

Table of Contents

SECTION I – The WIC Peer Counselor Program	1
Module 1: Becoming a WIC Peer Counselor	3
Becoming a WIC Peer Counselor	6
Power of Mother-to-Mother Connection	9
Your Job as a Peer Counselor	11
Typical Day for a Peer Counselor	13
Scope of Practice	15
Who Is Here to Help You?	15
Yield!	16
Module 2: Helping Moms Say YES to Breastfeeding!	19
Helping Moms Say YES to Breastfeeding!	22
Feelings About Breastfeeding	22
Why WIC Promotes Breastfeeding	24
Breastfeeding Goals and Rates	29
How WIC Supports Breastfeeding Moms	30
WIC Circle of Care for New Families	35
SECTION II – Counseling and Communication Skills	43
Module 3: Helping Moms Overcome Common Barriers	45
Helping Moms Overcome Common Barriers	47
Making the Infant Feeding Decision	48
What Women Want	52
Overcoming Barriers	55
Can Mom Breastfeed?	57
Module 4: How to Talk with Moms About Breastfeeding	65
How to Talk with Moms About Breastfeeding	68
Knowledge Is Not Enough	69
Connection Before Content	70
The 3-Step Counseling Strategy	70
Step 1: Ask Open-ended Questions	71
Step 2: Affirm Feelings	80
Step 3: Educate	85
Ready or Not?	86
Connecting with Today’s Moms	89
Multi-cultural Aspects	90
Counseling in Difficult Situations	92
Handling Misinformation	95
3-Step Practice	97

Table of Contents

Module 5: Ways to Reach New Moms	101
Ways to Reach New Moms	103
Client Confidentiality	104
Documenting Contacts	106
Communicating.....	110
Communicating—In the WIC Clinic.....	110
Communicating—By Telephone	113
Communicating—With Electronics.....	122
Communicating—With Social Media.....	124
3-Step Practice	126
SECTION III – Getting Started with Breastfeeding	131
Module 6: Encouraging Exclusive Breastfeeding	133
Encouraging Exclusive Breastfeeding	136
Exclusive Breastfeeding	137
Why Mothers Begin Formula.....	139
How the Breast Works	141
How the Breast Makes Milk.....	142
Phases of Milk Production	143
Phase I: Breast Tissue Grows	143
Phase 2: Milk Production Begins.....	147
Phase 3: Making Milk for Baby’s Needs.....	150
Talking to Mothers About Milk Production	153
3-Step Practice	154
Module 7: Supporting New Breastfeeding Moms	157
Supporting New Breastfeeding Moms.....	159
Getting It Right from the Start.....	160
The Magic First Hour.....	161
Baby’s Journey to the Breast	161
Signs of Good Attachment	165
Flexibility in Positioning	166
What’s Wrong with This Picture?	171
Let’s Practice.....	172
Tips for Success.....	174
How to Know Baby Is Getting Enough	178
3-Step Practice	180
Yield!	181
Module 8: Helping Moms When Things Don’t Go As Planned	183
Helping When Things Don’t Go As Planned	186
Solving Concerns When They Are Small	186
3 Rules.....	187

Table of Contents

The Power of Affirmation	189
Scenarios and Solutions	190
Sore Nipples	191
Engorgement	194
Plugged Ducts	199
Mastitis	201
Low Milk Production	204
Childbirth Recovery	207
Cesarean Section	207
Flat or Inverted Nipples	208
Lack of Sleep	209
Feeling Overwhelmed	210
Baby Blues.....	211
Worries About Milk Production	211
Baby’s Weight Loss	212
Baby Won’t Latch.....	212
Baby Is Jaundiced.....	213
Baby Has Reflux	214
Baby’s Transitions	215
Baby Is Fussy	216
Yield	217
3-Step Practice	218
SECTION IV – Talking with Mothers About Breastfeeding.....	221
Module 9: Talking with Pregnant Women About Breastfeeding.....	223
Talking with Pregnant Women About Breastfeeding	225
Stages of Pregnancy.....	227
Breast Care During Pregnancy	233
Empowering Mothers for Success	234
Right Before Delivery	234
Promoting the WIC Food Packages.....	235
Empty Arms	235
3-Step Practice	237
Yield!	238
Contacting Mothers	238
Module 10: Talking with Mothers About Breastfeeding In the First Month	241
Talking with Mothers About Breastfeeding in the First Month	244
Baby Is Home	245
Dealing with Emotional Challenges	246
Take Time to Recover	247

Table of Contents

What’s Happening to My Breasts?	248
Secrets of Baby Behavior	249
WIC Foods for Breastfeeding Moms	255
3-Step Practice	259
Yield!	260
Contacting Mothers	260
Module 11: Talking with Mothers About Breastfeeding As Baby Grows	263
Talking with Mothers About Breastfeeding as Baby Grows	265
Watch Baby Grow!	265
Fitting Breastfeeding into a Busy Life	270
Helping Baby Begin Solid Foods	275
Where Should Baby Sleep?	278
Teething	279
Weaning	280
3-Step Practice	283
Yield!	284
Contacting Mothers	284
Module 12: Talking with Mothers About Breastfeeding When Mother and Baby Are Separated	287
Talking with Mothers About Breastfeeding When Mother and Baby Are Separated	289
Preterm Babies	291
Sick or Hospitalized Mother	292
Returning to Work	293
Returning to School	296
Occasional Outings	297
Maintaining Milk Production	298
Using a Breast Pump	298
How to Store Human Milk	300
3-Step Practice	301
Yield!	302
Contacting Mothers	303
SECTION V – Optional Module	307
Module 13: Providing Peer Counselor Services in Other Settings	309
Providing Peer Counselor Services in Other Settings	311
Peer Counselors: Lifeline Beyond WIC Walls	311
Supporting Moms in the Hospital	312
Supporting Moms in Their Homes	319
Moms’ Groups	322

SECTION I – The WIC Peer Counselor Program

Loving Support® Through Peer Counseling:
A Journey Together
For Training WIC Peer Counselors

SECTION I – The WIC Peer Counselor Program

Module 1: Becoming a WIC Peer Counselor

Module 2: Helping Moms Say YES to Breastfeeding

SECTION I – The WIC Peer Counselor Program

Module 1: Becoming a WIC Peer Counselor

Module 1: Becoming a WIC Peer Counselor

Overview

Becoming a peer counselor can be an exciting time for a WIC mother. It may also cause some unsettling moments if she has never held a job before or is unsure about the job requirements and her ability to perform. This module provides an overview of the WIC peer counseling program to help new peer counselors feel confident and comfortable in their new role. It also affirms the significant contributions she will make for WIC mothers and babies through the journey they take together.

Topics Covered

- Role of the peer counselor in the WIC Program
- The positive impact a peer counselor makes in helping WIC participants with their breastfeeding journey
- Basic job responsibilities and duties of a peer counselor
- How to work peer counseling into a peer counselor's life
- Scope of practice for the basic education and support provided by a peer counselor, and situations which should be yielded to others with more experience or expertise
- WIC Designated Breastfeeding Experts who are available to assist a peer counselor

Time: 1 hour

Core Competencies

- Encourages and supports WIC participants in basic breastfeeding.
- Recognizes personal beliefs and attitudes that influence a mother's breastfeeding decision.

Learning Objectives

Peer counselors will be able to:

- Describe ways that peer counselors make a difference for new mothers.
- Identify personal values and beliefs that relate to breastfeeding and mothering.
- Define the basic role of peer counselors.
- Explain the YIELD concept.
- Describe the role of the WIC Designated Breastfeeding Expert relative to the peer counselor.

Module 1: Becoming a WIC Peer Counselor

Materials and Supplies

Handouts

- Handout 1.1: Mapping the Journey: Peer Counselor Learning Topics
- Handout 1.2: WIC Breastfeeding Peer Counselor Job Description
- Handout 1.3: Typical Day
- Handout 1.4: Who Can Help Me in My Job
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

General Training Materials

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

Video Tools found in the Video Section of the Presentation Platform:

- Video Segment: *WIC Peer Counselors*, found in *Support/Peer Counselors*, in the WIC Works Resource System at:
http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642, or through YouTube™ on the Internet.

Training Materials by Activity

Getting to Know You

- Flip chart easel
- Flip chart paper
- Flip chart markers

Mapping the Journey

- Large world map to hang on the wall of the training room (can be cloth or paper)
- Tape or other adhesive (to attach the map to the wall)
- 4 different colors of sticky notes (red, green, yellow, and blue)
- Handout 1.1: Mapping the Journey: Peer Counselor Learning Topics

My Journey Scrapbook

- Inexpensive travel and alphabet stickers or stencils
OR: clip art of travel symbols and magazines
- Scissors
- Markers
- Flip chart easel

Module 1: Becoming a WIC Peer Counselor

- Flip chart notepad
- Flip chart markers

Must Have

- Flip chart easel
- Flip chart paper
- Flip chart markers
- For each small group, one clear quart-sized zip-top bag containing a selection of common travel-sized items. Example:
 - Toothbrush
 - Toothpaste
 - Dental floss
 - Mouthwash
 - Lip balm
 - Sunscreen
 - Deodorant
 - Brush
 - Soap
 - Razor
 - Lotions
 - Shampoo
 - Makeup
 - Small flashlight

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 1: Becoming a WIC Peer Counselor

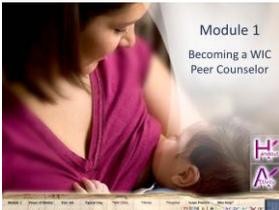
Facilitator Notes

Teaching Tip

Warmly greet peer counselors as they arrive. Welcome and introduce trainers, program coordinators/supervisors, WIC staff, and any experienced peer counselors who may be available to participate in the training. Ask each peer counselor to introduce herself and to tell something about her baby/children that brings her joy. Consider asking peer counselors in advance of the training to bring photos of their babies/children to share with others.

2

Becoming a WIC Peer Counselor



Key Talking Points:

- “*Loving Support*© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors” is the training program for WIC peer counselors across the country.
- The theme is a reminder of the important journey you as a peer counselor will make as you learn more about breastfeeding and how to talk with mothers. It is also a reminder of the journey you will make together with the WIC mothers you will serve.
- What to expect in this module:
 - This module describes the WIC peer counseling program and ways you can support WIC mothers and babies.
 - You will learn about your important role as a peer counselor, and the WIC team you are a part of as you work together to help new mothers reach their breastfeeding goals.

Activity: Getting to Know You

Purpose: To help peer counselors begin building relationships with one another as the Journey Together theme is introduced.

Materials Needed:

- Flip chart easel
- Flip chart paper
- Flip chart markers

Time Needed: 10 minutes

Module 1: Becoming a WIC Peer Counselor

Instructions:

1. This activity is conducted as a group, no matter the size.
2. Use any handy object or a masking tape X to mark a point in the training room. That point indicates where we are in the world.
3. Show where North, South, East, and West are in relation to the point.
4. Ask a question such as:
 - Where were you born?
 - Where's the farthest away from your current home you have ever been?
 - From what part of the world is your favorite food?
 - Where's your favorite vacation spot?
 - Where's a place you've *not* been and would most like to visit?
5. Ask trainees to decide if their answer is north, south, east, or west of the X you have made and physically move that direction in the room. Ask trainees to discuss why they moved that direction.
6. Ask another question and ask trainees to physically move north, south, east, or west from their location. Continue with several questions.
7. Repeat for each of 3-4 questions. Stop after each question to allow time for trainees to move and to discuss their answers.
8. Ask different people to answer each question so that most people have a chance to say something about themselves.
9. Note the variety of answers and use that as a follow-up discussion about some basic ground rules for how we will respect the variety of experiences and knowledge that each peer counselor brings to the training.
Examples:
 - Listen to others as you would have them listen to you
 - Speak to others as you would have them speak to you
 - Look to the evidence for best practices rather than our own experiences which may not be evidence based
 - Celebrate!

Points for Discussion:

- What did you learn about your fellow peer counselors during this activity?
- What surprised you?
- What did you discover you had in common?

Take-away Points:

- We each have made a personal journey to get to this place.
- We bring with us our experiences, knowledge, and feelings about breastfeeding.
- Some of us share common experiences. Some of us have differences that will be fun to explore as we get to know one another.
- This training, "*Loving Support*® Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors," is the beginning of your journey as a peer counselor. It is a journey you will make with your

Module 1: Becoming a WIC Peer Counselor

fellow peer counselors.

- As we look around the room, each of us has something to learn from every other individual here.
- We are all teachers and learners, and we will continue both roles as we travel alongside new mothers throughout their breastfeeding journey.

Activity: Mapping the Journey

Purpose: To help peer counselors chart their journey of learning through their training experience.

Materials Needed:

- Large world map to hang on the wall of the training room (can be cloth or paper)
- Tape or other adhesive (to attach the map to the wall)
- Sticky notes
- Handout 1.1: Mapping the Journey: Peer Counselor Learning Topics

Time Needed: 15 minutes

Instructions:

1. This activity works well with any size group of trainees.
2. Hang the map on the wall (be sure to secure permission from the facility for hanging something on the wall).
3. Place a sticky note pad on each table where peer counselors are gathered.
4. Ask peer counselors to review the list of topics that will be covered in the peer counselor training, *“Loving Support® Through Peer Counseling: A Journey Together – For Training Peer Counselors.”*
5. Select one or two topics that they feel they already know a lot about, some they know a little about, and some they know nothing about. Write on separate sticky notes those items, one item on each sticky note.
6. Ask peer counselors to place their sticky notes on the world map as follows:
 - Map of the U.S.: things they know a lot about
 - Map of Asia: things they know a little about but need more information
 - Map of Africa: things they know nothing about
 - Ocean anywhere: topics not listed that they would like to know more about
7. At the end of each module, give peer counselors the opportunity to move any of their sticky notes to other places as they learn about the topics presented.

Points for Discussion:

- What are some similarities and differences?

Take-away Points:

- Look at how much we all know, and how much we want to know. We never want to stop learning.
- This map helps chart our journey of learning.

Module 1: Becoming a WIC Peer Counselor

- As we learn more, we'll have the opportunity to move out sticky notes from one location to another to signify the new destinations of discovery we reach.
- We all have topics we want to learn more about.
- Even when the training ends, we will still have things on our "need to learn more" side of our map.
- As peer counselors we are life-long learners, always looking to travel to new places.

Activity adapted from the California WIC Peer Counseling Program Facilitator Guide, page 12. Available online at: www.cdph.ca.gov/programs/wicworks/Pages/WICBFPeerCounselor.aspx

3

Power of Mother-to-Mother Connection



Key Talking Points:

- Peer counselors are mothers in the community with personal breastfeeding experience who provide information and support to other mothers.
- Think back to what it felt like to be a mother for the first time.
- Women are often drawn to other women with whom they share life experiences, especially when those experiences relate to parenting.
- When new mothers have someone who can understand and identify with their experiences, they can better enjoy and cope with parenthood.
- As a peer counselor, you are an invaluable partner with mothers in their journey through parenthood, helping them gain confidence in their ability to breastfeed.

Teaching Tip

Click on the **VIDEO** icon on this slide to show the video clip, *WIC Peer Counselors*, found in the platform under *Support/Peer Support*. The video features WIC mothers telling how their peer counselor helped them in their breastfeeding journey.

Click on the **SLIDE SHOW** icon to hear and see "Stephanie's Story," which describes the obstacles that one peer counselor overcame to meet her own personal breastfeeding goals, and the way she uses those experiences to relate to new mothers in WIC.

Module 1: Becoming a WIC Peer Counselor

Activity: My Journey Scrapbook

Purpose: To help peer counselors understand ways they can provide positive support for new mothers.

Materials Needed:

- Inexpensive travel and alphabet stickers or stencils
OR: clip art of travel symbols and magazines
- Scissors
- Markers
- Flip chart easel
- Flip chart notepad
- Flip chart markers

Time Needed: 30 minutes

Instructions:

1. Ask peer counselors to design a scrapbook page to honor those who helped them most with breastfeeding. It can be their partner, a family member, a health care provider, or a WIC peer counselor.
2. Peer counselors can use supplies provided or use markers to draw items that might go on their scrapbook page.
3. Invite each peer counselor to explain the page they created, and how their support person helped them.
4. Write the responses on a flip chart for everyone to see. Note the varied types of support people who made a difference for peer counselors.

