled, the voyage never ends, but is played out over and over again in the quietest chambers. The mind can never break off from the journey." – [Pat Conroy](#)

"Not all those who wander are lost." – [J. R. R. Tolkien](#)

"Like all great travelers, I have seen more than I remember, and remember more than I have seen." – [Benjamin Disraeli](#)

"Perhaps travel cannot prevent bigotry, but by demonstrating that all peoples cry, laugh, eat, worry, and die, it can introduce the idea that if we try and understand each other, we may even become friends." – [Maya Angelou](#)

"Too often travel, instead of broadening the mind, merely lengthens the conversation." – [Elizabeth Drew](#)

"Travel and change of place impart new vigor to the mind." – [Seneca](#)

"What you've done becomes the judge of what you're going to do – especially in other people's minds. When you're traveling, you are what you are right there and then. People don't have your past to hold against you. No yesterdays on the road." – [William Least Heat Moon](#)

"I soon realized that no journey carries one far unless, as it extends into the world around us, it goes an equal distance into the world within." – [Lillian Smith](#)

"To travel is to discover that everyone is wrong about other countries." – [Aldous Huxley](#)

"Travel does what good novelists also do to the life of everyday, placing it like a picture in a frame or a gem in its setting, so that the intrinsic qualities are made more clear. Travel does this with the very stuff that everyday life is made of, giving to it the sharp contour and meaning of art." – [Freya Stark](#)

"The first condition of understanding a foreign country is to smell it." – [Rudyard Kipling](#)

"The whole object of travel is not to set foot on foreign land; it is at last to set foot on one's own country as a foreign land." – [G. K. Chesterton](#)

"When you travel, remember that a foreign country is not designed to make you comfortable. It is designed to make its own people comfortable." – [Clifton Fadiman](#)

"A wise traveler never despises his own country." – [Carlo Goldoni](#)

Handout 4.2 OPEN OR CLOSED?

Write an "O" before the questions that are open-ended questions and a "C" beside the questions that are closed questions.

| | |
|--|---|
| | Do you work? |
| | How do you feel about that? |
| | Have you started feeding your baby solid foods yet? |
| | Where do you live? |
| | Are you going back to school? |
| | Tell me more about how that made you feel. |
| | What's a good plan for you? |
| | What has your mother told you about breastfeeding? |

Handout 4.2 OPEN OR CLOSED?

ANSWER SHEET

Write an "O" before the questions that are open-ended questions and a "C" beside the questions that are closed questions.

| | |
|---|---|
| C | Do you work? |
| O | How do you feel about that? |
| C | Have you started feeding your baby solid foods yet? |
| C | Where do you live? |
| C | Are you going back to school? |
| O | Tell me more about how that made you feel. |
| O | What's a good plan for you? |
| O | What has your mother told you about breastfeeding? |

Handout 4.3

FROM CLOSED TO OPEN: PRACTICE SESSION ONE

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

| Closed Question | Open Question |
|---|----------------------|
| Have you talked with your mother about breastfeeding yet? | |
| Are you going to room in with your baby? | |
| Are you going to breastfeed or formula feed your baby? | |
| Do you have other children? | |
| Are you going to work after the baby is born? | |

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION ONE

ANSWER SHEET

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

| Closed Question | Open Question |
|---|--|
| Have you talked with your mother about breastfeeding yet? | What does your mother say about breastfeeding? |
| Are you going to room in with your baby? | What are your plans for being with your baby in the hospital? |
| Are you going to breastfeed or formula feed your baby? | What have you heard about breastfeeding? |
| Do you have other children? | Tell me a little bit about your family. |
| Are you going to work after the baby is born? | What are your plans for after the baby is born? |

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION TWO

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

| Closed Question | Open Question |
|---|----------------------|
| Have you and your partner talked about breastfeeding yet? | |
| Are you worried you aren't making enough milk? | |
| Have you been to a prenatal class yet? | |
| Does the baby poop 3 times a day? | |
| Do you think your family will support you with breastfeeding? | |

Handout 4.3 FROM CLOSED TO OPEN: PRACTICE SESSION TWO

ANSWER SHEET

Take each closed question listed below and write the question in an open way, using the words such as who, what, how, why, or tell me.

| Closed Question | Open Question |
|---|---|
| Have you and your partner talked about breastfeeding yet? | What does your partner think about breastfeeding? |
| Are you worried you aren't making enough milk? | How do you feel about your milk production? |
| Have you been to a prenatal class yet? | What are some things you are doing to prepare for the baby's birth? |
| Does the baby poop 3 times a day? | Tell me about the baby's wet and dirty diapers. |
| Do you think your family will support you with breastfeeding? | Who do you think will be around to support you after the baby is born? |

Handout 4.3

FROM CLOSED TO OPEN: PRACTICE SESSION THREE

Take each case example below and write possible open questions, using the words such as who, what, how, why, or tell me.

| Case Example | Open Question |
|---|----------------------|
| 16-year-old Amber came to WIC today for the first time as a pregnant mom. | |
| Lilly, a first time mother of a week-old baby boy, was in WIC today asking for formula. She does not think she is making enough milk. | |
| Terri is pregnant with her second child. She formula fed her first child. | |
| Carmen is breastfeeding her 2-month-old baby girl. She is certified on a fully breastfeeding package. She is returning to work soon. | |

ANSWER SHEET

Take each case example below and write possible open questions, using the words such as who, what, how, why, or tell me.

| Case Example | Open Question |
|--|--|
| <p>16-year-old Amber came to WIC today for the first time as a pregnant mom.</p> | <ul style="list-style-type: none"> ▪ How are you feeling about this pregnancy? ▪ Who do you feel might support you with the baby? ▪ What have you heard about breastfeeding? |
| <p>Lilly, a first time mother of a week-old baby boy, was in WIC today asking for formula. She does not think she is making enough milk.</p> | <ul style="list-style-type: none"> ▪ Tell me how things are going with breastfeeding. ▪ What is your family telling you about breastfeeding? ▪ What are some of your concerns about making milk? |
| <p>Terri is pregnant with her second child. She formula fed her first child.</p> | <ul style="list-style-type: none"> ▪ Tell me what you have heard about breastfeeding. ▪ What is the experience of some of your friends with breastfeeding? ▪ What are some of your goals for this baby? |
| <p>Carmen is breastfeeding her 2-month-old baby girl. She is certified on a fully breastfeeding package. She is returning to work soon.</p> | <ul style="list-style-type: none"> ▪ Tell me about your plans to return to work. ▪ What will your typical work day be like? ▪ What are your plans for caring for the baby while you are at work? |

Handout 4.4 CONVERSATION STARTERS

List some open questions that could be used in an initial conversation with new mothers.

| Open Questions |
|-----------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Below are statements that a mother might make. Identify probing statements as possible responses.

| Statement | Probe |
|--|-------|
| "I could never do that." | |
| "I want the baby's father to help, too." | |
| "It would be too embarrassing." | |
| "My mother would freak out." | |
| "I heard babies get too attached if they are breastfed." | |

ANSWER SHEET

Below are statements that a mother might make. Identify probing statements as possible responses.

| Statement | Probe |
|--|--|
| "I could never do that." | <ul style="list-style-type: none"> ▪ Tell me more about why you feel you could not breastfeed. ▪ Do you mean you could not put the baby to breast, or you don't see yourself going out in public? ▪ Are you saying it might be embarrassing to you or do you mean you don't know how to breastfeed? |
| "I want the baby's father to help, too." | <ul style="list-style-type: none"> ▪ Tell me more about what he says about breastfeeding. ▪ Are you saying you want him to feel close to the baby, or do you feel you will need help with the baby? |
| "It would be too embarrassing." | <ul style="list-style-type: none"> ▪ Are you worried your breasts will be exposed or that breastfeeding might make others uncomfortable? ▪ Tell me about people you have seen breastfeeding. |
| "My mother would freak out." | <ul style="list-style-type: none"> ▪ Tell me what you mean by "freak out"? ▪ Are you worried your mother might not help you with the baby if you breastfeed? ▪ So you're saying your mother would be upset if you breastfeed? |
| "I heard babies get too attached if they are breastfed." | <ul style="list-style-type: none"> ▪ Are you concerned about going out with friends or returning to work? ▪ Tell me a little more about that. ▪ So you're saying you think your baby will be too dependent on you? |

Five major ways to affirm a mother's feelings

| | |
|--|--|
| Agree with her (if you can). This lets her know she is right about something. | <i>You're right. Breastfeeding can be time consuming in the beginning.</i> |
| Assure her she is not alone. This reassures her that others have felt the same way. | <i>Other mothers have felt the same way or I remember feeling that way.</i> |
| Read between the lines to discover what she values or is worried about. | <i>I can see that keeping your baby happy is very important to you.</i> |
| Shine the spotlight on what she is doing well. | <i>It's great you are breastfeeding! A lot of mothers would have given up.</i> |
| Show her how she is a good mother. | <i>It's obvious you are working hard to be a good mother.</i> |

Handout 4.7 AFFIRMING NEW MOTHERS

Write down an affirming response using one of the five ways to affirm.

| | |
|--|--|
| "My breasts are too small. The baby will starve." | |
| "I'd be too afraid to breastfeed since I smoke." | |
| "I don't want my father to see me breastfeed." | |
| "I want to just pump." | |
| "I have to go back to work right after the baby is born." | |
| "My mom says the baby will be too hard to take care of if I breastfeed." | |

Handout 4.7 AFFIRMING NEW MOTHERS

ANSWER SHEET

Write down an affirming response using one of the five ways to affirm.

| | |
|---|---|
| <p>“My breasts are too small. The baby will starve.”</p> | <ul style="list-style-type: none">▪ <i>I felt that way, too</i>▪ <i>Most women worry about the size of their breasts</i> |
| <p>“I’d be too afraid to breastfeed since I smoke.”</p> | <ul style="list-style-type: none">▪ <i>It sounds like you’re already thinking like a good mother.</i>▪ <i>I can see why you would be worried.</i> |
| <p>“I don’t want my father to see me breastfeed.”</p> | <ul style="list-style-type: none">▪ <i>Most women worry about that.</i>▪ <i>I felt the same way.</i> |
| <p>“I want to just pump.”</p> | <ul style="list-style-type: none">▪ <i>It’s great you want to give your milk to your baby.</i>▪ <i>I can tell being a good mother is important to you.</i> |
| <p>“I have to go back to work right after the baby is born.”</p> | <ul style="list-style-type: none">▪ <i>That must be hard to think about leaving your baby so soon.</i>▪ <i>It sounds as though you have been giving this a lot of thought.</i> |
| <p>“My mom says the baby will be too hard to take care of if I breastfeed.”</p> | <ul style="list-style-type: none">▪ <i>My mother told me the same thing.</i>▪ <i>Sounds like your mother wants to be a good grandmother.</i> |

ROLE PLAY #1 COUNSELOR:

You are counseling Lisa, who is 24 weeks pregnant with her first child. Her pregnancy is going well. The WIC nutritionist has talked with Lisa about breastfeeding once before and says Lisa is somewhat interested.

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 #1 WIC MOTHER:

You are Lisa, a first-time mother. The WIC nutritionist and your doctor have both talked with you about breastfeeding. Although you know it's probably best for the baby, you are not sure you will want to since you will be going to work after the baby is born. You will be a single mother, and it will be pretty tough to make ends meet with a new baby unless you work. A friend told you it was possible to pump your milk but that sounds like it could be pretty hard and would take too much time.

Handout 4.8: Role Plays

ROLE PLAY #2 COUNSELOR:

You are counseling Maria, who is 16 weeks pregnant with her second child, who is now two 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 WIC 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 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 just to start off with bottles and avoid the discomforts of breastfeeding.

Handout 4.8: Role Plays

ROLE PLAY #3 COUNSELOR:

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

Handout 4.8: Role Plays

ROLE PLAY #4 COUNSELOR:

You are counseling Miki, a recent immigrant to the United States from Japan. Miki is pregnant with her first child. She is a high school student. The WIC nutritionist says 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.

ROLE PLAY #4 WIC MOTHER:

You are Miki, unmarried and 20 weeks pregnant with your first child. You recently came to the United States from Japan with your parents, and got pregnant after messing around with a boy at your Seattle high school. He doesn't seem interested in being very involved in your baby's life. Your mother tells you that even though Japanese women 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 4.9

READINESS SCALE

Read the statements below that a mother might make.

- Mark “NR” if they feel the mother is “not ready” to make a decision to breastfeed.
- Mark “U” if they feel she is unsure about breastfeeding.
- Mark “R” if they feel she is ready to breastfeed and receive information and support.

| | |
|--|--|
| “I don’t see myself doing it.” | |
| “My mother breastfed and I want to do that too.” | |
| “I’ve been thinking about breastfeeding.” | |
| “There is no way my partner would support me with this.” | |
| “I didn’t make much milk with the last baby.” | |
| “I might try to breastfeed.” | |

Handout 4.9 READINESS SCALE

ANSWER SHEET

Read the statements below that a mother might make.

- Mark “NR” if they feel the mother is “not ready” to make a decision to breastfeed.
- Mark “U” if they feel she is unsure about breastfeeding.
- Mark “R” if they feel she is ready to breastfeed and receive information and support.

| | |
|--|-----------|
| “I don’t see myself doing it.” | Not ready |
| “My mother breastfed and I want to do that too.” | Ready |
| “I’ve been thinking about breastfeeding.” | Unsure |
| “There is no way my partner would support me with this.” | Not ready |
| “I didn’t make much milk with the last baby.” | Unsure |
| “I might try to breastfeed.” | Ready |

Handout 4.10 3-STEP PRACTICE – PUTTING IT ALL TOGETHER

Becky is 6 months pregnant with her first child, a baby boy. She and her husband Ben had been trying to get pregnant for several years and are very excited. Becky works at a local restaurant, and wonders how long they'll be able to afford her staying home before she has to go back to work. She wants to enjoy being with her baby as long as possible.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

Handout 4.10 3-STEP PRACTICE – PUTTING IT ALL TOGETHER

ANSWER SHEET

Becky is 6 months pregnant with her first child, a baby boy. She and her husband Ben had been trying to get pregnant for several years and are very excited. Becky works at a local restaurant, and wonders how long they'll be able to afford her staying home before she has to go back to work. She wants to enjoy being with her baby as long as possible.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *What is your daily work schedule?*
 - *What are your plans for child care?*
 - *What options have you already thought of?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *I can tell what a good mother you're already going to be.*
 - *It must be hard to think about being away from your baby after you've waited so long to see him!*

3. Educate. What simple ideas could you share with her?
 - *Options for pumping to maintain that close connection.*
 - *Work a split shift at work so she can be home with the baby for long periods still.*
 - *See if a caregiver would be willing to bring the baby to her to feed during the slower work periods.*

4. What are your next steps in your relationship with her?
 - *Continue to contact her monthly.*
 - *Invite her to a prenatal class and/or to a mother's group for working moms*

5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert can assess for giving her a breast pump after her baby is born.*

Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels...between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and mothers.