Points for Discussion:

- What did your support person do that meant the most to you as a new mother?
- Can you think of someone who was not helpful? What support do you wish you had?
- How could you use some of these ideas in your work as a peer counselor?

Take-away Points

- Just as people in your life provided support in many ways, so a WIC peer counselor will provide similar types of support.
- We can even learn from people who are not helpful because we can learn things we might want to do differently.
- Often new mothers have no one to support them with breastfeeding.
- The peer counselor can be a mother's lifeline.

Module 1: Becoming a WIC Peer Counselor

4

Your Job as a Peer Counselor



Key Talking Points:

- As a peer counselor, your role is to support new mothers and babies with breastfeeding by:
 - Providing information to help mothers make educated decisions about how they will feed their babies.
 - Sharing strategies that can help mothers get off to a good start with breastfeeding.
 - Answering common questions about breastfeeding.
 - Providing encouragement when breastfeeding is challenging.
 - Making appropriate referrals for special needs that arise.
 - Supporting other family members.
- You are NOT expected to know how to do this today, or to learn everything at once. In fact, you are expected to model the idea of seeking information from others, which will help moms realize that the breastfeeding journey is a learning process for us all.
- Be patient with yourself as you learn this new job. New peer counselors need time to become comfortable in their role.
- Becoming a peer counselor is a journey, and you will be surrounded by many people who will help you along your path.
- WIC peer counselors everywhere say that the journey is rewarding and gives them a sense of accomplishment and pride because they are making a difference in the lives of other people.

Teaching Tip

Provide peer counselors with Handout 1.2, WIC Breastfeeding Peer Counselor Job Description, or a copy of the job description used by your State or local agency. Review the basic duties and explain what each duty entails. As you mention each job duty, ask peer counselors to identify which items they feel will be EASY or HARD by noting an *E* or *H* next to each duty. Consider asking more experienced peer counselors to lead this discussion.

Activity: Must Have!

Purpose: To help peer counselors identify the most crucial qualities needed to be good peer counselors.

Materials Needed:

- Flip chart easel
- Flip chart paper

Module 1: Becoming a WIC Peer Counselor

- Flip chart markers
- For each small group, one clear quart-sized zip-top bag containing a selection of common travel-sized items. Example:
 - Toothbrush
 - Toothpaste
 - Dental floss
 - Mouthwash
 - Lip balm
 - Sunscreen
 - Deodorant
 - Brush
 - Soap
 - Razor
 - Lotions
 - Shampoo
 - Makeup
 - Small flashlight
- Optional: if the items are unavailable or expensive to purchase, consider listing the items or drawing pictures of them on a flip chart.

Time Needed: 5 minutes

Instructions:

1. Provide each small group with the bag of travel items.
For larger groups: divide into small groups of 6-8 each
For smaller groups or one-on-one learning: conduct the activity as a group discussion and display one bag of items for the group to discuss.
2. Ask peer counselors in each group to choose at least one item from the bag that they would never want to travel without. Discuss with their group why they selected that item.

Points for Discussion:

- Why do you see these items as essential?
- What do you feel is essential for new mothers as they begin their breastfeeding journey?
- What would be an essential travel item or personal characteristic that peer counselors should never forget to bring on their journey with new mothers?
- What travel items do you see you might need to acquire?

Take-away Points:

- When traveling by airplane, we are only allowed one zip-top bag of essential liquid travel items.
- Some of our essential travel items would be disastrous if left behind.

Module 1: Becoming a WIC Peer Counselor

- Other items are good to have but not crucial to a successful trip.
- Some items are probably not necessary and we pack them just in case.
- Planning ahead will help us take an inventory of our strengths and weaknesses.

5

Typical Day for a Peer Counselor



Key Talking Points:

- Peer counselors work in various settings, making telephone calls from home, visiting new mothers in the WIC clinic, or making hospital visits. Some peer counselors make home visits and lead group meetings with new mothers.
- A typical day will be different for each peer counselor. Some common elements are:
 - Making phone calls to pregnant and breastfeeding WIC mothers.
 - Receiving phone calls from WIC mothers who have questions about breastfeeding.
 - Referring WIC mothers to prenatal breastfeeding classes.

Teaching Tip

1. Share Handout 1.3, Typical Day, with peer counselors. Ask them to think about the questions that relate to their primary work setting, and write their responses in the column on the right. Consider inviting experienced peer counselors who work in each of those types of settings to describe ways they have blended their job with their home and family commitments.
2. In your PowerPoint slide, click to navigate to any of the three slides that show varied settings for peer counselors based on the settings where peer counselors work in your agencies.

6

WIC CLINIC



Key Talking Points:

- Peer counselors who work in the WIC clinic setting are part of the WIC clinic team.
- As a peer counselor in the clinic, you are able to do what WIC clinic staff often cannot because you are available to mothers beyond the usual WIC clinic hours, and because you share common experiences with new mothers that help increase their confidence with breastfeeding.
- You may work in the WIC clinic during clinic hours and visit one-on-one with pregnant and breastfeeding mothers who come for pregnancy or postpartum WIC visits. You then provide breastfeeding information to WIC mothers.

Module 1: Becoming a WIC Peer Counselor

- You phone mothers to check on how breastfeeding is going.
- You pick up referrals from nutrition staff, and typically assist with breastfeeding promotion activities.

7



WORK FROM HOME

Key Talking Points:

- Peer counselors who work from home make and receive phone calls from new mothers.
- Working from home gives you the flexibility to keep your children close.
- It also enables WIC mothers to reach you with their questions and concerns outside the normal WIC clinic hours.
- You may be available to mothers beyond WIC hours, though mothers seldom call at inopportune times.
- Working from home works best when you plan ahead. Think about where you will make your calls, and how you will keep your children occupied while you are on the phone. You may:
 - Make phone calls during naptime or after your children go to bed.
 - Provide a special area where children can play with quiet toys available for use only when you are on the phone.
 - Ask a family member to watch your children for 1-2 hours on days you will be making calls, or swap babysitting services with another mother.
- Having a quiet area allows you to listen to the mother's concerns, think about questions you need to ask, and maintain confidentiality.
- Having a secure place to store documentation forms will help you keep the mother's situation confidential.

8



HOSPITAL

Key Talking Points:

- Many peer counselors work in the local hospital where they greet new mothers and assist with basic positioning and latch.
- Mothers will appreciate being able to meet you face to face. Having you there to see a mom and baby first hand can help build confidence.
- The WIC clinic will make arrangements with the local hospital for your services.
- See the optional module, Providing Peer Counseling Services in Other Settings, for more information about making appropriate hospital visits.

Module 1: Becoming a WIC Peer Counselor

9

Scope of Practice



Key Talking Points:

- The role of the peer counselor is to support breastfeeding mothers and babies. This means helping mothers get off to a good start with accurate information that is specific to their needs.
- A peer counselor's scope of practice focuses on:
 - Working in a professional way that respects the dignity of the mother, the WIC staff, and the staff of any agency you are in contact with, such as an area hospital or clinic.
 - Encouraging mothers to breastfeed by helping them explore their barriers, and showing them how they can fit breastfeeding into their life.
 - Helping mothers get a good start with breastfeeding.
 - Helping mothers continue breastfeeding.
 - Providing support to mothers.
 - Referring mothers to other experts when needed.
- This training will give more details about your unique role in providing information and support to new mothers. Your supervisor will help answer questions about your role.

10

Who Is Here to Help You?



Key Talking Points:

- Many people within the WIC Program can help you with your job.
- They are available to help WIC mothers who need extra attention as well as to support *you* as you learn your new job!
- See Handout 1.4, Who Can Help Me in My Job.
- Some of the people who will help you are:
 - Your peer counselor supervisor or coordinator.
 - Breastfeeding coordinator.
 - WIC nutritionist.
 - Other experienced peer counselors.

Module 1: Becoming a WIC Peer Counselor

11

Yield!



Key Talking Points:

- See Handout 1.5, When to Yield.
- When confronted with a situation beyond a peer counselor's scope of practice, you can yield to the WIC Designated Breastfeeding Expert. This expert has special experience or training in helping breastfeeding mothers.
- Think about a Yield sign in traffic. Drivers do not stop at a yield sign; they wait and observe for when the way is clear. Drivers allow those who have the "right of way" to go forward first, and then they move into the road to merge with the other traffic.
- As you travel along your own personal journey helping new mothers, it can be comforting to know that you can yield more complex breastfeeding problems to experts. Your role then becomes observing and learning from the expert while traveling alongside the mother as her partner in the journey.
- Other experts that you may yield to include:
 - International Board Certified Lactation Consultants (IBCLCs) who are certified in lactation.
 - WIC staff who have received special training in lactation.
 - Physicians.
 - Hospital or clinic nurses.
 - La Leche League Leaders.

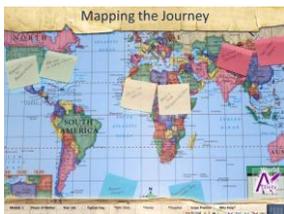
Teaching Tip

Provide peer counselors with a copy of Handout 1.5, When to Yield. Let peer counselors know that you will refer to this handy list throughout the training, and it can become a resource to refer to when they are concerned about situations they may encounter with mothers.

Module 1: Becoming a WIC Peer Counselor

12

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to physically move to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map to represent new topics that come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn everything needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been traveling alongside you to help you along the way.

13

Learning More



Ongoing Enrichment:

- Talk with an experienced peer counselor who works in the same job setting in which you will work. Ask about her typical day and suggestions she might have for you.
- Complete the WIC 101 and WIC Breastfeeding Basics courses as part of the WIC Works Resource System's WIC Learning Online series at http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=632.

Module 1: Becoming a WIC Peer Counselor

14

Passport to Success!



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Many people like to keep track of places they have visited through collecting postcards or taking photos. A passport is needed to travel outside the country, and customs and border patrol officers “stamp” the passport when the traveler is clear to move ahead.
- The peer counselor’s Passport to Success will be your record of the amazing new skills you will learn through this training program and beyond. Your supervisor will “stamp” your passport when you accomplish each new skill.
- You can be proud of the journey you are about to begin, and the destination you will reach.
- WIC is very proud to have you as part of the team, and looks forward to traveling with you.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors’ training accomplishments and chart their personal journey of building new skills.

Module 2: Helping Moms Say YES to Breastfeeding!

Module 2: Helping Moms Say YES to Breastfeeding!

Overview

This module describes why WIC promotes and supports breastfeeding as the infant’s optimal nutrition. It explores the important reasons to breastfeed, including protection from many health risks. This module identifies the various ways WIC promotes and supports breastfeeding through services to WIC mothers and their families. It also examines the role of peer counselors as part of the WIC “circle of care” whose ultimate goal is to protect and support breastfeeding goals of WIC mothers.

Topics Covered

- 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 and their infant feeding goals
- Role of the peer counselor as part of the WIC circle of care for new families

Time: 1 hour

Materials and Supplies

Handouts

- Handout 2.1: Tag Team
- Handout 2.2: Bus Ad
- Handout 2.3: WIC Food Packages for Breastfeeding Mothers and Babies
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

Core Competencies

- Promotes and supports breastfeeding with new mothers.
- Discusses with mothers and their families how WIC promotes and supports breastfeeding.

Learning Objectives

Peer counselors will be able to:

- Describe the importance of breastfeeding and human milk.
- Contrast the properties of human milk from those of infant formula.
- Explain the services WIC provides to breastfeeding families.
- Compare agency and national breastfeeding rates.
- Define the peer counselor’s role in relation to the WIC “circle of care” for new families.

Module 2: Helping Moms Say YES to Breastfeeding!

General Training Materials

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

Video Tools found in the Video Section of the Presentation Platform:

- Video Segment: *The Breastfeeding Journey*, found in *Support/Why Breastfeed*, in the WIC Works Resource System at:
http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642 , or through YouTube™ on the Internet.
- Video Segment: *Danita (videos 1-4)* found in *Support/Why Breastfeed*
- Video Segment: *Breastfeeding Is*, found in *Support/Why Breastfeed*

Animations

- *Does Infant formula Stack Up?* (available in the curriculum or at the Texas WIC Website at: <http://www.breastmilkcounts.com/>)

Training Materials by Activity

Moving Along

- Set of 6-8 different types of small toy modes of transportation (ex: car, boat, helicopter, ambulance, police car, fire truck, etc.). One set for each small group of 6-8 participants.
OR: Small photos or magazine pictures of various modes of transportation, or drawings on a flip chart.

Tag Team

- A set of 10 Tag Team cards prepared from Handout 2.1: Tag Team
- Train whistle

Bus Ad

- Handout 2.2: Bus Ad
- Colored pencils or markers
- 6 flip chart sheets and markers (if training a very small group)
- Medium sized sticky notes (optional)

Training Materials by Demonstration

How Human Milk Stacks Up

- Set of large duplex blocks or building blocks

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint

Module 2: Helping Moms Say YES to Breastfeeding!

- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 2: Helping Moms Say YES to Breastfeeding!

Facilitator Notes

Teaching Tip

Be prepared for lively discussion as peer counselors share their personal experiences breastfeeding. It is important to allow time for this discussion to unfold, as it helps peer counselors understand their role in helping mothers who may not have had an experience similar to theirs. This is not a time waster and, in fact, is a crucial part of developing relationships among peer counselors, and between the peer counselors and trainer. It also provides the speaker with an important opportunity to model active listening principles that peer counselors can use when counseling WIC mothers.

15



Helping Moms Say YES to Breastfeeding!

Key Talking Points:

- Module 2, Helping Moms Say YES to Breastfeeding, tells about the various ways WIC promotes and supports breastfeeding through the many services it provides WIC mothers and their families.
- What to expect in this module:
 - You will learn more about the important reasons to breastfeed.
 - You will learn more about the WIC circle of care that surrounds families to help them.
 - This circle of care will become *your* support as you journey together to encourage new mothers with breastfeeding.

16



Feelings About Breastfeeding

Key Talking Points:

- There is no right or wrong way to feel.
- Sometimes we can look at our feelings and see a strong connection between them and the decisions we make. Our experiences with breastfeeding may continue to shape our future.
- WIC mothers have had many different experiences and may not view breastfeeding in a positive way.

Module 2: Helping Moms Say YES to Breastfeeding!

Activity: First Time for Everything

Purpose: To explore experiences and feelings of peer counselors.

Materials Needed: None

Time Needed: 10-15 minutes, depending on group size

Instructions:

1. Ask peer counselors to partner with someone at their table.
For larger groups: if there is an odd number of training attendees at several tables, the instructor may need to help everyone find a partner.
For smaller groups or one-on-one learning: conduct this activity as a small group discussion. If the training is being conducted one-on-one, the instructor acts as the partner.
2. Ask each pair to share with each other their reactions the first time they remember seeing a baby breastfed. Describe the situation and how seeing a baby breastfeed made them feel.
3. Ask 3-4 peer counselors to share their reflections with the group. Invite a variety of viewpoints by asking if someone else has a different experience to share.

Take-away Points:

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

Activity: Moving Along

Purpose: To help peer counselors articulate their feelings about their own breastfeeding experience to build empathy toward others who may not have had the same type of experience.

Materials Needed:

- Set of 6-8 different types of small toy modes of transportation (ex: car, boat, helicopter, ambulance, police car, fire truck, etc.). One set for each small group of 6-8 participants.
OR: Small photos or magazine pictures of various modes of transportation, or drawings on a flip chart.

Time Needed: 15 minutes

Instructions:

Module 2: Helping Moms Say YES to Breastfeeding!

1. Provide a set of small toy modes of transportation for each small group.
For larger groups: provide a set of toys for each group
For smaller groups or one-on-one learning: display one collection of toys or photos
2. Ask each participant to select a mode of transportation that best represents to them their personal breastfeeding experience. (ex: a boat could represent smooth sailing through the early days; an ambulance could represent difficulties in the hospital; a fire truck could represent many struggles or difficulties that had to be addressed.)
3. Ask each peer counselor to share her experience with her group. If the group is small, all peer counselors can share with the entire group or with the trainer.
4. Optional: consider writing a list of “feeling” words on a flip chart to spark discussion such as: joy, love, sadness, regret, anger, fear, overwhelmed, annoyed, unsure, etc.

Points for Discussion:

- Why did you select that mode of transportation?
- If you had difficulties, how did you work through them?
- How will your experience impact the way you talk with mothers who might face similar challenges?

Take-away Points:

- Each new mother has a breastfeeding experience that is unique to her and her family. If she has several children, she might have had a different experience with each child.
- As peer counselors, we can be sensitive to the unique feelings and experiences of each mother. By meeting her where she is, we can build trust and best support the breastfeeding goals she has set for herself and her baby.

17

Why WIC Promotes Breastfeeding



Key Talking Points:

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

18

HUMAN MILK VS. INFANT FORMULA



Key Talking Points:

- Mother’s milk has the perfect combination of nutrients needed for babies to grow and develop.
- This photo shows the difference between human milk and infant formula. The picture on the right shows a drop of formula under a microscope. On the left is a drop of breastmilk.

Module 2: Helping Moms Say YES to Breastfeeding!

- This shows that human milk is a living substance with cells and other living matter to help babies fight disease.

19



HOW HUMAN MILK STACKS UP

Key Talking Points:

- Human milk has over 200 nutrients in the perfect combination of fats, sugar, and protein to help babies grow healthy and strong.¹
- Human milk contains:
 - Vitamins and minerals.
 - Growth factors that help babies grow and develop.
 - Proteins that are easy for babies to digest.
 - Enzymes that aid digestion.
 - Antibodies that fight disease and infection.
 - Probiotics which are microorganisms that help improve immune response.
- Although vitamins and nutrients are added to infant formulas to make them more suitable for human babies, no infant formula can match the ingredients in human milk.

Demonstration: How Human Milk Stacks Up

Using the photo image in this slide depicting a Lego tower comparing human milk and infant formula, create a similar set of towers from building blocks of any size so they can visually see the differences. Or, give peer counselors a set of building blocks and allow them to create their own.

Take-away Points:

- While there are some common components in both human milk and infant formula (such as vitamins, minerals, fats, proteins, and water) the components in human milk work differently in your baby's body because they are living cells with active ingredients in human milk.
- Human milk has many more ingredients than infant formula, such as growth factors, enzymes, hormones, anti-viruses, anti-parasites, and antibodies.

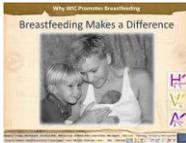
¹ Lawrence R. (2011). *Breastfeeding: A Guide for the Medical Profession*. St. Louis: Mosby, Inc.

Module 2: Helping Moms Say YES to Breastfeeding!

Teaching Tip

Click on the **ANIMATION** icon to locate *Does Formulas Stack Up?*, an animation developed by Texas WIC, also available online at: <http://www.breastmilkcounts.com/educational-activities.html>. The animation shows the ingredients in human milk that far exceed those found in infant formula.

20



BREASTFEEDING MAKES A DIFFERENCE

Key Talking Points:

- Breastfeeding makes a difference for babies and their mothers.
- Breastfed babies grow exactly the way they should.
- A mother's milk changes during the feeding and throughout the day as her baby grows. It changes as her baby grows from morning to night, day to day, and week to week, and is flavored by what mothers eat.
- The mother's body adjusts to her baby's growing needs by making milk with just the right amount of nutrients.
- Infection-fighting ingredients called antibodies help babies resist infection.
- Babies who are not breastfed are more likely to develop ear infections, respiratory infections, stomach illnesses, leukemia, diabetes, and skin conditions. They are also more likely to die from Sudden Infant Death Syndrome.²
- Mothers who do not breastfeed have a greater risk of breast and ovarian cancer and Type 2 diabetes.² They also have a greater risk of cardiovascular disease later in life.³

Activity: Tag Team

Purpose: To help peer counselors learn the reasons to breastfeed for infants and mothers.

Materials Needed:

- A set of 10 Tag Team cards prepared from Handout 2.1: Tag Team
- Train whistle

Time Needed: 10 minutes

² Agency for Healthcare Research and Quality. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Washington, D.C.: Agency for Healthcare Research and Quality. Available online at: www.ahrq.gov.

³ Shwarz EB, et al. (2009). Duration of lactation and risk factors for maternal cardiovascular disease. *Obstetrics and Gynecology*, 113(5): 974-982.

Module 2: Helping Moms Say YES to Breastfeeding!

Instructions:

1. Print Handout 2.1, Tag Team, onto cardstock paper. Cut out each individual card which displays an image of a State license tag.
2. Divide the peer counselors into small groups and provide one card to each group.
For larger groups: divide peer counselors into 6-8 different groups
For smaller groups or one-on-one learning: conduct the activity in pairs, or ask the small group or individual to look at the handout and complete individually.
3. Ask groups or pairs to take one of the letters in the license tag and come up with a reason to breastfeed for babies, mothers, or any other group. Quickly write the reason on the back of the card.
4. After 30 seconds, blow a whistle and ask the groups to move their card to the next group. Repeat the process, adding new benefits to the ones already listed.
5. Repeat until all groups have had a chance to view all of the cards, or until 5 minutes or so has elapsed.
6. Ask groups to read some of the benefits recorded on the card they are holding.
7. After the peer counselors report, fill in with additional thoughts not mentioned about the health benefits of breastfeeding reported in the U.S. Health and Human Services, Health Care Research and Quality, document, Breastfeeding and Maternal and Infant Health Outcomes, available online at: <http://www.ahrq.gov/clinic/tp/brfouttp.htm>.

Points for Discussion:

- Which of these reasons were surprising to you?
- Which reasons do you think are most compelling for mothers? Young mothers? First-time moms? Moms who have other children they did not breastfeed?

Take-away Points:

- Ample evidence shows that breastfeeding makes a profound difference in the health of infants and mothers.
- There are many additional reasons to breastfeed from a practical standpoint.
- Mothers will differ in the reasons that appeal to them.
- Peer counselors will target each mother's unique needs to identify the benefits of breastfeeding that might be most meaningful to her.

Activity: Bus Ad

Purpose: To help peer counselors formulate how they might share some of the most important reasons to breastfeed with new moms.

Materials Needed:

- Handout 2.2: Bus Ad
- Colored pencils or markers
- 6 flip chart sheets and markers (if training a very small group)

Module 2: Helping Moms Say YES to Breastfeeding!

- Medium sized sticky notes (optional)

Time Needed: 10 minutes

Instructions:

1. Break peer counselors into small groups of 4-5 each.
For larger groups: any number of groups will work as long as each group is limited to 4-5.
For smaller groups or one-on-one learning: conduct as a group discussion. Or, post 5-6 flip chart sheets and ask individuals to think up slogans throughout the training experience as ideas occur to them. (This allows people to remain more anonymous if they are feeling uncomfortable being put on the spot.)
2. Ask peer counselors to use Handout 2.2, Bus Ad, to come up with an ad that could promote reasons to breastfeed for various groups:
 - Babies
 - Mothers
 - Fathers
 - Grandparents
 - Employers
 - Teachers
3. Encourage groups to use colored pencils or markers to make their ad eye-catching.
4. Allow each group to share their ad.
5. Optional: Post the ads and throughout the rest of this section of the training, allow participants to vote on the ad they like best. Place a sticky note below each ad and ask people to vote on their first, second, and third choices. Award certificates or small prizes to the winning teams.

Points for Discussion:

- Which ad appeals to you most? Why?

Take-away Points:

- Breastfeeding not only benefits babies and mothers, it benefits the entire community!
- Messages about the importance of breastfeeding need to get into the community at large and peer counselors can help spread the word.

Adapted from the California WIC Breastfeeding Peer Counseling Program.

Module 2: Helping Moms Say YES to Breastfeeding!

Teaching Tip

Click on the **VIDEO** icon on your slide to view the video clip, *The Breastfeeding Journey* found in the presentation platform under *Support/Peer Support*. The video features WIC mothers telling what breastfeeding meant to them and their families. Ask peer counselors to reflect on what mothers seemed to feel was most important to them. Other videos to show: *Danita (1-4)* or *Breastfeeding Is*, all found at *Support/Why Breastfeed*.

Take Away Points

- Some mothers breastfeed because of health benefits to their baby or to themselves.
- Some mothers breastfeed for the special closeness or bond they feel breastfeeding will provide.
- Peer counselors can help mothers identify the reasons to breastfeed that will be most important to them.
- Section 2, Counseling and Communication Skills, will help peer counselors build skills in talking with mothers about breastfeeding.

21

Breastfeeding Goals and Rates

Key Talking Points:



- Breastfeeding is so important to the health of babies and mothers that the United States has set national objectives for breastfeeding as part of the 10-year Healthy People 2020 goals.
- This chart shows objectives for the year 2020 and breastfeeding rates in 2007.
- Initiation is when a mother begins breastfeeding. The Healthy People 2020 target for breastfeeding initiation is 81.9%.
- Duration rate is the number of women still breastfeeding at 6 months and 12 months. The Healthy People 2020 target for breastfeeding duration is 60.6% at 6 months and 34.1% at 12 months.
- Breastfeeding rates among WIC mothers are lower compared to the national average.⁴
- There are many ways you can help WIC mothers choose to breastfeed and continue to breastfeed longer.

⁴ Centers for Disease Control and Prevention. (2011). 2007 National Immunization Registry. Atlanta, GA: Centers for Disease Control and Prevention.

Module 2: Helping Moms Say YES to Breastfeeding!



Make it Your Own

Consider inserting your State or local agency breastfeeding rates so peer counselors can better understand WIC's goals for increasing breastfeeding in your community. Use data from the National Immunization registry, available at www.cdc.gov/breastfeeding, from the Pediatric Nutrition Surveillance System (PedNSS), or other data used in your State. Check with your local WIC agency or Maternal Child Health office for local data. If breastfeeding rates are low, remind peer counselors that WIC mothers have greater challenges than other mothers, and that support from a peer counselor can make a difference. If breastfeeding rates are higher than the national average, show them how duration rates and/or exclusive breastfeeding rates go down. This shows that mothers need support to continue breastfeeding.

22

How WIC Supports Breastfeeding Moms



Key Talking Points:

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

Teaching Tip

Ask peer counselors to think back to their own personal WIC experience. What types of WIC services and support meant the most in helping them feel confident they could breastfeed their babies?

Module 2: Helping Moms Say YES to Breastfeeding!

Click on the **WIC SERVICES** button to bring up a **CHECKERBOARD** representing the variety of services provided by WIC. As peer counselors mention a particular service, click on that button to bring up a photo that shows that service. After discussing, continue clicking on other buttons that represent services your State or local WIC agency provides to new mothers. Other buttons are provided to demonstrate other services provided by your State or local agency.

23

WIC FOODS



Key Talking Points:

- WIC offers food packages tailored to the breastfeeding needs of each mother and baby.
- Mothers are encouraged to exclusively breastfeed (giving their baby nothing except their milk) for the first 6 months.
- These food packages are designed to provide an additional incentive to mothers for breastfeeding and better support mothers' intentions to breastfeed their babies.
- Ways the food packages support breastfeeding women and their babies:
 - Provide a greater quantity and variety of foods to breastfeeding mothers and babies.
 - Help mothers make enough milk for their babies by supporting exclusive breastfeeding during the first month. This is critical for establishing good milk production that will enable mothers to breastfeed successfully whether they wish to continue breastfeeding exclusively or partially breastfeed later on.
 - Provide mothers with breastfeeding support and little or no infant formula during this time.
- Show Handout 2.3, WIC Food Packages for Breastfeeding Mothers and Babies, as you explain the various food packages for breastfeeding mothers and babies.

FULLY BREASTFEEDING – GRAND DELUXE PACKAGE



Key Talking Points:

- Fully breastfeeding food packages are for mothers and their babies who do not receive infant formula from WIC. Mothers and infants may receive this package until the infant is 12 months of age.
- For moms, this package provides the largest quantity and variety of foods.
- For infants 6 months and older, this package provides twice the amount of baby food fruits and vegetables as the package for infants who receive

Module 2: Helping Moms Say YES to Breastfeeding!

infant formula, and also provides baby food meat, a good source of iron and zinc.

- These food packages can be called the “WIC Grand Deluxe” food packages because they offer the greatest amount of food and benefits to both mom and baby and help WIC support its efforts to encourage moms to exclusively breastfeed.
- You can promote this food package while helping mothers feel confident they can exclusively breastfeed.



PARTIAL BREASTFEEDING – DELUXE PACKAGE

Key Talking Points:

- Partially breastfeeding food packages are for mothers and their babies who mostly breastfeed but also receive some infant formula from WIC after the first month postpartum. Mothers and infants may receive this package until the infant is 12 months of age.
- For moms, this package provides extra quantities and varieties of foods – more than for moms who mostly formula feed, but not as much as for moms who are fully breastfeeding.
- For infants, formula amounts are kept to a minimum to help moms continue to successfully breastfeed. Too much formula can lead to unhealthy weight gain in the baby and lower milk production for the mother, leading her to wean. The goal is to help moms maintain their milk production by breastfeeding as much as possible.
- These food packages can be called the “WIC Deluxe” food packages because they offer extra foods for moms and support her efforts to provide mostly breastmilk to her infant.
- In addition to the extra foods from WIC, mothers and babies also receive valuable breastfeeding support and supplies (such as breast pumps) and the priceless health benefits of breastfeeding (something for which there is no substitute).

Module 2: Helping Moms Say YES to Breastfeeding!

24

COUNSELING



Key Talking Points:

- WIC provides trained dietitians and nutritionists who counsel women about breastfeeding when they are certified as a pregnant mother.
- These dietitians and nutritionists refer mothers to a peer counselor for follow-up support.

25

BREASTFEEDING EXPERTS



Key Talking Points:

- WIC agencies have Designated Breastfeeding Experts who are available for mothers experiencing problems beyond your training.
- This could include International Board Certified Lactation Consultants (IBCLCs) working for WIC or in the community who have special credentials in helping mothers with special needs.
- It could also include other WIC staff with special training in breastfeeding.
- You should always yield to the WIC Designated Breastfeeding Expert when a situation arises that is beyond your training.

26

PEER COUNSELORS



Key Talking Points:

- You are a vital part of the WIC team's circle of care.
- You assist mothers outside the WIC clinic and the usual clinic hours so that mothers can continue to receive support even when the clinic is closed.

27

GROUP EDUCATION



Key Talking Points:

- Many WIC agencies offer classes during pregnancy and after the baby is born to help mothers learn more about breastfeeding.
- You can help with these classes by sharing your story and showing mothers how you will support them.

Module 2: Helping Moms Say YES to Breastfeeding!

28

MOTHER'S GROUPS



Key Talking Points:

- Mothers often prefer to talk with other mothers who are going through similar experiences.
- WIC clinics often have mother's groups to bring new moms and their babies together.
- You can lead or help with these meetings by encouraging mothers to share their experiences and giving information to help mothers continue breastfeeding.

29

BREAST PUMPS



Key Talking Points:

- Many WIC agencies provide various types of breast pumps to help mothers who need to express their milk.
- Pumps are often provided to a mother whose baby is sick or premature and must stay in the hospital after the mother goes home.
- Be aware that not every mother needs a breast pump. Just like any trip you take, one mode of transportation is not always necessary. Sometimes you may walk or use a bicycle. In the same way, not all mothers need a breast pump, especially in the early days of breastfeeding.
- Your State/local agency will explain what pumps are provided by your area, the reasons pumps can be issued, and the policies for issuing those pumps to new mothers.

Module 2: Helping Moms Say YES to Breastfeeding!

30

LOVING SUPPORT



Key Talking Points:

- *Loving Support*® Makes Breastfeeding Work is WIC's national breastfeeding campaign.
- It shows how support from friends, family, health professionals, WIC staff, and the community can help mothers have a positive breastfeeding experience.

31

OTHER MATERIALS



Key Talking Points:

- The State/local agency provides many types of materials to help encourage mothers to breastfeed and to breastfeed exclusively and longer.
- Your peer counselor supervisor will share these with you so you can share them with the mothers you counsel.