Mothers share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, WIC mothers have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss mothers' information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a WIC mother. This includes ensuring that mothers' records and materials in your possession are not able to be viewed by anyone other than authorized WIC Program employees either by access to files or by observation due to careless record management.

Agreement

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all WIC participant information and records. I understand that it is my job to share participant information *only* with staff involved in the case and understand that I am prohibited from disclosing any such confidential information to any individuals other than authorized WIC program employees and agencies with which the participant has given written permission to share information.

Name (*please print*)

Signature

Witness

Date

Date

Handout 5.2

PEER COUNSELOR CONTACT LOG

Mother's name _____ Mother's ID Number _____

Address _____ City _____

State _____ Zip _____ Breastfed ever? _____ Due date ____/____/____

Baby's date of birth ____/____/____ Baby's name _____

Baby's birth wt. _____ Discharge wt. _____ Two week wt. _____

Type of contact: 1=phone 2=text message 3=Facebook 4=WIC clinic 5=home visit
6=group meeting 7=mail 8=hospital visit 9=other

| Prenatal Contacts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Date | | | | | | | | | |
| Type of Contact | | | | | | | | | |
| Content (check areas discussed) | | | | | | | | | |
| Breastfeeding barriers | | | | | | | | | |
| Breastfeeding benefits | | | | | | | | | |
| Basic breastfeeding technique | | | | | | | | | |
| Breastfeeding management | | | | | | | | | |
| Return to work or school | | | | | | | | | |
| Class or group invitation | | | | | | | | | |
| Postpartum Contacts | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Date | | | | | | | | | |
| Type of Contact | | | | | | | | | |
| Content (check areas discussed) | | | | | | | | | |
| Baby's bowel movements | | | | | | | | | |
| Baby fussy/colicky | | | | | | | | | |
| Baby sick | | | | | | | | | |
| Breastfeeding barriers | | | | | | | | | |
| Basic breastfeeding technique (position/latch) | | | | | | | | | |
| Breast infection | | | | | | | | | |
| Class or group invitation | | | | | | | | | |
| Diet | | | | | | | | | |
| Engorgement | | | | | | | | | |
| Growth spurt | | | | | | | | | |
| Milk supply issues | | | | | | | | | |
| Medical situation/medication use | | | | | | | | | |
| Nursing schedule | | | | | | | | | |
| Premature infant | | | | | | | | | |
| Pumping/hand expression | | | | | | | | | |
| Referral to lactation consultant | | | | | | | | | |
| Relactation | | | | | | | | | |
| Return to work or school | | | | | | | | | |
| Sore nipples | | | | | | | | | |
| Teething | | | | | | | | | |
| Twins | | | | | | | | | |
| Weaning | | | | | | | | | |
| WIC referral | | | | | | | | | |

Use your documentation contact log provided by your State or local WIC agency to practice documenting the following examples of situations.

Scenario #1: Prenatal contact with Bonnie Adams

Bonnie is pregnant with her first child, due July 15. You telephoned Bonnie on April 2 to see how her pregnancy was progressing. She mentioned that she was thinking about breastfeeding and will probably “do both” since she is returning to work after her baby is born. She asked whether she might be able to get a breast pump from WIC when she goes back to work. You discussed her plans for returning to work and discussed the WIC food packages for exclusively breastfeeding moms. Bonnie mentioned she is having some prenatal labor contractions and wonders if that is normal. You suggest she contact her doctor and mention this to the public health nurse in your clinic for possible follow-up.

Scenario #2: Prenatal contact with Bonnie on May 17

Bonnie said she has been ordered to strict bed rest for the last few weeks of her pregnancy. She was unable to attend a prenatal class and wonders what she can do to learn how to breastfeed. You offer to accompany the public health nurse who will make a home visit with her next week.

Scenario #3: Prenatal contact with Bonnie in her home on June 3

You accompanied the public health nurse and discussed how to position and latch the baby for breastfeeding, as well as tips for how to get a good start in the hospital. Bonnie is worried she will not be able to make milk since her mother was unable to breastfeed. You explain basic “supply and demand” principles of milk production and show her a video on “Baby Led Breastfeeding.”

Scenario #4: Postpartum contact with Bonnie on June 12

A WIC clinic clerk told you she had delivered a few days earlier. Bonnie had her by C-section. Because the baby is premature, he is in the NICU. Bonnie wants to pump for her baby, and is in pain from her delivery. She is worried about whether she will be able to get the baby to latch now with all the bottles he is getting in the NICU. You encourage her to talk with the hospital staff about her concerns and to seek lactation assistance from the hospital lactation consultant.

Scenario #5: Postpartum contact with Bonnie on July 12

The baby just came home from the hospital and was latching well by the time he was discharged. Bonnie is nervous now that he is home. She wonders if she should go ahead and give formula to the baby to be sure he is getting enough. He cries and is fretful. You discuss some comfort measure for a fussy baby, and suggest she call the baby’s doctor if she is worried about how the baby is doing. You ask the WIC designated breastfeeding expert to check in on Bonnie to be sure things are going okay.

Preparing for Telephone Calls

- Getting ready to make phone calls is an important step. Take time to get ready!
- Before making calls, make sure your home situation will not distract you.
- Pick a time when your children are occupied or napping, and when you are not busy with other responsibilities.
- Some peer counselors prepare a special box of toys they only bring out when they are busy on the phone. Children often regard these toys as a special treat.
- Peer counselors often use evenings after their children are asleep to catch up on paperwork or necessary reading.
- Get your workspace ready. Lay out materials and supplies so you are prepared.
- Keep Handout 4.4, “Conversation Starters,” handy.
- Pull out the contact log for the mother you are going to call and review her information and what you talked about with her previously.
- Make a note of her baby’s name so you can use it in your conversation.

Making the Call

- When beginning your call, introduce yourself at the beginning since people are often hesitant to talk with a stranger on the phone.
- Let the mother know you are a WIC breastfeeding counselor from the local WIC clinic. (Not all mothers will know what a “peer counselor” is.)
- Tell the mother you breastfed your own baby and are ready to help her with any questions she has.
- Ask her if this is a good time to talk. If she says it is not a good time, ask her when you can call her back.
- Get to know her. Listen to her answers to your open-ended questions about her feelings about breastfeeding.