32

BREASTFEEDING-FRIENDLY WIC CLINIC



Key Talking Points:

- WIC programs often set up WIC clinics so mothers will feel supported with breastfeeding.
- Some of these include:
 - Quiet, private area for mothers to breastfeed if they wish.
 - Items that promote the importance of breastfeeding such as posters, bulletin boards, banners, etc.
- You can participate in breastfeeding promotion activities at the clinic during World Breastfeeding Week or other special times.

Module 2: Helping Moms Say YES to Breastfeeding!

33

WIC Circle of Care for New Families



Key Talking Points:

- WIC staff have various roles in supporting WIC mothers and their families with breastfeeding.
- Although each role is different, together they form an important part of a WIC mother's circle of care.
- The WIC team is here to support *YOU* in your journey toward becoming a peer counselor.
- You will walk hand-in-hand with the WIC circle of care as you help mothers reach the breastfeeding goals they set for themselves and their babies.

Activity: Power of the Team

Purpose: To demonstrate for peer counselors the importance of being on the same page with your WIC team.

Materials Needed: None

Time Needed: 5 minutes

Instructions:

1. Conduct this as a group, no matter what size.
2. Ask participants to clap their hands once. Pause while they do this.
3. Remark that the clapping was ragged and you would like to try and synchronize so that anyone within earshot will hear it as a single thunderous sound.
4. Explain that you will count *one, two, three* and then you will say *Clap*. Ask everyone to wait until you say, *Clap* before they clap simultaneously.
5. Count, *One, two three*. Immediately after three, clap your hands (without saying *Clap*.) After most participants have clapped their hands, act surprised and say, *Clap*.

Points for Discussion:

- Why didn't you follow instructions and wait until I said *Clap* before clapping your hands?
- What did you learn from this activity?

Take-away Points:

- Actions speak louder than words. It is not enough to *say* you're a part of a team. We have to *act* as a team.
- When we work together, we have a greater impact than when we don't work together.
- When we do not work as a team, we are not in harmony and are out of sync with one another.

Module 2: Helping Moms Say YES to Breastfeeding!

2 **Clinic Manager**

- Each individual clinic in a WIC agency has a manager who handles day-to-day issues that arise.
- You may be asked to check in with the clinic manager when they come to the clinic to visit with new mothers or receive names of mothers who need follow-up.

3 **Breastfeeding Coordinator**

- Each local agency has a breastfeeding coordinator who is responsible for coordinating breastfeeding activities in the WIC clinic and community.
- The breastfeeding coordinator usually has knowledge and experience in helping mothers with breastfeeding.

4 **Nurse**

- Many WIC clinics have nurses who are medical professionals. Nurses may do WIC certifications, immunizations of infants and children, and provide maternity services for pregnant moms.

5 **Peer Counselor Coordinator/Supervisor**

- You will report to a peer counselor coordinator or supervisor who is knowledgeable about the policies of the WIC peer counseling program.
- The supervisor supports you as you learn your job.

6 **Nutritionist**

- A dietitian or nutritionist is a health professional with special knowledge and experience in nutrition.
- A dietitian or nutritionist explores the dietary needs of mothers and their children, and counsels them about ways to improve their health through better nutrition and physical activity.
- Nutritionists certify mothers and their children for WIC, and help prescribe the proper WIC food package to encourage exclusive breastfeeding.

7 **Other Staff**

- Other staff may include the State office staff who are responsible for guidelines set up for the peer counseling program in your State and giving funding to local agencies.

8 **Clerk**

- The WIC clerk may answer the telephone, make appointments, and process paperwork to begin the certification of a WIC mother and her baby/children.
- Clerks are the first face of WIC. Because they answer the phone and greet mothers in the clinic, WIC clerks are often the first ones to hear of mothers experiencing breastfeeding problems.
- WIC clerks yield to peer counselors and other clinic staff if mothers are having difficulties. This warm handoff helps mothers feel supported.

Module 2: Helping Moms Say YES to Breastfeeding!

35

ROLE OF THE PEER COUNSELOR



Key Talking Points:

- Peer counselors are valued by WIC clinic staff as an important part of the team.
- WIC staff depend on you to support mothers, and to follow up with mothers who need encouragement and support.
- You can let staff know when you have completed these contacts so everyone is aware of how the mothers are doing and any other support they might need.
- Ways peer counselors can continue to be valued as a vital member of the team include:
 - Arrive at work on time on the days agreed upon with your supervisor.
 - Call the clinic if you are unable to arrive when scheduled.
 - Greet all staff warmly when you are in the clinic; introduce yourself if they do not know you.
 - Dress in comfortable clothing that follows the clinic's guidelines (ex: avoiding flip-flops, revealing clothing, etc.).
 - Be respectful of all clinic staff.
 - Yield to clinic staff when mothers have problems beyond your area of expertise.
- Thank the staff when they support breastfeeding mothers so they know they are making a difference.

36

TAKING CARE OF YOU



Key Talking Points:

- WIC staff tend to be very caring and compassionate. They want to make a difference in the lives of families.
- They have learned that in a profession of giving it is important to take care of yourself, too.
- Some secrets to taking care of yourself:
 - Talk with your partner or other people who live with you to come up with a good plan for how to manage the details of your job requirements.
 - Take things slowly at first until you learn more about the job and how it fits with your life.
 - Be realistic about what you can and cannot do. Be careful not to over-

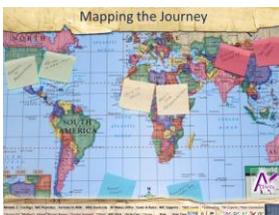
Module 2: Helping Moms Say YES to Breastfeeding!

commit yourself too quickly.

- Be sensitive to the needs of your own baby/children.
- Talk with other peer counselors to learn how they organize their workday.
- Talk with your supervisor if you have questions about your job. Often adjustments can be made in your caseload or work requirements, if necessary, until you are ready to handle more.
- Give yourself a break if things don't happen as quickly as you hoped.
- Remember: your job is to support breastfeeding mothers, not talk women into breastfeeding. If you focus on your unique role, it will be easier to handle if mothers choose not to breastfeed.
- Mothers may have many other concerns besides breastfeeding and you cannot solve them all. Ask your supervisor for ways to set limits if you find you are feeling overwhelmed. Nearly all staff at WIC have learned this lesson of setting limits. They can help you develop your own way so you continue to enjoy your work.
- Remember that you are not the only source of help for new mothers. You have an entire WIC team ready to support you and the mothers you help.

37

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia, (to signify that they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Module 2: Helping Moms Say YES to Breastfeeding!

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

38

Learning More



Ongoing Enrichment:

- Read pages 8-10 in *Breastfeeding: A Parent's Guide to Breastfeeding*.
- Read Chapter 1, pages 3-26, in *The Womanly Art of Breastfeeding*.
- Read the breastfeeding pamphlets used by your State and/or local WIC agency. Make a note of important reasons to breastfeed you were not familiar with.

39

Passport to Success



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making, and the destination you will reach.
- WIC is very proud of your role as part of the circle of care, and looks forward to the journey together!

Teaching Tip

Provide peer counselors with their Passport to Success, and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record the peer counselors' training accomplishments and chart their personal journey of building new skills.

Module 2: Helping Moms Say YES to Breastfeeding!

This page intentionally blank

SECTION II – Counseling and Communication Skills

Loving Support© Through Peer Counseling:
A Journey Together
For Training WIC Peer Counselors

SECTION II – Counseling and Communication Skills

Module 3: Helping Moms overcome Common Barriers

Module 4: How to Talk with Moms About Breastfeeding

Module 5: Ways to Reach New Moms

SECTION II – Counseling and Communication Skills

Module 3: Helping Moms Overcome Common Barriers

Module 3: Helping Moms Overcome Common Barriers

Overview

Despite evidence about the importance of breastfeeding, many women choose not to breastfeed, or to stop breastfeeding. This module addresses some of the most common barriers to breastfeeding among WIC mothers that interfere with initiation, exclusivity, and continuation of breastfeeding. These barriers include lack of confidence in making enough milk, returning to work or school, fear of pain, and embarrassment. The module also addresses common breastfeeding myths.

Topics Covered

- Addressing 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

Time: 1 hour

Materials and Supplies

Handouts

- Handout 3.1: Road Blocks to Speed Bumps
- Handout 3.2: Is Anyone Listening?
- Handout 3.3: The COST of Breastfeeding
- Handout 3.4: Solutions to Barriers
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

Core Competencies

- Acknowledges mothers' concerns about their ability to breastfeed.
- Gives accurate and relevant information to mothers and their families about breastfeeding.
- Recommends appropriate solutions to common breastfeeding barriers.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Define strategies to address common barriers to breastfeeding.
- Identify ways to engage the support of family members, friends, and colleagues.
- Distinguish between breastfeeding facts and myths. Identify reasons a mother or baby is unable to breastfeed.

Module 3: Helping Moms Overcome Common Barriers

General Training Materials

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

Video Tools found in the Video Section of the Presentation Platform:

- Video Segment: *I Love You: Family*, found in *Support/Family*
- Video Segment: *I Love You: Embarrassment*, found in *Support/BF in Public*
- Video Segment: *Hard Part*, found in *Challenges/General*

Training Materials by Activity

Have I Got a Trip for You!

- Handout 3.2: Have I Got a Trip for You!

The Cost of Breastfeeding

- Handout 3.3: The Cost of Breastfeeding
- Set of 4-6 photographs provided on the curriculum CD, one set for each group
- Flip chart
- Flip chart easel
- Flip chart markers

Other Training Resources

- *Breastfeeding: A Magical Bond of Love*. Available at the WIC Works Resource System at: <http://www.fns.usda.gov/wic/Breastfeeding/MagicalBondOrderForm.pdf> .
- *Fathers Supporting Breastfeeding*. Available at the WIC Works Resource System at: <http://www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM>.
- *Breastfeeding: Another Way of Saying I Love You*. Available with the *Using Loving Support*® to Grow & Glow in WIC curriculum. Can be viewed online at: http://msdh.ms.gov/msdhsite/_static/41,0,144.html.

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 3: Helping Moms Overcome Common Barriers

Facilitator Notes

Teaching Tip

Warmly greet peer counselors as they arrive. Explain that Section II of the training, Counseling and Communication Skills, includes three modules designed to help them gain confidence in talking with mothers and their family members about breastfeeding. These modules include: Helping Moms Overcome Common Barriers, How to Talk with Moms About Breastfeeding, and Ways to Counsel Effectively With New Moms.

40



Helping Moms Overcome Common Barriers

Key Talking Points:

- Module 3 addresses common barriers to breastfeeding, and strategies for helping mothers address them.
- What to expect in this module:
 - This module examines common barriers and misinformation that mothers sometimes hear about breastfeeding.
 - Often these barriers or misinformation prevent mothers from choosing to breastfeed, or from continuing to breastfeed.
 - Your role is to help mothers examine whatever obstacles might stand in the way of breastfeeding, and provide practical solutions for working breastfeeding into their lives.

Activity: From Road Blocks to Speed Bumps

Purpose: To help peer counselors explore common barriers to breastfeeding from the mother's point of view.

Materials Needed:

- Handout 3.1: Road Blocks to Speed Bumps

Time Needed: 15 minutes

Instructions:

1. Assign small groups to take one of the scenarios in Handout 3.1, Road Blocks to Speed Bumps.
For larger groups: it may be necessary to have more than one group work on the same scenario.
For smaller groups or one-on-one learning: have the peer counselors work through all of the scenarios individually, or conduct as a group discussion.

Module 3: Helping Moms Overcome Common Barriers

2. Ask peer counselors to read the mother's story and underline each item they feel could be a potential road block on her journey to breastfeeding. Circle items they feel indicate what is important to the mother.
3. Discuss 2-3 suggestions they might have for this mother.

Points for Discussion:

- Which of these road blocks did you personally experience?
- How were you able to turn them into speed bumps and continue breastfeeding?
- What more would you want to know from the mother before you make any suggestions?

Take-away Points:

- Although most women know breastfeeding is important, there are often many roadblocks that make it difficult for mothers to make that choice.
- Focusing on what the mother seems to be saying is most important to her will give you a place to begin the conversation.
- In this module we will explore common barriers and solutions.
- In Module 4 we will look at some counseling strategies for how to talk with mothers.

41

Making the Infant Feeding Decision



Key Talking Points:

- Women make their infant feeding decisions at many different points, including before pregnancy, during pregnancy, and after birth.
- The decision to breastfeed is also influenced by many different people important in the mother's life: her mother, her partner, her health care provider, her friends, and others.

Teaching Tip

Begin a discussion with peer counselors about when they initially made their decision to breastfeed.

Points for Discussion:

- When did you first start thinking about how you would feed your baby?
- When did you make the final decision?
- Who influenced you to consider breastfeeding?
- Who helped you make the final decision?

Take-away Points:

- Women often make their infant feeding decisions based on what they have seen or heard in their family, what their friends tell them, or what they have personally experienced.
- Women who lack confidence may be reluctant to try breastfeeding.

Module 3: Helping Moms Overcome Common Barriers

- Peer counselors often fill the gap of support for new mothers, especially when they lack strong support from their own family members.

42

WHEN MOTHERS DECIDE



Key Talking Points:

- A mother makes her decision about how she will feed her baby at various times throughout her pregnancy, and even before her baby is born.
- Before pregnancy:
 - Many women already have an idea about how they would feed their babies before they become pregnant.
 - They may be influenced by what other women in their family or community have done.
 - They may be influenced by what the mother might have seen or heard about infant feeding.
- During pregnancy:
 - Many women have made their decision by the end of their first trimester of pregnancy.
 - Early contacts with women will increase the likelihood that they will choose to breastfeed.
 - Women who originally plan to formula feed may change their minds during pregnancy when they receive information and support to breastfeed.
 - Continued contacts throughout the pregnancy can help mothers feel supported.
- After baby is born:
 - Some women (especially teens) wait until very late in their pregnancy, or even after their baby is born, to decide how they will feed their babies.
 - Some women decide to breastfeed right after delivery when their baby, through skin-to-skin contact, shows an interest.
 - Some women give birth prematurely and are forced to make a decision much sooner than they expected.
 - Some women start breastfeeding when their breasts become engorged and help the mother see, maybe for the first time, that making milk for her baby is her primary function.
- Maintaining contact with mothers allows you to support women who decide late.

Module 3: Helping Moms Overcome Common Barriers

43

WHO HELPS HER DECIDE



Key Talking Points:

- Mothers make their feeding decision based on many factors:
 - What women in the family and community have done.
 - What her partner finds comfortable.
 - Information she receives from her doctor, nurse, or WIC staff.
 - Support from her peer counselor.

GRANDMOTHERS



Key Talking Points:

- New moms often turn to their own mothers for advice on how to feed and care for their babies.
- The grandmother's influence can be even greater if the mother plans to return to work or school and will depend on her mother or another female family member to care for her baby.
- Grandmothers may have been exposed to many myths or practices about breastfeeding that are no longer used. They may share that incorrect information with their daughters.
- Some grandmothers who were unable to breastfeed may not support breastfeeding and may actively encourage their daughters to use formula.
- You can support new mothers by involving the grandmother in conversations when possible, and sharing ideas of things other than feeding she can do to help care for the baby.

Teaching Tip

Click on the **RESOURCE** icon to view FNS materials for Hispanic families that address needs of grandmothers. It may be helpful to show peer counselors some of these resources, which include educational pamphlets and a video, *Breastfeeding: A Magical Bond of Love*, available at the WIC Works Resource System at: http://www.nal.usda.gov/wicworks/Learning_Center/support_bond.html.

Module 3: Helping Moms Overcome Common Barriers

FATHER



Key Talking Points:

- The support a mother receives from the baby's father is crucial to her decision about breastfeeding.
- Fathers may worry that breastfeeding will ruin the mother's breasts, interfere with sex, or be too difficult for the mother. Dads may also worry about being left out if their partner breastfeeds.
- Fathers may not have heard about the important reasons to breastfeed that mothers have heard.
- A mother may feel it is her responsibility to find ways for the father to bond with the baby, and may think feeding a bottle is one way he can share in the experience.
- Some mothers incorrectly assume that dads will not be supportive, even before they have talked about it together.
- You can support new mothers by encouraging them to talk with their partners about how their baby will be fed, and sharing ideas of things that dads can do to be an important part of the baby's life.
 - For example, dads can hold and cuddle the baby, burp the baby after feedings, calm and soothe the baby, bathe the baby, and play with the baby.
- You can also include dads in your feeding discussions with moms, when possible, and encourage them to attend prenatal classes.

Teaching Tip

Click on the **RESOURCE** icon to view FNS materials for fathers that show their role in providing support for new mothers. These materials target African American fathers, and can be used with other fathers, too. It may be helpful to show peer counselors some of these materials, which are available from WIC Works Resource System at: <http://www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM>.

HEALTH CARE PROVIDERS



Key Talking Points:

- Often new mothers hear advice from their physician, nurse, or WIC nutritionist about breastfeeding.
- Health care providers can be very influential in a mother's decision about how she will feed her baby. They are also influential in her decision about whether she will continue.

Module 3: Helping Moms Overcome Common Barriers

- Sometimes health care providers encourage a mother to wean or to begin giving formula.
- You cannot contradict medical advice. However, you can provide mothers with information and encourage them to share their feelings about breastfeeding with their health care providers.
- This may require you to yield to your WIC designated breastfeeding expert to discuss what you can say to the mother to provide her with the information she needs. The expert or your supervisor may also have educational opportunities that can be offered to health care providers in your community.

44



What Women Want

Key Talking Points:

- Most women know that it is healthier for babies to breastfeed.
- While many women know that breastfeeding is healthier, they often make other choices based on emotional factors. These include whether it will help them feel:
 - Close to their babies.
 - They are good mothers.
 - Their children are happy.
 - Successful.
 - Happy.
- We call these feelings emotional benefits. Research shows that emotional benefits are very powerful in a woman's decisions that affect her family.
- Many women believe that while breastfeeding is better, babies will do just as well on formula.
- Many women do not know about the personal health benefits they can enjoy through breastfeeding.
- You can help mothers explore how breastfeeding can help them enjoy the things that are most important to them.

Activity: Have I Got a Trip for You!

Purpose: To help peer counselors understand how barriers can prevent people from moving forward.

Materials Needed:

- Handout 3.2: Is Anyone Listening? script

Module 3: Helping Moms Overcome Common Barriers

Time Needed: 5 minutes

Instructions:

1. Two trainers, staff members, or peer counselors who have prepared in advance should read through Handout 3.2, Have I Got a Trip for You!
2. Ask peer counselors to listen closely to the skit and note the feelings of the airline passenger who missed her flight and is receiving alternative instructions from the gate agent.

Points for Discussion:

- What are the biggest concerns of the passenger?
- How does the gate agent respond to the passenger's concerns?
- What will it take for the passenger to relax and follow instructions?

Take-away Points

- When people feel that obstacles are too big, it is very difficult for them to listen to and accept new ideas.
- Sometimes when people feel obstacles are too big, they convince themselves that breastfeeding wasn't that important anyway, with self-talk such as, "It probably won't make much difference, anyway" or "Others have done fine on formula."
- When people feel they are being heard, they are more likely to understand and try new ideas, and feel hope that there are solutions.
- Peer counselors can help mothers uncover their barriers and show them strategies that other mothers found worked for them.

Teaching Tip

Click on the **VIDEO** icon to view video snippets of mothers discussing their concerns about breastfeeding, and how they were able to fit it into their lives. Examples: *I Love You: Family* (found in *Support/Family*), *I Love You: Embarrassment* (found in *Support/BF in Public*, or *Hard Part* (found in *Challenges/General*). Ask peer counselors to listen to concerns they hear the mothers verbalize.

Points for Discussion:

- What feelings about breastfeeding do you hear in these mothers' responses?
- What barriers do you hear?

Take Away Points:

- Each woman has unique barriers that can stand in the way of her choosing to breastfeed, or to continue breastfeeding.
- Peer counselors can help mothers address their individual barriers by sharing solutions that other mothers have found worked for them.

Module 3: Helping Moms Overcome Common Barriers

Activity: The Cost of Breastfeeding

Purpose: To help peer counselors identify common barriers to breastfeeding.

Materials Needed:

- Handout 3.3: The Cost of Breastfeeding
- Set of 4-6 photographs provided on the curriculum CD. Photographs are designed to look like picture postcards that depict various situations (working woman, woman at school, father holding a baby, woman breastfeeding under a blanket, new mother in the hospital, woman feeding her baby with a bottle, etc.). Print one set of photographs on cardstock paper for each group of 4-5 peer counselors. Photographs can be laminated for longer durability if desired.
- Flip chart
- Flip chart easel
- Flip chart markers

Time Needed: 5 minutes

Instructions:

1. Give a set of the picture postcards to each small group of peer counselors.
For larger groups: provide a set of postcards to each group of 4-6 peer counselors.
For smaller groups or for one-on-one learning: hold up the postcards to the group for discussion.
2. Ask peer counselors to refer to Handout 3.3, The Cost of Breastfeeding. Write down barriers they saw in the picture postcards. Use blank spaces to indicate other barriers they feel make it hard for women to breastfeed.
3. Record the barriers discussed on a flip chart for later discussion.

Points for Discussion:

- What makes it hard for women to choose to breastfeed?
- What are some of the unexpected roadblocks that can stand in the way of continuing to breastfeed?

Take-away Points:

- The costs to breastfeed can sometimes make breastfeeding seem unreachable for mothers.
- Some mothers will not breastfeed at all if they feel it will be too difficult.
- Other mothers may begin breastfeeding but will discontinue early.
- Peer counselors can encourage mothers to talk about concerns they might have, and share solutions from other mothers that have made breastfeeding doable.

Module 3: Helping Moms Overcome Common Barriers

45

Overcoming Barriers



Key Talking Points:

- Overcoming barriers requires you to listen to, rather than pressure, mothers.
- Listening opens the door to learn what the mother needs to make breastfeeding work for her.
- Mothers will be more comfortable and trusting if they are able to talk freely about their concerns.
- Nearly all barriers to breastfeeding have solutions.
- You can share solutions that other mothers have found worked for them.

Teaching Tip

1. Refer peer counselors to the list of barriers recorded on the flip chart.
2. Click on the **BARRIERS TO BREASTFEEDING** button on this slide to bring up a **CHECKERBOARD** of buttons representing common barriers to breastfeeding.
3. Ask individuals or groups of peer counselors to select one of the identified barriers and discuss possible solutions that could be shared with mothers.
4. As each barrier is discussed, click on the corresponding button, and click on the **WHAT SHE MIGHT SAY** button. Ask peer counselors to listen to what that barrier might sound like when a mother says it.
5. Ask the individuals or groups to share the solutions they discussed.
6. Refer to Handout 3.4, Solutions to Barriers, and ask peer counselors to review this as they begin counseling mothers about barriers to breastfeeding.

1	2	3	4	5	6	7
<p>Milk Production</p>	<p>Returning to Work/School</p>	<p>Embarrassed</p>	<p>Lack of Support</p>	<p>Busy Life</p>	<p>Lack of Confidence</p>	<p>Fear of Pain</p>
Milk Production	Returning to Work/School	Embarrassed	Lack of Support	Busy Life	Lack of Confidence	Fear of Pain

Module 3: Helping Moms Overcome Common Barriers

- 1
 - My breasts are too small.
 - Nobody in my family could make milk.
 - I don't *feel* like I have any milk.
 - My baby is so fussy.
 - My baby doesn't sleep well.
- 2
 - I don't have time to breastfeed.
 - I'm afraid he won't take a bottle.
 - Since I have to go back to work it won't be worth the bother.
 - I think it will be easier to just pump and put my milk in a bottle.
 - I'm afraid he will be too attached.
- 3
 - I could never do THAT.
 - I just can't see myself doing it.
 - I only want to breastfeed at home.
 - I can't stand the thought of a baby at my breast.
 - That's nasty.
 - I want to pump and put it in a bottle.
- 4
 - My mother says we can't make milk in our family.
 - I want my mom/partner to help feed the baby.
 - It will be too hard for my family if I breastfeed.
 - I don't know anyone in my family who has ever done that before.
 - I don't want them to see me breastfeeding.
- 5
 - I like to party with my friends.
 - I won't be able to go anywhere.
 - I want others to help feed the baby for me.
 - Breastfeeding will make the baby too attached.
- 6
 - I guess I could TRY to breastfeed.
 - I don't know if I can do it.
 - Nobody in my family has ever done this before.
 - It would be really hard.
- 7
 - My friend says it hurts.
 - I just couldn't do it.
 - I quit last time because it hurt so bad.

Module 3: Helping Moms Overcome Common Barriers

Teaching Tip

Show the video, *Breastfeeding: Another Way of Saying I Love You* available from the Mississippi WIC State Agency. This video is available in the WIC curriculum, Using *Loving Support*® to Grow & Glow in WIC, and can also be viewed online at: http://msdh.ms.gov/msdhsite/_static/41,0,144.html. Individual sections of the video are also available in the presentation platform under *Support*.

Points for Discussion:

- As these mothers shared their story about breastfeeding, what were common barriers you heard?
- What strategies did they find worked for them?

Take-away Points:

- Nearly all barriers to breastfeeding have solutions.
- Support makes the difference in helping women overcome their concerns.

46

Can Mom Breastfeed?



Key Talking Points:

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

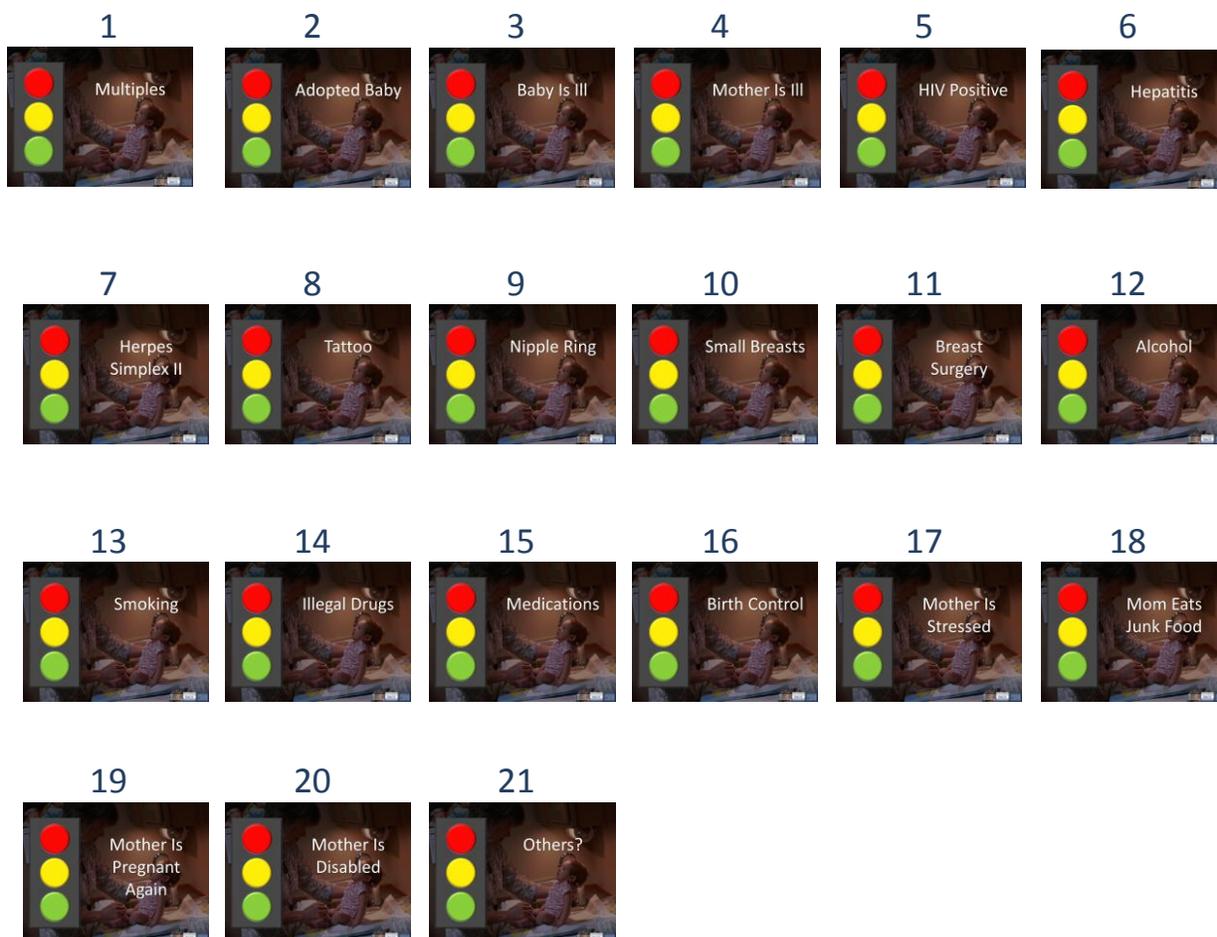
Teaching Tip

Click on the **EXCEPTIONS** button on the navigation panel to bring up a **CHECKERBOARD** of buttons related to common myths that mothers might hear about breastfeeding. Ask peer counselors to look at the "Can Mom Breastfeed?" **CHECKERBOARD** and select a topic they are curious about. Brainstorm with the group to explore whether it is possible to breastfeed in that situation. Use the stoplight icons on each slide and click on either red, green, and yellow as you ask whether it is possible to breastfeed in that situation. Continue with the topics on the other buttons as the peer counselors help discover the answers.

You may ask:

- How many think she cannot breastfeed (click on red)
- How many aren't sure (click on yellow)
- How many think the mother can breastfeed (click on green)

Module 3: Helping Moms Overcome Common Barriers



- 1 Multiples: Stoplight - Green
 - Multiples are a challenge, yet many mothers breastfeed twins, triplets, and more.
 - Multiples are often born early and may need to spend time in the NICU.
 - Mothers of twins can learn to feed both babies at the same time.
 - Mothers can make plenty of milk for both babies.
 - Breastfeeding may make things easier on parents since babies are likely to be healthier.
- 2 Adopted Baby: Stoplight - Green
 - Mothers who have adopted a baby can make milk, even if they have not breastfed before.

Module 3: Helping Moms Overcome Common Barriers

- 3 A mother who wishes to breastfeed an adopted baby will need special support from the WIC Designated Breastfeeding Expert.
- 3 Baby Is Ill: Stoplight – Green and Yellow
 - Babies who are ill often need the antibodies in their mothers’ milk even more than healthy babies.
 - Mother’s milk is easily digested and absorbed.
 - Babies with certain medical conditions such as PKU, anatomical or neurological disorders will need help from other health care providers.
 - If a mother has been told to stop breastfeeding due to a sick infant, yield to the WIC designated breastfeeding expert for further evaluation.
- 4 Mother Is Ill: Stoplight – Green and Yellow
 - In most cases, mothers who are ill with common colds and viruses should continue to breastfeed.
 - Once the mother is showing symptoms of the illness her baby is already exposed.
 - The mother’s body will make antibodies to that illness, and the baby will receive those antibodies in the milk.
 - For most conditions, medications that a mother takes will be okay for the baby.
 - Yield a mother with questions about illness or medications to the WIC Designated Breastfeeding Expert and the mother’s or baby’s doctor.
 - There are a few conditions when the American Academy of Pediatrics recommends a mother *not* breastfeed.¹ These include if the mother:
 - Is HIV+
 - Has untreated, active tuberculosis
 - Is infected with human T-cell lymphotropic virus type I or II
 - Is taking prescribed cancer chemotherapy agents
 - Is undergoing radiation therapies
- 5 HIV+: Stoplight – Red
 - It is currently not recommended that mothers who are HIV+ breastfeed their babies.
 - Always yield a mother who has questions about her HIV status to the WIC Designated Breastfeeding Expert.
- 6 Hepatitis: Stoplight – Green
 - Mothers with hepatitis B or C can continue to breastfeed.

¹ American Academy of Pediatrics Committee on Drugs. (2001). The transfer of drugs and other chemicals into human milk. *Pediatrics*, 108:776-789. Available online at: <http://pediatrics.aappublications.org/cgi/content/full/108/3/776>.