More Telephone Tips

- Don’t be afraid of silence. Some silence is okay because it gives mothers time to think about their answers.
- Sprinkle a few “hmm” and “uh-huh” responses so she knows you are still there and listening.
- Don’t interrupt. Respect her by allowing her to finish her thoughts before jumping in with your ideas.
- Handle disruptions carefully. If you must end your call because of something that needs your attention t home, explain carefully why you must call her back.
- Reassure her that you are interested in her and will get back to her as quickly as you can. Ask what would be a good time to call her back.
- Use her name and her baby’s name often.
- Identify something she is doing right and praise her. You may be the only one in her life who tells her she is a good mother and is doing a good job.

Handout 5.5 TEXTING TIPS

1. Discuss with your supervisor if it is okay to text WIC participants.
2. Be sure that the mother has given permission to receive texts.
3. Respect confidentiality. Do not allow your cell phone to be visible by others.
4. Document text messages on your “Peer Counselor Contact Log” (Handout 5.2).
5. Use text messages only for simple, quick notes to check in with a mom. If she has questions or concerns, discuss by phone or in person.
6. Keep messages sort and simple (less than 160 characters, including punctuation and spaces).
7. Use common abbreviations; use abbreviations commonly known and used.
8. Include your phone number in a number format so the mom can easily click to call you. (Ex: 555-1112 as opposed to “WIC-CARES”)
9. Respect the mother’s privacy. Do not send messages during times when moms might ordinarily be asleep.
10. Do not send photos by text unless your supervisor has approved it.
11. Keep text messages focused strictly on WIC breastfeeding program information and objectives.
12. Use language that is professional and upbeat.

Common Texting Abbreviations

| | | | |
|------------|----------------------|-------------|--------------------------|
| 2moro | Tomorrow | J/C | Just checking |
| 2nite | Tonight | KIT | Keep in touch |
| 411 | Information | KMP | Keep me posted |
| AEAP | As early as possible | LMK | Let me know |
| AFAICT | As far as I can tell | LOL | Laughing out loud |
| B/C or CUZ | Because | M2 | Me too |
| B4 | Before | MSG | Message |
| B4N or BFN | Bye for now | OTP | On the phone |
| BB | Be back | PANS | Pretty awesome new stuff |
| BBIAW | Be back in a while | PCM | Please call me |
| BF | Breastfeed | PLS or PLZ | Please |
| BFing | Breastfeeding | RUOK or UOK | Are you okay? |
| BRB | Be right back | SIT | Stay in touch |
| CII | Check in later | SYS | See you soon |
| CT | Can’t talk | TNX | Thanks |
| CTO | Check this out | TY | Thank you |
| CYA | See ya | U | You |
| EZ | Easy | UOK | Are you okay? |
| FYI | For your information | UR | You are |
| GAS | Got a second | W/ | With |
| GJ | Good job | W/O | Without |
| GTK | Good to know | WTG | Way to go |
| IHU | I hear you | Y | Why |
| IMRU | I am, are you? | YW | You’re welcome |

Read through each of the following counseling situations. Decide if this is a situation where a phone call is needed, or if a text message will be appropriate. If a text is sufficient, write a sample text message you could send.

| | | |
|---|--|--|
| 1 | A WIC mom of a 7-month-old texts you the following message. "OMG! Jake's poop is orange!" | |
| 2 | Your WIC agency is planning to hold a reception to honor breastfeeding mothers in the community. | |
| 3 | You have not heard from Molly in over a month, despite the phone voicemail message you left. She is near the end of her pregnancy. | |
| 4 | Jade, a mother of a 5-day-old infant, sends you the following text: "Is it normal for babies to cry all the time?" | |

ANSWER SHEET

Read through each of the following counseling situations. Decide if this is a situation where a phone call is needed, or if a text message will be appropriate. If a text is sufficient, write a sample text message you could send.

| | | |
|---|--|--|
| 1 | A WIC mom of a 7-month-old texts you the following message. "OMG! Jake's poop is orange!" | <p><i>This situation is most likely a normal case of a baby eating a lot of carrots or sweet potatoes. A simple text could be sent with an offer to talk by phone.</i></p> <p><i>Example: "I'll bet he loves carrots! Can I call u to chat about it?"</i></p> |
| 2 | Your WIC agency is planning to hold a reception to honor breastfeeding mothers in the community. | <p><i>This is an appropriate way to use texting to reach many mothers.</i></p> <p><i>Example: "We want to honor u and your baby at our Breastfeeding Reception at the WIC clinic. Details coming soon!"</i></p> |
| 3 | You have not heard from Molly in over a month, despite the phone voicemail message you left. She is near the end of her pregnancy. | <p><i>There could be many reasons Molly has not been available. A text could be an appropriate way to touch base quickly, with a follow-up phone call to discuss how things are going.</i></p> <p><i>Example: "Just checking in to see if u have delivered your baby yet? I'm here to help!"</i></p> |
| 4 | Jade, a mother of a 5-day-old infant, sends you the following text: "Is it normal for babies to cry all the time?" | <p><i>A new mother may be feeling very overwhelmed and distraught, and it is easy to begin supplementation if you feel the baby is not doing well. This is a situation that warrants a phone call, with a quick text.</i></p> <p><i>Example: "RU free to talk about this now?"</i></p> |

Handout 5.7 3-STEP PRACTICE: USING 3-STEP AT THE WIC CLINIC

You are just about to leave the WIC clinic after stopping by to pick up referrals when a WIC clerk says there is a mom here you might want to see. The staff are swamped and cannot see her right now. Jade is nursing a 5-day-old baby but worries whether she is going to be able to continue breastfeeding. She was hoping WIC would give her some formula as a backup. When you sit down with Jade she does not make eye contact and has little to say.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are our next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

Handout 5.7 3-STEP PRACTICE: USING 3-STEP AT THE WIC CLINIC

ANSWER SHEET

You are just about to leave the WIC clinic after stopping by to pick up referrals when a WIC clerk says there is a mom here you might want to see. The staff are swamped and cannot see her right now. Jade is nursing a 5-day-old baby but worries whether she is going to be able to continue breastfeeding. She was hoping WIC would give her some formula as a backup. When you sit down with Jade she does not make eye contact and has little to say.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *How are you taking care of yourself in these early days?*
 - *Tell me how/how often the baby is feeding.*
 - *Describe the baby's bowel movements.*
 - *How are your breasts feeling?*
 - *Who is at home with you to support you?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *Having a new baby is can be very overwhelming, especially right at first.*
 - *It's obvious how much you care about your baby.*

3. Educate. What simple ideas could you share with her?
 - *If milk is in, continue breastfeeding 8-12 times every 24 hours to make plenty of milk.*
 - *Formula supplementation will decrease your milk.*
 - *WIC food packages will provide lots of extra support for you and the baby.*
 - *If milk volume has not increased and baby is not gaining weight, yield.*
 - *Ways to get more rest.*

4. What are your next steps in your relationship with her?
 - *Contact her daily over the next few days to see if things improve.*
 - *Short texts just to let her know you are thinking about her.*
 - *Continue contacts as often as appropriate for her situation.*

5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert or a nutritionist may need to do follow-up if milk supply is not sufficient.*

Handout 6.1 JOURNEY TOGETHER POSTCARDS

Print out 1 set of the following color postcards of famous travel sights around the globe for each small group.