Module 3: Helping Moms Overcome Common Barriers

- The immunological properties of human milk will reduce the likelihood of transmitting the disease to the baby.
 - Mothers with hepatitis are usually treated with a vaccine.
 - Newborns are usually given a vaccine at birth.
- 7 Herpes Simplex II: Stoplight – Green and Yellow
- Other than being HIV+, breastfeeding can continue with most sexually transmitted diseases.
 - If a mother has an active herpes lesion or open sore on her breast, however, she will need to:
 - Breastfeed from the unaffected side
 - Express and discard the milk from the affected side to protect her milk production until the sore heals
 - Cover the sore carefully so the baby has no risk of contact
 - Yield the mother to a medical professional for treatment
- 8 Tattoo: Stoplight – Green
- A mother with a tattoo can breastfeed, even if the tattoo is on her breast.
 - The dyes used in tattoos do not affect breastmilk.
- 9 Nipple Ring: Stoplight – Green
- A nipple ring does not affect the quality or quantity of a mother’s milk.
 - Nipple rings should be removed when breastfeeding to avoid a harming the baby’s mouth or cause choking.
 - If scarring occurs from the nipple rings the mother’s milk release might be inhibited.
 - If scarring has not occurred, milk may flow through the openings. This will not harm the baby.
- 10 Small Breasts: Stoplight – Green
- The size of a mother’s breasts depends on how much fatty tissue she has; fat does not make milk.
 - Nearly all women have the ability to produce enough milk for their babies, no matter the size of their breasts.
- 11 Breast Surgery: Stoplight – Green and Yellow
- Mothers who have had breast surgery such as implants, biopsies, and breast reduction surgery, may be able to breastfeed.
 - A mother’s ability to make milk after surgery will depend on the type of surgery she had.
 - If important nerve endings were not cut, she may be able to make milk.
 - Mothers who had implants can have more trouble with plugged milk ducts.

Module 3: Helping Moms Overcome Common Barriers

- Even if a mother is not able to make a full production of milk, she may breastfeed with formula supplements.
 - Yield all mothers who have had breast surgery to their WIC Designated Breastfeeding Expert.
- 12 Alcohol: Stoplight – Yellow
- Occasionally consuming an alcoholic drink does not warrant stopping breastfeeding.
 - Breastfeeding women should be very cautious about drinking alcohol, if they choose to drink at all².
 - If breastfeeding is well established (no earlier than at 3 months of age), a mother may consume a single alcoholic drink and wait at least 4 hours before breastfeeding.
 - Alternatively, the mother may express her milk before consuming the drink and feed the expressed milk to her infant later.
- 13 Smoking: Stoplight – Green
- It is best for a mother NOT to smoke.
 - If a mother cannot quit smoking, breastfeeding will help protect her baby, who is at higher risk for respiratory problems, allergies, and Sudden Infant Death Syndrome.
 - Mothers who smoke should be encouraged to breastfeed, and should be encouraged to keep secondhand smoke away from the baby.
 - A mother should not smoke near the baby, in the house, or in the car.
 - Mothers who smoke may have a lower milk production.
 - Yield to the WIC nutritionist for help in cutting back on smoking.
- 14 Illegal Drugs: Stoplight – Red
- Mothers who use street drugs (such as heroin, cocaine, methamphetamines, or marijuana) should not breastfeed.
 - Drugs pass into breastmilk and can harm the baby.
 - Yield to the WIC Designated Breastfeeding Expert.
- 15 Medications: Stoplight – Yellow
- Most medicines are safe while breastfeeding. This is because they pass through the mother's digestive system before they go into the milk.
 - Occasionally some drugs are unsafe for babies.

² U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010 Available online at: <http://www.cnpp.usda.gov/dietaryguidelines.htm>.

Module 3: Helping Moms Overcome Common Barriers

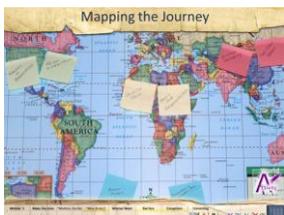
- Always yield to the mother's or baby's health care provider for answers to questions about medications.
- 16 Birth Control: Stoplight – Green and Yellow
- Most hormonal birth control methods are safe for baby.
 - Some methods, such as combination birth control pills, can cause a drop in the mother's milk production.
 - Most hormonal birth control methods (such as depo-provera injection) should not be given until 6 weeks after the baby is born.
 - Mothers who have questions about birth control should be yielded to their health care provider or the family planning specialist, or the WIC Designated Breastfeeding Expert.
- 17 Stress: Stoplight – Green and Yellow
- The hormones released during breastfeeding, along with skin-to-skin contact with the baby, can actually *lower* a mother's stress levels and help her feel calm.
 - A mother's milk does not spoil if she becomes upset.
- 18 Mom Eats Junk Food: Stoplight – Green
- A mother who eats a poor diet produces healthy milk.
 - Unless the mother is starving, her milk has the same nutritional makeup as a woman who eats the perfect diet.
 - Mothers with a poor diet may be more tired and run-down.
 - Encouraged all mothers to eat a balanced diet to ensure her health and vitality.
 - Yield to the WIC nutritionist mothers who eat poorly.
- 19 Mother is Pregnant: Stoplight – Green and Yellow
- Mothers who become pregnant while nursing a baby can continue to breastfeed.
 - When the new baby is born, they may breastfeed both babies. This is called tandem nursing.
 - During pregnancy, mothers may become uncomfortable and their nipples may become sore.
 - This can become a natural weaning time for many mothers.
 - Respect the mother's choice about whether to continue breastfeeding after becoming pregnant.
 - If a mother has a history of miscarriage or has contractions when she breastfeeds, yield her to her health care provider.
- 20 Mother is Disabled: Stoplight – Green
- Mothers with a physical or mental disability, or who are blind or deaf, can make milk just like other mothers can.

Module 3: Helping Moms Overcome Common Barriers

- However, these mothers may need special help to learn how to care for their babies.
- Talk with your WIC Designated Breastfeeding Expert about mothers who have a physical or mental disability.

48

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

Module 3: Helping Moms Overcome Common Barriers

49



Learning More

Ongoing Enrichment:

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

50



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making.
- You are learning valuable skills to help WIC mothers address their unique barriers to breastfeeding.
- You are not alone in this journey as the entire WIC circle of care will be there for both you and the mothers you serve when new barriers and concerns arise.

Teaching Tip

Provide peer counselors with their Passport to Success, and ask them to have it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record the peer counselors' training accomplishments and chart their personal journey of building new skills.

Module 4: How to Talk with Moms About Breastfeeding

Module 4: How to Talk with Moms About Breastfeeding

Overview

Despite the widespread understanding of the importance of breastfeeding, many women still choose to formula feed their babies, or to discontinue breastfeeding early. This module addresses counseling skills that will help peer counselors build a mother's confidence in her ability to breastfeed. Numerous practice opportunities are provided so peer counselors can reinforce the teaching in this module.

Topics Covered

- 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
- Handling misinformation from family members and health care providers

Time: 3 hours

Materials and Supplies

Handouts

- Handout 4.1: Message in a Bottle
- Handout 4.2: Open or Closed?
- Handout 4.3: From Closed to Open
- Handout 4.4: Conversation Starters
- Handout 4.5: Practice with Probes
- Handout 4.6: Ways to Affirm
- Handout 4.7: Affirming New Mothers
- Handout 4.8: Role Plays
- Handout 4.9: Readiness Scale

Core Competencies

- Uses effective listening and counseling skills to develop rapport and successfully communicate with mothers and their families about breastfeeding.
- Approaches mothers and their family members with sensitivity and cultural awareness.

Learning Objectives

Peer counselors will be able to:

- Describe effective listening and counseling skills in a participant-focused approach to care.
- Identify a mother's readiness to change.
- Explain how to assist mothers who are resistant or difficult to counsel.
- Identify ways to approach mothers with multi-cultural awareness and sensitivity.
- Explain how to address misinformation from family members and health care providers with sensitivity and professionalism.

Module 4: How to Talk with Moms About Breastfeeding

- Handout 4.10: 3-Step Practice: Putting it All Together
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

General Training Materials

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

Training Materials by Activity

Message in a Bottle

- Clear bottle with a cork (one per group of peer counselors)
- Selection of famous quotes about travel (included in curriculum)

3-Step Practice – Open Questions: Open or Closed?

- Handout 4.2: Open or Closed?

3-Step Practice – Open Questions: From Closed to Open

- Handout 4.3: From Closed to Open
- PowerPoint slide, 3-Step Practice – From Closed to Open

Open Questions – Conversation Starters

- PowerPoint slides, 3-Step Practice section
- Handout 4.4: Conversation Starters

3-Step Practice - Practice with Probes

- Handout 4.5: Practice with Probes

3-Step Practice – Affirmation: Affirming New Mothers

- Handout 4.7: Affirming New Mothers

3-Step Practice: Role Plays

- Handout 4.8: Role Plays. One role play scenario for each pair of peer counselors. Cut into half-sheets, with the peer counselor role printed on one half-sheet and the corresponding WIC mother role for that scenario printed on the other half sheet.

Readiness Scale

- Handout 4.9: Readiness Scale

What's in Our Baggage?

- Backpack or suitcase (one for each group)
- White board with dry erase marker (one for each group)
- Index cards (one for each group)

Module 4: How to Talk with Moms About Breastfeeding

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 4: How to Talk with Moms About Breastfeeding

Facilitator Notes

Teaching Tip

Module 4, How to Talk with Moms about Breastfeeding, focuses on helping peer counselors build counseling skills. These techniques are best mastered through practice. Training facilitators will need to be especially mindful of the shyness some peer counselors might have practicing new skills in front of others. An atmosphere where all peer counselors are valued will be crucial to creating a safe environment for free sharing. This module is also a perfect opportunity for the training facilitator to model the counseling skills taught by asking open-ended questions of the peer counselors, affirming their answers (even if they are wrong) and gently correcting information in a way that builds confidence.

51

How to Talk with Moms About Breastfeeding



Key Talking Points:

- Module 4, How to Talk with Moms about Breastfeeding, focuses on counseling skills that will help you build a strong connection with new mothers.
- These skills are important communication techniques that will be useful in all aspects of your life!
- What to expect in this module:
 - Communication skills do not always come easily, especially when you are first learning these new skills. Plan to practice, practice, practice in this module!
 - Practice builds confidence, and this training is a safe place for you to try out these counseling techniques.
 - Do not worry about producing the right or wrong answers. Every answer is valid.

Activity: Message in a Bottle

Purpose: To give peer counselors an opportunity to discuss effective ways to work with mothers from other cultures.

Materials Needed:

- Clear bottle with a cork (one per group of peer counselors)
- Handout 4.1: Message in a Bottle

Time Needed: 10 minutes

Module 4: How to Talk with Moms About Breastfeeding

Instructions:

1. Divide peer counselors into small groups.
For larger groups: conduct the activity with small groups of 4-5 or more people.
For smaller groups or one-on-one learning: conduct as pairs, individuals, or just a general group discussion.
2. Use Handout 4.1, Message in a Bottle, and cut apart the quotes about travel. Place several travel quotes inside each bottle and insert the cork. Place a bottle on each table.
3. Explain to participants that learning to counsel mothers can be exciting and fulfilling. It is also a new experience and will take some practice to get used to it. You might even feel as though you've been stranded on an unknown island as you seek ways to understand and relate to new mothers.
4. Tell peer counselors that on each table you have placed a message for them. Ask each participant to remove a piece of paper from the bottle on their table and read it to their group. Instruct the peer counselors to share with their group members how this message might help them work with mothers they do not know.

Points for Discussion:

- Ask each group: What quote from the ones read do you feel offers the most wisdom in working with mothers you do not know?

Take-away Points:

- For someone stranded on a deserted island, the surprising gift of a message in a bottle is powerful because it connects them to another human being.
- In the same way, your counseling skills will be your message in a bottle as you connect with new mothers.
- These quotes can serve as a travel guide as you build new skills along your own journey.

52

Knowledge Is Not Enough



Key Talking Points:

- Knowing that we should adopt healthy behaviors does not always translate into action.
- For example, most of us know we should make physical activity a part of our lives, yet not everyone does so.
- The same is true with breastfeeding.
- This is why information alone is not enough.
- HOW information is presented makes a difference in whether a mother receives information and acts on it.

Module 4: How to Talk with Moms About Breastfeeding

53

Connection Before Content

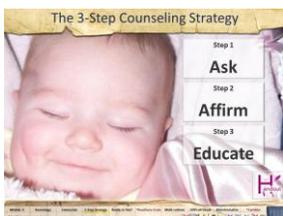


Key Talking Points:

- If you focus too much on the reasons to breastfeed, mothers may tune them out.
- According to Teddy Roosevelt, “People don’t care how much you know until they know how much you care.”
- Focusing on establishing a connection first will help mothers feel safe in sharing their concerns.
- Building connection helps mothers actively engage their brains so they can hear your ideas for how to work breastfeeding into their lives.

54

The 3-Step Counseling Strategy



Key Talking Points:

- Active listening skills help build a connection with new mothers.
- The 3-Step Counseling Strategy focuses on 3 important principles to active listening. These include:
 - Ask open-ended questions and probes.
 - Affirm the mother’s feelings.
 - Educate her.
- These steps help a peer counselor quickly determine mothers’ concerns so they can target information in a way that will be most helpful and meaningful.

Activity: Routine Checks

Purpose: To reinforce the importance of establishing rapport before educating, in other words, “connection before content.”

Materials Needed: None

Time Needed: 5 minutes

Instructions:

1. Ask peer counselors to tell about something they do in the same order every day. Tell about the consequence of *not* doing it in the same order. (Ex: I put my contacts in *before* I put makeup on; otherwise, I will have makeup all over my face.)

Module 4: How to Talk with Moms About Breastfeeding

For larger groups: invite peer counselors to turn to a partner to tell their story.

For smaller groups or one-on-one learning: ask for general discussion.

2. Allow 2-3 minutes for sharing.

Points for Discussion:

- Why is it important to do things in the same order?

Take-away Points:

- Before a pilot and his crew begin a flight, they always conduct routine checks, and often do them in an order.
- In the same way, this counseling strategy works best when the techniques are done in a particular order.
- Counseling is more effective when education comes after rapport is built through open-ended questions and affirming feelings.

Step 1: Ask Open-ended Questions



Key Talking Points:

- Open-ended questions are a safe way to begin a conversation with a mother.
- An open question is very different from a closed question.
- Closed questions can usually be answered by a simple response such as *Yes* or *No*.
- Sometimes mothers feel interrogated when they are asked too many closed questions, or they feel they must come up with the right answer, whether they believe it or not.
- Closed questions give very little information.
- Examples of closed questions:
 - Are you ready to go?
 - Will you be coming to our prenatal class?
 - Do you plan to breastfeed?
- Open questions solicit the mother's thoughts and feelings, and draw more information from the mother.
- There is no right or wrong answer with an open question. This helps mothers relax and feel safe sharing their thoughts and concerns.

Module 4: How to Talk with Moms About Breastfeeding

SAMPLE OPEN-ENDED QUESTIONS



Key Talking Points:

- Open-ended questions typically begin with *who*, *what*, *why*, *how*, or *tell me*.
- Some examples of open-ended questions:
 - What have you heard about breastfeeding?
 - What does your mother tell you about breastfeeding?
 - How do your breasts feel after he nurses?
 - How often does your baby nurse?
 - Tell me what worries you most about leaving the hospital.
 - Tell me about a typical day at your house.

Activity: 3-Step Practice – Open Questions: Open or Closed?

Purpose: To practice recognizing closed versus open-ended questions.

Materials Needed:

- Handout 4.2: Open or Closed?

Time Needed: 15 minutes

Instructions:

1. Using Handout 4.2, Open or Closed, ask peer counselors to identify whether the questions are open or closed.
2. Peer counselors should mark an *O* beside the questions that are open, and a *C* beside the questions that are closed.

For larger groups: instruct the group to respond in unison aloud after marking their handout.

For smaller groups or one-on-one learning: instruct the peer counselor(s) to respond aloud by reporting how she marked her handout.

Points for Discussion:

- What are some possible responses a mother might have to one of the open questions such as, *What's a good plan for you?*

Take-away Points:

- Open questions allow mothers to say what's on their mind and how they feel.
- This builds rapport, which helps mothers feel confident sharing their concerns throughout their infant feeding experience.