Invite each group to select a destination and make a list of at least 10 things they might need to do to have a successful journey.

Handout 6.2

TRAVELING FROM WORRIES TO CONFIDENCE

Instructions: Select a scenario from the list below and discuss.

1. What is the mother worried about?
2. What could she be feeling?
3. How can you affirm those feelings?
4. What information could you share with her?

| Mom Says... | Mother's Worries | Feeling/Affirmation | Information 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> | | | |

ANSWER SHEET

Responses to Consider

| Mom Says... | Mother's Worries | Affirmation | Information 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 that she can make milk; this is a genetic problem she will also experience; her family may not support her. | "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 it'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. |

ANSWER SHEET

You are speaking with Anna on the phone about breastfeeding. Anna is 5 months pregnant with her first child and thought about breastfeeding, but is sure she won't be able to make any milk because nobody her family was able to do that. All the women in her family have very small breasts and could never satisfy their babies.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *What have you heard about breastfeeding?*
 - *Tell me how your breasts are feeling right now.*
 - *Tell me more about the breastfeeding experiences of your mom and sisters.*
 - *Who do you think you will be turning to for support with the baby?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *It is normal to feel worried about your breast size, especially if nobody in your family was successful with breastfeeding.*
 - *This is a common concern of many women.*
 - *It sounds like you are really thinking about what's best for your baby.*

3. Educate. What simple ideas could you share with her?
 - *Breast size does not matter in making milk.*
 - *When mothers exclusively breastfeed they can make plenty of milk.*
 - *Formula supplementation can decrease the mother's milk production.*

4. What are your next steps in your relationship with her?
 - *Continue to contact her monthly.*
 - *Invite her to a prenatal class and bring her support people with her.*

5. Yield. Who should this mother be referred to?
 - *If the mother is worried about an anatomical problem, yield her to the WIC designated breastfeeding expert.*

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 |
| 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 |
| » 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 |
| » 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| Wet diapers Today's goal: 4-6 | | | | W | W | W | W | |
| Loose yellow bowel movements Today's goal: 3-6 | | | | BM | BM | BM | | |

My name is _____ and my goal is to exclusively breastfeed my baby. The benefits of breastfeeding are very important to me and my baby. I request that these guidelines be supported as long as it is medically safe for me and my baby. If I am unable to answer questions about the chosen infant feeding practices, please speak with my birthing partner _____ or my doctor, _____ who are both supportive of my decision to breastfeed.

Check all that apply:

Exclusive breastfeeding

My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast in order for me to establish a good milk supply.

No bottles or pacifiers

Please do not give my baby artificial nipples including pacifiers or any types of bottles with formula, water, or glucose water. If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or pediatrician about trying alternate feeding methods with expressed milk.

Skin-to-skin

When my baby is born, I would like to have him/her placed on my chest, skin-to-skin with me for at least thirty minutes. If possible, please perform routine newborn evaluations with my baby on my chest. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.

First hour

Please help me initiate breastfeeding within 30 minutes to 1 hour of delivery. This means placing my baby skin-to-skin as soon as possible after birth offering help to begin breastfeeding when my baby seems ready (e.g. rooting, licking lips, etc.) Please do not force my baby to take the breast if he/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to try to latch.

Routine exams

Please examine my baby in my presence and do not take him/her away from me unless he/she requires medical treatment that cannot be done in my room.

Emergency cesarean

If I have a cesarean, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the delivery, then please allow my partner to hold my baby skin-to-skin.

Rooming in

I would like to room in with my baby 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's feeding cues and feed him at his first sign of hunger. If for some reason my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.

Breastfeeding assistance

Please teach me how to identify a good latch and how to correct my baby's positioning and latch if improvement is needed. Please teach me how to recognize my baby's early hunger cues and how to tell if my baby is breastfeeding well.

Breast pumps

If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within 6 hours of delivery. If you think I am going to need a pump longer than my hospital stay or if there is not a double electric breast pump available, please remind me to call my WIC office.

Discharge bags

Please do not give me a discharge bag containing formula or show me any promotional or marketing materials concerning artificial baby milk.

Breastfeeding support after discharge

I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after my baby and I are at home.

Source: Texas WIC Association – <http://www.breastmilkcounts.com/my-breastfeeding-plan.html>

The WIC nutritionist called you to say that one of your clients, Bonnie, delivered her baby 3 days ago. Bonnie called the WIC clinic today asking for formula because she does not think she is making enough milk. When you phone Bonnie she tells you the baby has never latched well, and the baby's last bowel movement looked a little like black tar.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

ANSWER SHEET

The WIC nutritionist called you to say that one of your clients, Bonnie, delivered her baby 3 days ago. Bonnie called the WIC clinic today asking for formula because she does not think she is making enough milk. When you phone Bonnie she tells you the baby has never latched well, and the baby's last bowel movement looked a little like black tar.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *Tell me how often/long you are feeding the baby.*
 - *Who else is helping you with breastfeeding or talked with you about it?*
 - *What was your hospital experience like?*
 - *What are your goals for breastfeeding?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *What a great mom you are to be breastfeeding!*
 - *This can be a little scary being responsible for a new baby.*
 - *I remember struggling with breastfeeding in those early days, too.*

3. Educate. What simple ideas could you share with her?
 - *Increasing breastfeedings to 8-12 times/24 hours to give baby lots of chances to nurse.*
 - *Formula supplementation at this critical point can decrease her production and make it even more difficult for the baby to latch.*
 - *Hold baby skin-to-skin with laid-back breastfeeding.*
 - *If the baby is not latching at all, he will need to be fed and the WIC designated breastfeeding expert can help.*

4. What are your next steps in your relationship with her?
 - *Contact her tomorrow, and each day over the next few days.*
 - *Urge her to bring the baby in for a weight check and to get assistance with latch.*

5. Yield. Who should this mother be referred to?
 - *Immediate yielding to the WIC designated breastfeeding expert*

#1 – Lacy and James

Lacy is a teen mother who decided to breastfeed after talking with her peer counselor and attending a class at the WIC clinic. The baby's birth went well. Her baby, James, was taken to the nursery right after birth to be bathed and for observation. Lacy got to hold him for the first time four hours later, but all James did was sleep. There was a bottle sitting in the bassinet and her mom suggested they try to feed him that. He took less than an ounce. Lacy spent the rest of the day trying to get James to latch but each time he only seemed to take a few sucks so her mom continued to offer him the bottle. The nurses told her to keep trying and that James would probably get the hang of it after they got home. When Lacy and James went home, he still wasn't breastfeeding well, and really preferred to sleep and suck on his pacifier. The hospital gave her a cute diaper bag with formula in it. She has been home for a day now, and wonders if she should just come to WIC and get a full issue of formula. After all, her nipples feel "raw," she doesn't have any milk in her breast, and James isn't interested in nursing.

#2 – Jesenia and Isaac

Jesenia is a first-time mother. She says her new baby, Isaac, latched on pretty well in the hospital but now that they are home, all Isaac does is arch his back and scream whenever she tries to feed him. Jesenia says she woke up this morning and her breasts felt like they were getting hard and she can't get any milk to come out when she squeezes them. She called her doctor's office to tell them this and they told her to call WIC. She is calling to see if she can get some formula.

#3 – Molly and Kate

Molly feels she is not making enough milk for Kate, her 2-week-old. After a rough labor that ended with a C-section, Molly said she didn't feel like breastfeeding, and besides, Kate was too sleepy anyway. Kate lost several ounces and was a little jaundiced in the hospital. Kate's physician told Molly to start giving an ounce of formula after every breastfeed to top her off since the baby was not gaining weight well and to flush out the jaundice. At 2 weeks, Kate is back to birth weight, but Molly feels this is only because of what she's getting from the bottle since her breasts now feel like they aren't filling up anymore. She wanted to breastfeed, but this just doesn't seem to be working the way she planned.

#4 – Karla and Marcus

Karla has called the WIC office to make an appointment to see about getting on WIC now that her son Marcus has been born. She had heard about WIC from her doctor's office who told her it was a good program and that she could get free formula from WIC if she qualified. Karla had planned to only breastfeed so she didn't sign up prenatally. Karla says she read the breastfeeding articles that were in the baby magazine she got at her doctor's office. Though they mentioned all of the things that could go wrong with breastfeeding and how hard it was, Karla had no idea breastfeeding was going to be this hard for her. Marcus seems to never be satisfied and cries every time she puts him down. Her husband told her to just feed Marcus the formula that arrived in the mail right when they got home from the hospital. Karla is beginning to think he may be right—her mom told her that she never did make any milk back when she was having children.

#5 – Holly and Ben

Holly is exclusively breastfeeding her 3-week-old baby Ben. He latched on well at the hospital since she was able to hold him skin-to-skin after birth. Ben has gained weight well and seems to be a happy baby. Today Holly decided to go to the mall for the first time, and left Ben with her mother. She was out for longer than she expected, and by the time she returned home, her breasts were very full and uncomfortable. When she nursed Ben, he only took a little. Her mom explained she had to give him a bottle of formula because he got hungry while Holly was out. Ben slept a very long time, which was a relief since Holly was exhausted from being out. When she woke the next morning, her breasts were hard as rocks and felt warm to the touch. She was achy and felt a little feverish.

Engorgement

| Symptoms | Prevention | Simple Comfort Measures | Yield When: |
|---|---|---|---|
| <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> |

Plugged Duct

| Symptoms | Prevention | Simple Comfort Measures | Yield When: |
|---|--|---|--|
| <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> |

Mastitis

| Symptoms | Prevention | Simple Comfort Measures | Yield When: |
|---|--|---|--|
| <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 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 | <p>Before the Feed:</p> <ul style="list-style-type: none"> ▪ Apply warm (not hot.) compresses over the affected area <p>During the Feed:</p> <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 <p>After the Feed:</p> <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 <p>Other Things to Keep in Mind:</p> <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> |

Rosa, mother of 1-week-old Fiona, sent you a text message at 7 p.m. that said: “BF not all it’s cracked up to be AFAIC.” You text her back quickly and ask if she’s available to talk. You learn that Fiona is nursing nonstop and “eating her alive.” Rosa’s nipples are cracked and bleeding, and the baby screams all the time. Her mother says it’s obvious she isn’t making any milk and Fiona is starving. She has gone to the grocery store to get formula until they can get some from WIC tomorrow.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

ANSWER SHEET

Rosa, mother of 1-week-old Fiona, sent you a text message at 7 p.m. that said: “BF not all it’s cracked up to be AFAIC.” You text her back quickly and ask if she’s available to talk. You learn that Fiona is nursing nonstop and “eating her alive.” Rosa’s nipples are cracked and bleeding, and the baby screams all the time. Her mother says it’s obvious she isn’t making any milk and Fiona is starving. She has gone to the grocery store to get formula until they can get some from WIC tomorrow.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *How is Fiona positioned and latching?*
 - *Describe her wet and dirty diapers.*
 - *Who has been helping you with breastfeeding?*
 - *Tell me what else your mother is telling you.*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *What an amazing mom you are to still be breastfeeding after facing these problems. Your baby is very lucky to have such a committed mom!*
 - *I can tell how frustrated and worried you are. We’re going to get you some quick help.*

3. Educate. What simple ideas could you share with her?
 - *Skin-to-skin contact and laid-back breastfeeding could help baby latch better.*
 - *Her nipples might need a “break” for a day or so.*
 - *Frequent milk removal if the baby is not latching will help her continue to make milk.*
 - *If supplements are needed of her milk or formula, try offering it in another way (dropper, spoon)*

4. What are your next steps in your relationship with her?
 - *Continue to contact her daily over the next few days while the WIC designated breastfeeding expert offers more technical assistance.*

5. Yield. Who should this mother be referred to?
 - *Contact your WIC designated breastfeeding expert or other after-hours resources to consider a home visit to assess Rosa and the baby, and to possibly issue a breast pump.*

Handout 9.1

STAGES OF PREGNANCY

| | 1 st Trimester | 2 nd Trimester | 3 rd Trimester |
|----------------------|---------------------------|---------------------------|---------------------------|
| Emotional Changes | | | |
| Physical Changes | | | |
| Worries | | | |
| Open-Ended Questions | | | |
| | | | |
| Affirmations | | | |
| | | | |

| | When to Call Mothers |
|-----------------|--|
| Pregnancy | <ul style="list-style-type: none"> ✓ Monthly. ✓ More frequently (weekly, if possible) as her due date nears |
| First two Weeks | <ul style="list-style-type: none"> ✓ Every two or three days during the first week ✓ Within 24 hours if a problem occurs |
| First Month | <ul style="list-style-type: none"> ✓ Weekly ✓ Within 24 hours if a problem occurs |
| Months 1 to 6 | <ul style="list-style-type: none"> ✓ Monthly ✓ Within 24 hours if a problem occurs ✓ Two weeks before she plans to return to work or school and two or three days after she starts back ✓ Around the time baby's appetite spurts occur: <ul style="list-style-type: none"> - Six weeks - Three months - Six months |
| Months 7 to 12 | <ul style="list-style-type: none"> ✓ Monthly ✓ Within 24 hours if a problem occurs. |

Jeanine 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 is worried because she smokes and harming her baby. Her mother lives with her and her husband and they smoke too.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

ANSWER SHEET

Jeanine 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 is worried because she smokes and harming her baby. Her mother lives with her and her husband and they smoke too.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *How many cigarettes is she smoking? What has she done already to try and cut down?*
 - *What has she heard about how breastfeeding might help?*
 - *If she were to breastfeed, what would be the most important reason to her?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *I can tell you're worried about your baby, and that shows me you're going to be a wonderful mother.*
 - *It's great you've already given some thought to this. It's important to think about these things before the baby gets here.*

3. Educate. What simple ideas could you share with her?
 - Importance of breastfeeding for babies in a smoking environment
 - It is possible to breastfeed, even if mom smokes.