Module 4: How to Talk with Moms About Breastfeeding

Activity: 3-Step Practice – Open Questions: From Closed to Open

Purpose: To practice asking open questions.

Materials Needed:

- Handout 4.3: From Closed to Open

Time Needed: 10 minutes

Instructions:

1. Using Handout 4.3, From Closed to Open, ask peer counselors to take each closed question listed and write the question in an open way, starting with *who, what, how, why, or tell me*.
For larger groups: ask for volunteers to share the new questions they have written.
For smaller groups or one-on-one learning: ask each peer counselor to report on the new question they devised.
2. If the questions are still closed, show peer counselors how to replace the beginning of sentences with the key open-question words to broaden them.

Points for Discussion:

- How hard is it to come up with open questions?
- What is some of the broader information you can expect to hear from an open question; for example, *Tell me a little bit about your family* instead of *Do you have other children?*

Take-away Points:

- Coming up with open questions to begin a conversation is a skill that must be learned.
- The more you practice this technique, the easier it will become.

Teaching Tip

If peer counselors need more practice, facilitators can click on the **3-STEP PRACTICE** icon to bring up additional practice opportunities.

Activity: 3-Step Practice – Open Questions: From Closed to Open [2nd practice]

Purpose: To practice asking open questions.

Materials Needed:

- PowerPoint slide, 3-Step Practice – From Closed to Open

Module 4: How to Talk with Moms About Breastfeeding

Time Needed: 10 minutes

Instructions:

1. Click on the **3-STEP PRACTICE** icon to view additional practice opportunities under Open Ended Questions.
2. Ask peer counselors to individually, or as a group, view the closed questions listed and come up with ways to ask those questions in a more open way starting with *who, what, how, why, or tell me.*

For larger groups: ask for volunteers to share open questions.

For smaller groups or one-on-one learning: ask each peer counselor to report on the new question they devised.

Points for Discussion:

- How does practice help you feel more comfortable with asking open questions?

Take-away Points:

- Consider practicing open-ended questions at home with your family. (Ex: *Tell me about your day at school today.*)
- Practicing on people you feel comfortable with can help you gain confidence before you begin using these skills with mothers.

Activity: 3-Step Practice – Open Questions: From Closed to Open [3rd practice]

Purpose: To practice asking open questions.

Materials Needed:

- PowerPoint slide, 3-Step Practice – From Closed to Open

Time Needed: 10 minutes

Instructions:

1. Click on the **3-STEP PRACTICE** icon to view additional practice opportunities under Open Ended Questions.
2. Ask peer counselors to read through case examples displayed on the slides, individually or as a group. This is the basic information that the peer counselor has been told by a WIC staff member who made a referral to the peer counselor.
3. Discuss the possible situation each mother might be dealing with and consider possible initial open-ended questions that could be used in the conversation.
4. What other open-ended questions might they want to ask to learn more about the mother's situation?

For larger groups: invite small groups of 4-6 peer counselors to select a different case example and discuss the situation and potential questions to ask.

For smaller groups or one-on-one learning: have a general conversation with all attendees about best approaches to consider.

Module 4: How to Talk with Moms About Breastfeeding

Points for Discussion:

- What are some factors to consider in thinking about each mother's unique situation?
- What open questions will help you learn more?

Take-away Points:

- It is important to consider each mother's unique situation before placing the first phone call.
- Each mother is unique with her own experiences, beliefs, and feelings. Open questions will help her realize you view her as a unique individual, and give her the opportunity to share her concerns freely.

Conversation Starters



Activity: Open Questions – Conversation Starters

Purpose: To help peer counselors gain confidence in making their first calls to mothers.

Materials Needed:

- PowerPoint slides, 3-Step Practice section
- Handout 4.4: Conversation Starters

Time Needed: 10 minutes

Instructions:

1. Ask peer counselors to identify open questions that could be used in an initial conversation with new mothers.
For larger groups: divide the training group into smaller groups of 3-4 peer counselors each. Ask small groups to discuss together possible questions.
For smaller groups or one-on-one learning: ask peer counselors to individually consider questions.
2. Ask peer counselors to record their examples on Handout 4.4, Conversation Starters. They can add examples given by other groups.
3. Examples could include:
 - How is your pregnancy going?
 - Tell me about your family.

Module 4: How to Talk with Moms About Breastfeeding

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

Points for Discussion:

- What are some questions that will help you start a conversation with a mother?

Take-away Points:

- Making the first call with a mother you do not know can be compared to riding a bike for the first time.
- Some training wheels can give you confidence if you're feeling a little shaky.
- Keep this list of Conversation Starters in a handy place when you begin making calls until you grow more comfortable.

DIGGING FOR MORE INFORMATION



Key Talking Points:

- When you travel, you can enjoy a trip more if you talk to people from the area you are visiting, asking for good places to eat, learning about schools, jobs, and local attractions. Both you and the other person gain from this exchange.
- In the same way, both you and the mothers you counsel will gain through probing questions that help you learn more about their unique situations.
- Asking a follow-up question is called a “probe.” Probes help you effectively choose the best education for each particular mother.

Activity: What Does She Mean?

1. Write the words *I want to do both* on four different flip chart sheets and post them in the room.
2. Ask peer counselors to state what they think a mother might mean when she says, *I'll try to breastfeed*.
3. Some possible meanings could include:
 - I am going to breastfeed and formula feed.
 - I want to breastfeed and put my milk in a bottle for the baby.
 - I am going to do both when I return to work/school.
 - I will start out breastfeeding, and if I don't like it, I'll use formula too.
 - My mother couldn't make milk so I'm going to do both to be sure the baby gets enough.

Module 4: How to Talk with Moms About Breastfeeding

4. After discussing the possible meanings, ask peer counselors to discuss probing questions that could help them learn more as you discuss each of the 4 types of probes.

Take-away Points

Probing questions allow peer counselors to get a bigger picture of what the mother means by things she says.

- What have you heard about feeding your baby?
- What are your plans after the baby is born?
- What are some things you are doing to prepare for the baby?

EXTENDING PROBE



Key Talking Points:

- An extending probe asks the mother to tell you more.
- Examples of extending probes:
 - What else have you heard about that?
 - How did you *feel* when he said that?
 - Tell me more about that.
- How could the extending probe be used to find out what a mother means if she says, *I want to do both*. [Record answers on the flip chart.]
- Ideas:
 - Tell me more about your plans.
 - Why do you feel you will need to do both?

Activity: What Does She Mean?

1. Write the words *I want to do both* on four different flip chart sheets and post them in the room.
2. Ask peer counselors to state what they think a mother might mean when she says, *I'll try to breastfeed*.
3. Some possible meanings could include:
 - I am going to breastfeed and formula feed.
 - I want to breastfeed and put my milk in a bottle for the baby.
 - I am going to do both when I return to work/school.
 - I will start out breastfeeding, and if I don't like it, I'll use formula too.
 - My mother couldn't make milk so I'm going to do both to be sure the baby gets enough.
4. After discussing the possible meanings, ask peer counselors to discuss probing questions that could help them learn more as you discuss each of the 4 types of probes.

Take-away Points

Probing questions allow peer counselors to get a bigger picture of what the mother means by things she says.

Module 4: How to Talk with Moms About Breastfeeding

- What have you heard about feeding your baby?
- What are your plans after the baby is born?
- What are some things you are doing to prepare for the baby?

CLARIFYING PROBE

Key Talking Points:



- The clarifying probe is used to be sure you understand what she has told you.
- Sometimes the phrase *Do you mean* is used with this probe.
- Examples of clarifying probes:
 - When you say it's too hard, do you mean it will be too hard to learn to breastfeed?
 - When your mother says she wants you to bottle feed, does that mean she is worried about taking care of the baby, or she thinks you won't make enough milk?
 - Are you afraid breastfeeding will be embarrassing to you or to someone who might see you?
- How could the clarifying probe be used to find out what a mother means if she says *I want to do both*. [Record answers on the flip chart.]
- Ideas:
 - What do you mean by do both?
 - Do you mean you want to both breastfeed and give formula?

REFLECTING PROBE

Key Talking Points:



- The reflecting probe repeats the mother's words back to her so she can hear what she said.
- Most women like to feel they have been heard, and this probe will encourage her to continue talking to you.
- Sometimes the words *What I hear you saying* are used with reflecting probes.
- Examples of reflecting probes:
 - So are you saying that you don't think you can breastfeed?
 - I think I hear you saying that you are worried you aren't making enough milk.

Module 4: How to Talk with Moms About Breastfeeding

- You think the baby's father will feel left out and that worries you?
- How could the reflecting probe be used to find out what a mother means if she says, *I want to do both*. [Record answers on the flip chart.]
- Ideas:
 - It sounds like it's important to you to breastfeed.
 - So you are saying you want to breastfeed and formula feed?

REDIRECTING PROBE



Key Talking Points:

- The redirecting probe helps you change the subject or steer the conversation in a different way.
- This probe helps you get back to the subject of breastfeeding if the mother has wandered off topic.
- Redirecting probes work best when the mother's concerns are acknowledged before changing the subject.
- Examples of redirecting probes:
 - Besides the issue of your boyfriend, what other concerns do you have about breastfeeding?
 - Other than the shape of your breasts, are there other worries you have?
- How could the redirecting probe be used to find out what a mother means if she says, *I want to do both*. [Record answers on the flip chart.]
- Ideas:
 - Other than your concern about not being able to just breastfeed at work, what else have you been thinking about?
 - I see you are not feeling confident you can JUST breastfeed. What else have you been thinking about?

Activity: 3-Step Practice - Practice with Probes

Purpose: To help peer counselors practice using probes in a counseling situation.

Materials Needed:

- Handout 4.5: Practice with Probes

Time Needed: 5 minutes

Module 4: How to Talk with Moms About Breastfeeding

Instructions:

1. Ask peer counselors to use Handout 4.5, Practice with Probes, which lists statements that a mother might make.
For larger groups: ask peer counselors to break into small groups of 4-5 each and come up with probing statements together.
For smaller groups or one-on-one learning: conduct the activity as a group, or ask peer counselors to work independently and then ask them to share their ideas.
2. Allow each group or individual peer counselor to report their ideas. Ask peer counselors to listen to ideas from others and write those down on the handout to refer to later.

Points for Discussion:

- How might a mother's answer change depending on her answers to the various probes?
- Which probes can you see yourself using as a peer counselor?

Take-away Points:

- If we make assumptions about what we think a mother *means* by the things she says, we might guess incorrectly.
- Probes help us narrow down a mother's comments so we can better understand what she needs.

Step 2: Affirm Feelings



Key Talking Points:

- Step two, affirmation, is the most important step.
- A mother may feel uneasy after sharing her concerns about breastfeeding.
- She may think she is the only person who has felt this way or wonder if you feel she is being silly.
- Affirmation is a short, simple statement that lets a mother know her feelings are okay.
- It puts her at ease and helps her feel she can be safe sharing personal information.
- It reassures her that her feelings are not unusual and you are not shocked.
- Affirmation also builds her confidence and self-respect.
- Affirmation acts as a bridge between what she says to you and the information you will later give her.
- Once a mother's feelings are validated or affirmed, she will be ready to hear this information.

Module 4: How to Talk with Moms About Breastfeeding

Teaching Tip

Ask peer counselors to look at Handout 4.6, Ways to Affirm. This handout lists five major ways to affirm, with examples of what affirmation might sound like. Encourage peer counselors to keep this handout in a convenient location to refer to often.

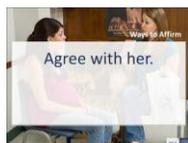
WAYS TO AFFIRM



Key Talking Points:

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

Agree



Assure



Read



Shine



Show



Module 4: How to Talk with Moms About Breastfeeding

THE GIFT OF AFFIRMATION



Key Talking Points:

- Affirmation is a gift we give to mothers.
- Some mothers never hear from anyone that they are good mothers, and often do not feel they are listened to.
- Our affirmation helps them feel valued and respected.

Activity: 3-Step Practice –Affirming New Mothers

Purpose: To help peer counselors practice affirming a mother in a counseling situation.

Materials Needed:

- Handout 4.7: Affirming New Mothers

Time Needed: 5 minutes

Instructions:

1. Ask peer counselors to refer to Handout 4.7, Affirming New Mothers.
2. Peer counselors will go through each statement listed on the handout and write down an affirming response using one of the five ways to affirm.

For larger groups: consider dividing peer counselors into small groups. After writing down their answers, they can share their ideas with their small group and select the ones they like best.

For smaller groups or one-on-one learning: ask each individual peer counselor to read aloud her ideas.

3. Be sure to model affirmation by praising peer counselors for their efforts. Show them what they are doing well.

Points for Discussion:

- How might these kinds of statements make a mother feel?

Take-away Points:

- Practice affirmation at home and with people you know.
- Affirmation is a way to build strong connections with the people around you.

Teaching Tip

1. Click on the **3-STEP PRACTICE** icon to bring up opportunities for additional practice.
2. Click on another **AFFIRMATION PRACTICE** slide for more practice opportunities.
3. Read the slide and ask the group to come up with responses to these situations.

Module 4: How to Talk with Moms About Breastfeeding

Activity: Case Studies

#1 – Case Example Monica

Monica is unsure she will be able to breastfeed. She tried to breastfeed her last baby but never felt she had enough milk. It was very upsetting for her and she is not sure she wants to try that again.

- What is Monica feeling?
- What affirming statement would help Monica listen to your information?

Monica might be feeling she or her body failed and the pain of failing is not something she wants to repeat. She might even feel she was not a good mother because she was unable to continue.

Possible affirming statements:

- It sounds like you were trying very hard to be a good mom. A lot of mothers wouldn't have even tried.
- I can tell that it was very important to you to breastfeed. You should be proud.
- Many mothers have had that experience, and it can be very difficult.

#2 – Case Example Gwen

Gwen began breastfeeding, and is worried that her baby is not getting enough milk. Her baby is fussy and cries every time she puts her down.

- What is Gwen feeling?
- What affirming statement would help Gwen listen to your information?

Gwen might be feeling scared, and is worried that her baby will not be able to thrive on her milk alone. The fact her baby cries when she puts her down tells her that her baby is still hungry, and this continues to feed her fears.

Possible affirming statements:

- It's great you are breastfeeding and giving your baby such a good start in life.
- I can tell what a good mom you are to be worried about your baby's well-being.
- It can be very scary when babies cry.
- I worried about this too. The early days are tough before you learn baby's different cries.

#3 – Case Example Shira

Shira plans to return to work after her baby is born. She will be working at a fast-food restaurant and is not sure how she would be able to continue breastfeeding in that environment.

- What is Shira feeling?
- What affirming statement would help Shira listen to your information?

Shira might be feeling overwhelmed at all the demands in her life, and may feel shy talking about her breasts with her supervisor. She may also feel afraid that her co-workers might make negative comments.

Possible affirming statements:

- I remember feeling that way when I went back to work. It can be very overwhelming.
- It must be difficult thinking about so many responsibilities.
- I think a lot of mothers worry about talking with their boss about breastfeeding.

Module 4: How to Talk with Moms About Breastfeeding

Activity: 3-Step Practice: Role Plays

Purpose: To help peer counselors build skills in using open-ended questions and affirming mothers.

Materials Needed:

- Handout 4.8: Role Plays. One role play for each pair of peer counselors. Cut into half-sheets, with the peer counselor role printed on one half-sheet and the corresponding WIC mother role for that scenario printed on the other half sheet.

Time Needed: 10 minutes

Instructions:

1. Use Handout 4.8, Role Plays.
2. Ask each peer counselor to find a partner. It works best if counselors are divided to work in pairs rather than in larger groups. Have an extra trainer fill in if you have an odd number of peer counselors.
For larger groups: assist peer counselors in finding a single partner to practice with.
For smaller groups or one-on-one learning: the trainer may need to act as the partner.
3. Each pair should decide who will play the part of the mother and who will play the part of the peer counselor. Tell them they will switch roles for the next role play practice.
4. Ask each person to read only the information on their half sheet. They should not read the other person's information.
5. The counselors should ask open-ended questions, probes, and affirm the mother to identify her concern. They should not educate.
6. The mothers should respond as a new mother might based on her story on her half-sheet.
7. When the counselor has identified the key information on the mother's sheet, she can stop the role play and talk about what she learned.
8. Discuss together how the activity went, and then switch roles and role plays with another group to try again.
9. Training facilitator should walk around the room to listen to the conversations. When peer counselors have succeeded in identifying the mother's information, stamp their Passport to Success.