4. What are your next steps in your relationship with her?
 - *Continue to contact her monthly.*
 - *Make a referral to the WIC nutritionist or nurse to assist her with cutting back on smoking.*

5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert.*

Handout 10.4

3-STEP PRACTICE: BREASTFEEDING IN THE FIRST MONTH

Olivia texted you a note that says, “Is it normal for babies to cry all the time?” When you follow up with her by phone, she tells you that her baby girl, Maggie, 3 weeks old, is fussy and seems to want to nurse all the time. She has gained weight well and her stools are normal breastfed stools. Her sister’s baby was formula fed and he slept all the time. Her mother said giving Maggie some cereal would probably help calm her down. Olivia is worried about whether her baby is doing okay.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

Handout 10.4

3-STEP PRACTICE: BREASTFEEDING IN THE FIRST MONTH

ANSWER SHEET

Olivia texted you a note that says, “Is it normal for babies to cry all the time?” When you follow up with her by phone, she tells you that her baby girl, Maggie, 3 weeks old, is fussy and seems to want to nurse all the time. She has gained weight well and her stools are normal breastfed stools. Her sister’s baby was formula fed and he slept all the time. Her mother said giving Maggie some cereal would probably help calm her down. Olivia is worried about whether her baby is doing okay.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *How often are you nursing Maggie, and for long?*
 - *Describe Maggie’s sleeping patterns.*
 - *Tell me more about Maggie’s crying.*
 - *How do you feel about what your family members are telling you?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *It sounds like you are really worn out!*
 - *I remember those days. Taking care of a new baby can be overwhelming at times.*
 - *Most babies do cry...it’s their way of communicating with us.*

3. Educate. What simple ideas could you share with her?
 - *Normal infant sleeping patterns.*
 - *Other reasons babies cry besides hunger.*
 - *Babies need to eat often because milk is digested so rapidly.*

4. What are your next steps in your relationship with her?
 - *Contact her in a few days to see how she is feeling about things.*
 - *Invite her to a mother’s group meeting to get support from other nursing mothers who might be going through the same thing.*

5. Yield. Who should this mother be referred to?
 - *If the mom is concerned about the baby’s crying, especially if the baby appears ill, yield her to her baby’s physician and to your WIC designated breastfeeding expert right away.*

Handout 11.1 SIGN IT!

Examine the road signs and use them to identify ongoing speed bumps that mothers might face after the first month of breastfeeding. How might you affirm mothers who are going through this, and what suggestions could you share?

(See PDF for road signs)

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. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. Yield. Who should this mother be referred to?

ANSWER SHEET

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. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *Tell me more about a typical day for you.*
 - *What were your original goals for breastfeeding?*
 - *Who is around to help and support you with your baby?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *What a great mom you are to have breastfed your baby for 3 months!*
 - *Many moms are anxious to get back to normal life by now.*
 - *Full-time care of a baby is definitely exhausting!*

3. Educate. What simple ideas could you share with her?
 - *Options for pumping if she wants someone else to care for the baby from time to time.*
 - *Where in the community she can get support from other new mothers.*
 - *Impact of formula on her milk production.*

4. What are your next steps in your relationship with her?
 - *Continue to contact her monthly.*
 - *Invite her to a 0mother's group meeting to get support from other new moms.*

5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert if the mom needs a breast pump or you are unsure and uncomfortable about anything the mother shares in the conversation.*

| Situations where mom and baby might be separated | How might the mom feel? | What affirming statements could you say? | What open-ended questions could you ask? | Why continue to breastfeed? | To whom should you yield? |
|--|-------------------------|--|--|-----------------------------|---------------------------|
| Premature baby | | | | | |
| Hospitalized baby | | | | | |
| Hospitalized mom | | | | | |
| Returning to work | | | | | |
| Returning to school | | | | | |
| Occasional outings | | | | | |

Handout 12.1

WHEN MOTHERS AND BABIES ARE SEPARATED

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 reasons for continuing to breastfeed you could share to encourage her.

1. Cassie is a 26 year-old mother of two. She just delivered a 34-week old premature baby.
2. Jacki's newborn baby was born 3 weeks early and has several birth defects that require the baby to stay in the hospital for an extra week or two.
3. Rosita was just readmitted to the hospital six weeks postpartum for emergency gall bladder surgery.
4. Kimberly is returning next week to work full-time at a large retail store after a four-week maternity leave.
5. 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.
6. Marta is going to be in her sister's wedding this weekend. She has a four-month-old exclusively breastfed baby.

ANSWER SHEET

1. 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
 - *What has the baby's doctor said about breastfeeding?*
 - *What have you heard about how breastfeeding affects preemies?*
 - *Tell me about your plans once you go home from the hospital.*
 - Reasons to Continue Breastfeeding
 - *Premature infants get out of the hospital more quickly when they receive their mother's milk.*
 - *Mother's milk is critical for preterm infants to fight infections and help them grow well.*
 - *Expressing milk with a hospital quality breast pump will help you bring in a full milk production for when your baby is ready to begin nursing on his own.*
 - Yield to:
 - *WIC designated breastfeeding expert*
 - *Baby's health care providers*

2. Jacki's newborn baby was born 3 weeks early and has several birth defects that require the baby to stay in the hospital for an extra week or two.
 - Affirming Statements
 - *I'm so sorry. This must be very hard for you.*
 - *I have talked with other mothers who have been through this.*
 - *It sounds like you are very concerned.*
 - *You're a great mom to be giving your baby such a good start in life.*
 - Open-Ended Questions
 - *What are your breastfeeding goals?*
 - *What has the baby's doctor said to you about breastfeeding?*
 - *Who is there to support you during this time?*
 - Reasons to Continue Breastfeeding
 - *Breastfeeding can be even more important for sick infants and those with special needs.*
 - *Breast milk has antibodies to help fight infection and to help your baby grow.*
 - Yield to:
 - *WIC designated breastfeeding expert*
 - *Baby's health care providers*

ANSWER SHEET

3. Rosita 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?*
 - Reasons to Continue Breastfeeding
 - *Breastfeeding is a way to stay connected with your baby, even though you are apart.*
 - *Breastfeeding keeps your breasts from becoming painfully full.*
 - *Baby can continue to receive the benefits of your milk even though you are not physically present.*
 - Yield to:
 - *WIC designated breastfeeding expert*
 - *Mother's health care provider*
4. 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?*
 - Reasons to Continue Breastfeeding
 - *Mom can feel connected to baby, even though they are apart.*
 - *Baby is less likely to get sick from viruses and germs at the childcare center.*
 - *A healthier baby means both mom and dad are less likely to have to miss work.*
 - *It saves money for the family and the mother's employer.*
 - Yield to:
 - *The WIC designated breastfeeding expert for a breast pump or for answers to questions beyond the peer counselor's training*

ANSWER SHEET

5. 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.*
 - Reasons to Continue Breastfeeding
 - *Breastfeeding helps the mother recover from pregnancy faster, which is especially important if the school does not allow her to take a long maternity leave.*
 - *It helps the mother feel more "in charge" of caring for her baby.*
 - *Her baby will be healthier, which means she is less likely to have to miss class to care for a sick baby.*
 - Yield to:
 - *The WIC designated breastfeeding expert (for a breast pump or if the mother has questions beyond the peer counselor's training)*
6. 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?*
 - *Who 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?*
 - Reasons to Continue Breastfeeding
 - *Breastfeeding is VERY doable for short separations.*
 - *Breastfeeding is comforting for babies, so the re-connection after she returns to the baby is sweet.*
 - Yield to:
 - *The WIC designated breastfeeding expert if mom has questions beyond the peer counselor's training.*

The hospital phoned you today to tell you that a WIC patient, Keisha, has delivered preterm twins. Keisha is being discharged today, but her tiny babies are in the NICU for perhaps many weeks. They started Keisha out pumping at the hospital, but now that she is being discharged she will need a pump from WIC to continue pumping. You phone Keisha and find that she is anxious to continue pumping but is very tearful and upset about her babies, and worries whether they will be all right.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
3. Educate. What simple ideas could you share with her?
4. What are your next steps in your relationship with her?
5. Yield. Who should this mother be referred to?

ANSWER SHEET

The hospital phoned you today to tell you that a WIC patient, Keisha, has delivered preterm twins. Keisha is being discharged today, but her tiny babies are in the NICU for perhaps many weeks. They started Keisha out pumping at the hospital, but now that she is being discharged she will need a pump from WIC to continue pumping. You phone Keisha and find that she is anxious to continue pumping but is very tearful and upset about her babies, and worries whether they will be all right.

1. Be curious. What more do you want to know to help her? Write 1-2 open-ended questions you could ask to find out.
 - *What has the hospital told you about your babies?*
 - *Who in your family is here to support you during this time?*
 - *Tell me how pumping was going in the hospital.*
 - *How does the hospital want you to store and transport your milk?*
 - *What are some of your plans for the next few days and weeks until your babies come home?*

2. Affirm. What do you think the mother is feeling? What can you say to acknowledge those feelings?
 - *Wow. This must be so hard!*
 - *I can really tell how much you love your babies.*
 - *It's normal to be very sad at leaving the hospital without your babies.*

3. Educate. What simple ideas could you share with her?
 - *The importance of her milk for her baby's survival.*
 - *How pumping can help her stay connected to her babies.*
 - *Breast pumps that WIC has available for mothers of premature babies.*
 - *Storing human milk.*

4. What are your next steps in your relationship with her?
 - *Contact her every day or two for the next few days, and taper off as appropriate.*

5. Yield. Who should this mother be referred to?
 - *The WIC designated breastfeeding expert for advice on using the WIC assigned breast pump.*
 - *Mother's health care team and lactation consultant for all questions concerning her baby's health and transition to breastfeeding in the hospital.*

Handout 13.1 SAMPLE JOB DESCRIPTION WIC PEER COUNSELOR IN THE HOSPITAL

General Description:

A WIC Breastfeeding Peer Counselor in the hospital is a paraprofessional support person who provides basic breastfeeding information and encouragement to WIC mothers in the hospital setting.

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding).
- Current or previous WIC participant.
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Has expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.
- Can work about 10-20 hours a week.
- Has reliable transportation and holds a valid driver's license.
- Has good customer service skills, relating to persons of diverse ethnic and cultural backgrounds, and communicating in a professional, courteous, and tactful manner.
- Able to remain calm and exercise judgment in unusual or stressful situations.
- Optional: bilingual in English and another relevant language.

Training:

- Participates in all standard WIC training programs of peer counselors, including formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.
- Attends additional WIC training on providing breastfeeding support in the hospital.
- Attends orientation or training required by the hospital.
- Shadows a lactation consultant or expert assisting new mothers in the hospital.

Supervision:

The peer counselor working in the hospital is supervised by the _____.

Duties:

The WIC Breastfeeding Peer Counselor:

1. Makes hospital visits with WIC and WIC-eligible mothers in the hospital at scheduled intervals as agreed upon by the hospital and WIC agency.
2. Checks in with the hospital nurse or lactation consultant before visiting patient rooms.
3. Visits mothers to assess their confidence in breastfeeding and to provide basic assistance.
4. Observes a feeding in accordance with hospital policy to check positioning and latch.
5. Provides basic education and encouragement on:

- Reasons to breastfeed.
 - Overcoming barriers to breastfeeding.
 - Colostrum quantity and benefits.
 - Normal course of breastfeeding.
 - Positioning and latch.
 - Skin-to-skin and its benefits.
 - Maintaining adequate milk production.
 - Preventing common problems.
 - Anticipatory guidance for the early days home from the hospital.
 - Resources for breastfeeding support.
6. Respects each client by keeping her information strictly confidential.
 7. Reports any breastfeeding concerns that are beyond the peer counselor scope of practice to the patient's assigned nurse or lactation consultant, and the WIC designated breastfeeding expert.
 8. Keeps accurate records for all contacts and submits them in a timely manner to the WIC supervisor and to the hospital nurse following agreed upon procedures.
 9. Gives breastfeeding literature provided by the WIC Program.
 10. Refers to the WIC office for follow-up with the WIC Designated Breastfeeding Expert to arrange for an electric breast pump after discharge, if necessary.
 11. Arranges for follow-up contacts after discharge if agreeable to the mother.
 12. Assists patients with accessing WIC services.
 13. Maintains knowledge and skills about breastfeeding through ongoing learning opportunities such as breastfeeding workshops, monthly staff meetings, and independent reading.

I understand the above job responsibilities, and agree to perform these duties as assigned.

WIC Breastfeeding Peer Counselor

Date

Supervisor

Date

Handout 13.2 TYPICAL HOSPITAL ENCOUNTER WITH A NEW MOM

| | |
|------------------|--|
| Before the Visit | <ul style="list-style-type: none"> ▪ Read notes the nursing staff may have left on the mom. Discuss any questions you have with the mother’s nurse or the hospital IBCLC. ▪ Know the mother’s name and her baby’s name. ▪ Wash your hands when you enter the room. ▪ Have WIC approved materials, your phone number, and referral forms with you. |
| During the Visit | <ul style="list-style-type: none"> ▪ Greet the mother and her family/friends. Tell them who you are and why you are there. ▪ Ask about her birth experience and how she is feeling. ▪ Ask about her goals for breastfeeding. ▪ Find out the last time the baby fed and for how long. ▪ Ask if she would like you to observe her breastfeeding and offer assistance if needed. ▪ Praise the mother! ▪ Write down the mom’s information. ▪ Ask for her permission to call her back later to follow up. ▪ Give her your telephone number. ▪ Give her any WIC and hospital approved materials and referral forms. ▪ Remind her to enroll her baby in the WIC Program. ▪ Thank her for allowing you to visit her. |
| After the Visit | <ul style="list-style-type: none"> ▪ Report any concerns or follow-up needed with the mother’s nurse or the hospital IBCLC. ▪ Yield the mother who is having problems to your WIC designated breastfeeding expert. ▪ Document all information on your peer counselor documentation form. ▪ Note when the mother may need a follow-up visit or call. ▪ Conduct appropriate follow-up to assure that the mother has a positive breastfeeding experience with all the support she needs to meet her goals. |