Points for Discussion:

- For those playing the role of counselors:
 - What kinds of open-ended questions did you ask the mother?
 - How did you probe for more information?
 - What kinds of affirming statements did you use?
- For those playing the role of mothers:
 - How long did it take the counselor to identify your concern?
 - What affirming statements did you like hearing?

Take-away Points:

- Even when we are pretending, affirmation feels very powerful.

Module 4: How to Talk with Moms About Breastfeeding

- It is even more powerful in a real situation.
- Active listening skills grow with practice.

Step 3: Educate



Key Talking Points:

- Once open-ended questions have been asked and the mother has been affirmed, she is ready to be educated.
Use education tips to help mothers learn best.
- Keep it simple.
 - Complicated instructions make breastfeeding sound difficult or unmanageable.
 - Giving a lot of facts overwhelms new mothers.
 - Give a mother just two or three simple ways to handle her concerns, similar to short simple tweets you might send, or short simple text messages you send your friends
- Target her concerns.
 - Adults tune out people and information they are not interested in.
 - Mothers will remember information they asked for, so focus on the topic the mother has revealed in your counseling.
- Reinforce your message.
 - Record the mother's concern in your notes, and review it in a follow-up call or visit.
- Give options.
 - Offering a couple of options may help the mother find a solution that will fit her lifestyle.
 - Options let her know more than one way is available to resolve issues.
 - Keeping notes helps you re-establish your relationship and gives you a good way to begin your next conversation.
- Give resources.
 - You can recommend WIC pamphlets, simple breastfeeding books, or videos to reinforce your information.
 - You can share information about breastfeeding classes or mother's groups, and WIC Designated Breastfeeding Experts who can answer her questions.
- Let her know she is not alone. This is a journey you are taking together.

Module 4: How to Talk with Moms About Breastfeeding

Teaching Tip

Ask peer counselors to think back to when they were taking classes in high school or middle school.

Points for Discussion:

- What are some feelings that come to mind about those days?
- What about classes seemed unpleasant?

Take-away Points:

- Many adults have had similar experiences with school.
- When you are ready to educate a mother, keep this in mind because nobody likes to be lectured.

55



Ready or Not?

Key Talking Points:

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

Teaching Tip

This slide features the ability to click on various parts of the arrow to light up “not ready,” “unsure,” and “ready.” As you discuss the differences between the three places women might be in their decision making, click on the appropriate part of the arrow to light up that section. You can also use this highlighting function as you conduct the activity, “Readiness Scale,” and as you discuss the way we might talk to mothers about breastfeeding in the notes that follow.

Module 4: How to Talk with Moms About Breastfeeding

56

READINESS SCALE



Key Talking Points:

- Some women have not even thought about breastfeeding. We say they are **NOT READY**.
- Some women may think about breastfeeding but are **UNSURE** of how they might work it into their life.
- Some women have heard about breastfeeding and plan to do so. These women are **READY** for more information and help.
- Women often change where they are in the readiness scale depending on information and support they receive.

Activity: Readiness Scale

Purpose: To help peer counselors assess a mother's needs based on her readiness to breastfeed.

Materials Needed:

- Handout 4.9: Readiness Scale

Time Needed: 5 minutes

Instructions:

1. Give peer counselors Handout 4.9, Readiness Scale. Ask them to read over the statements 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.

For larger groups: the activity can be conducted as general group discussion, with peer counselors filling in the blanks as you review each statement.

For smaller groups or one-on-one learning: use the handout as a discussion guide or ask them to fill in the blanks themselves before discussing.

Points for Discussion:

- How can you determine where a mother is in the decision-making process?

Take-away Points:

- Understanding where a mother is in the decision-making process will help you show sensitivity in offering what mothers truly need at that stage.
- Often mothers who are not ready for information become more ready as their pregnancy progresses.
- Your job as a peer counselor is to maintain the connection with mothers so they can consider possibilities.

Module 4: How to Talk with Moms About Breastfeeding

WHEN MOTHERS ARE NOT READY



Key Talking Points:

- When mothers are NOT READY, they may need time to think about breastfeeding.
- They may feel overwhelmed or have had a previous negative experience.
- Your POWER tool is affirmation and open-ended questions.
- Example: I don't see myself doing it.
 - Tell me some things you've been thinking about for your new baby.
 - That's a common reaction from a lot of mothers.
 - It sounds like you've been giving this some thought. That's great!
- Encourage mothers to:
 - Think about breastfeeding and be open.
 - Learn more so they can make an informed choice.

WHEN MOTHERS ARE UNSURE



Key Talking Points:

- When mothers are UNSURE, they have some awareness of the importance of breastfeeding, and may be weighing the pros and cons.
- Your POWER tool is affirmation and using probes to learn more about what she is thinking.
- Example: I didn't make much milk with the last baby.
 - Tell me more about that experience and how you felt about it.
 - Who would be around to support you this time around?
 - It's great that you've been thinking about this!
 - It must have been frustrating for you not to make enough milk.
- Encourage mothers to:
 - Explore options about what might work.
 - Take baby steps by learning more.

Module 4: How to Talk with Moms About Breastfeeding

WHEN MOTHERS ARE READY



Key Talking Points:

- When mothers are **READY**, they have weighed the pros and cons and feel they can work breastfeeding into their lives.
- They are very open to our ideas and suggestions for making it a positive experience.
- Your **POWER** tool is affirmation and education using adult learning techniques.
- Example: I might try to breastfeed.
 - It's great you are going to breastfeed.
 - What are some things you feel will make it a good experience for you?
 - Who will be your support for breastfeeding?
 - Let's talk about some ways you can be prepared.
- Encourage mothers to:
 - Explore options about what might work for them.
 - Assess their support network.

56

Connecting with Today's Moms



Key Talking Points:

- Mothers today often have many unique needs and worldviews that affect their infant feeding choices.
- Some mothers feel they are too busy to breastfeed and choose to use formula some of the time so that others can help with the baby.
- Some mothers prefer to pump their milk only and give it to their baby in a bottle. There are many reasons mothers may choose this option:
 - Embarrassment to put the baby to her breast
 - Previous sexual abuse
 - Pumping seems more contemporary with modern technology
 - Perceived convenience of others feeding the baby
 - Perceived ability to put baby on a schedule
 - Early breastfeeding problems that were unresolved
- You can meet each mother where she is by using your 3-Step Counseling skills to learn the mother's goals and which options she feels will best work for her.

Module 4: How to Talk with Moms About Breastfeeding

- Give moms realistic expectations while affirming her desire to give her milk to her baby.
- Support her goals and praise her for any amount of breastfeeding or human milk feeding she is willing to provide her baby.

57



Multi-cultural Aspects

Key Talking Points:

- As a peer, you will relate well to most of the mothers in your community.
- As a peer counselor, you will also sometimes meet mothers who do not share your experience, beliefs, customs, or language.
- The 3-Step Counseling principles are an effective tool for dealing with mothers of other cultures because it enables you to treat each mother as the individual she is.
- Remember that even though some women share common ethnicities or cultures, there are still many differences within subgroups of those cultures, within communities and neighborhoods, and within individual families.
- Rather than making assumptions about people because of their cultural group, it is better to be curious and learn as much as you can about that individual mother.
- At the same time, it helps to remember that often things that seem odd or rude may simply be an acceptable cultural practice in a mother's cultural group.
- Many women who immigrate to the United States try to take on the lifestyle of the United States. Even if breastfeeding was the custom in her country, she may perceive that infant formula is the norm in the U.S. because of the formula advertising that is so prevalent.

Activity: What's In Our Baggage?

Purpose: To help peer counselors reflect on how cultural differences, experiences, and values can affect the way we view others.

Materials Needed:

- Backpack, suitcase or grocery bag (one for each group)
- White board with dry erase marker (one for each group)

Module 4: How to Talk with Moms About Breastfeeding

- Words printed on card stock
- Index cards (one for each group)

Time Needed: 10 minutes

Instructions:

1. Divide participants into small groups.
For larger groups: allow more people to be part of a group if necessary.
For smaller groups or one-on-one learning: conduct as a general group discussion
2. Place a white board and dry erase marker inside each of the backpacks or suitcases. Write a word from the list below on an index card. Place a card inside the bag with the other items and give one bag to each group.
3. Sample words: breastfeeding, children, foods, clothing, taboos, customs, family, language, rules, time.
4. Ask the group to read the word inside their bag and brainstorm about how people from different cultures, ethnicities, or even neighborhoods in your town might view these.
5. How might your views, which may be different, cause a bump in the road in your relationship with a mom who thinks differently than you do.
6. Write your thoughts on the white board, or draw a picture to explain your group's ideas.

Points for Discussion:

- What cultural baggage is better to leave behind?
- What baggage should we bring to our relationships with mothers?

Take-away Points:

- Some words of wisdom when working with moms of other cultures:
 - It's more important what you learn than what you do.
 - Seek to understand.
 - Work to build confidence.
 - Build relationships not walls.

Discussion

Points for Discussion:

- What are some of the behaviors that you think could be culturally driven?
- What are some cultural practices that you have noticed in your community?
- What are some of the different practices about birth and breastfeeding you have heard in your community?

Take-away Points:

- Common behaviors that are sometimes culturally driven include:
 - Eye contact (or not)

Module 4: How to Talk with Moms About Breastfeeding

- Shaking hands firmly or loosely
- The husband doing all the talking
- Space between two people (very close or far apart)
- Touching an infant (or not)
- Taking off shoes indoors
- Views about illness
- Breastfeeding in public
- Offering gifts of hospitality
- Foods to eat during pregnancy and after the baby's birth
- If you encounter a situation that seems different from what you are used to, consider the possibility that it may arise from a cultural practice that is different from your own.
- Teens can also seem like a different culture. If you treat mothers with respect, ask questions, and affirm their feelings, you will be more likely to establish a relationship that helps them feel supported.
- Be curious! Ask questions to learn more and affirm where the mother is.

58

Counseling in Difficult Situations



Key Talking Points:

- The 3-Step counseling principles can be effective in helping you handle more challenging situations.
- Ask open-ended questions about any concerns she may have.
- Affirm the mother.
- Educate her about resources that are available.
- Be sensitive to the mother's situation and honor her wishes.

Teaching Tip

Click on the **3-STEP PRACTICE** icon on your slide to bring up practice examples. Click on Counseling in Difficult Situations to bring up a **CHECKERBOARD** of possible situations that peer counselors might find more challenging. Ask peer counselors which situations they feel might be most challenging. With each response, click on the button that corresponds to that situation and discuss strategies together that use the 3-Step counseling skills.

Points for Discussion:

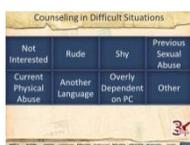
- Discuss together options for addressing those situations.
- Which of these situations do you feel might be most challenging for you?
- Ask experienced peer counselors attending the training to discuss other possible situations that might come up.

Module 4: How to Talk with Moms About Breastfeeding

Take-away Points

- The 3-Step Counseling principles are especially effective tools in difficult or challenging counseling situations.
- Remember you are not alone in this journey. Your WIC team will be here to support you if you encounter situations you are uncomfortable with.

NOT INTERESTED

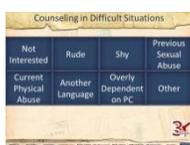


Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

- Show understanding in affirming her decision to do what's best for her family.
- Be sensitive to her decision. Remind her that WIC is there to help every mother make an informed decision and to support her choice.
- Ask if you can check on the mother periodically to see how her pregnancy is progressing. This builds trust and allows the mother to change her mind later in her pregnancy if she chooses.

RUDE

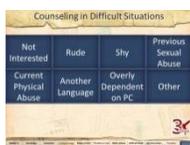


Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

- Be sensitive to what may be going on in her life.
- Affirm her: It sounds like you have some strong feelings.
- Avoid the temptation to react negatively to the rudeness.

SHY



Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

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

Module 4: How to Talk with Moms About Breastfeeding

PREVIOUS SEXUAL ABUSE

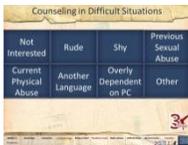


Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

- Ask open-ended questions about what the mother has already done to address the issue.
- Let the mother know that WIC can put her in touch with people she can talk with if she desires.
- Affirm the mother who may be feeling overwhelmed and scared.
- Let her know that for some mothers, breastfeeding is a way to bring about healing as they learn the importance of their breasts in nurturing their babies.

CURRENT PHYSICAL ABUSE

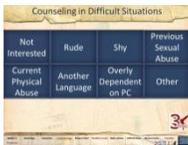


Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

- For mothers who are currently undergoing abuse, refer to your WIC Designated Breastfeeding Expert or supervisor.

ANOTHER LANGUAGE



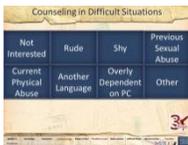
Not Interested	Rude	Shy	Previous Sexual Abuse
Current Physical Abuse	Another Language	Overly Dependent on PC	Other

Key Talking Points:

- Ask if another person in the household speaks the language of the peer counselor with whom you can have permission to speak.
- Ask the clinic about language translation services that may be available.
- It is best if the mother has the opportunity to speak through someone other than a family member, if possible, especially if she has concerns about their support.

Module 4: How to Talk with Moms About Breastfeeding

OVERLY DEPENDENT ON PEER COUNSELOR



Key Talking Points:

- Affirm the mother for her willingness to come to you with questions.
- Often mothers have concerns that are not breastfeeding related, and may therefore be beyond the scope of your work as a peer counselor.
- Point her to resources to learn more so that many of her questions can be answered in other ways.
- Remind her that you have many other WIC participants to counsel and she might need additional assistance from the WIC Designated Breastfeeding Expert or other community services.

59

Handling Misinformation



Key Talking Points:

- Not everyone gives the same breastfeeding information you have learned in your training.
- The mothers you talk with will hear advice from many sources, including family members, friends, and health care providers.
- Your role is to support the important relationships in the mother's life.
- While it may be difficult, it is important not to contradict misinformation.

60

WHEN FAMILIES ARE NOT SUPPORTIVE



Key Talking Points:

- Family members often want a new mother to feed her baby the way they did.
- Family members may not have the current information on breastfeeding.
- Remind mothers that their family members care about them and want what's best for them and the baby.
- Share new information that the mother may not be aware of, and encourage her to share it with her family members.
- Encourage her to invite family members to a breastfeeding class to learn more together.

Module 4: How to Talk with Moms About Breastfeeding

Teaching Tip

Points for Discussion:

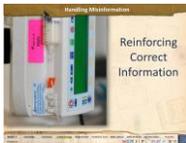
- Why do you feel family members may not support breastfeeding?

Take-away Points:

- Family members may have had personal experiences that were not positive.
- They may have misinterpreted what was going on (ex: fussy baby might have been interpreted to mean no milk)

61

REINFORCING CORRECT INFORMATION



Key Talking Points:

- It can be difficult to hear misinformation that comes from health care providers.
- It is appropriate to tell mothers that new or additional information is available that their health care provider may not be aware of.
- Provide mothers with current information and encourage them to share it with their health care provider.
- This allows the mother to make an informed decision.
- Report misinformation incidents and what you said to your WIC Designated Breastfeeding Expert. WIC staff may have training opportunities they can offer to health care providers.
- Sometimes mothers have misinterpreted what they heard from their health care provider, or report that the provider wants them to wean to justify their decision to discontinue breastfeeding.
- Support the mother's decision as being what she feels is best for her and her family.

Teaching Tip

Points for Discussion:

- Why do you feel health care providers may sometimes not give accurate information to new mothers?
- What can you say to a mom in the following situations:
 1. A mom is told her milk is not rich enough. Response: Give the mother information about the composition and quality of her milk.
 2. A mom is told to stop breastfeeding because of medications they have prescribed. Response: Encourage the mother to contact her physician and discuss her desire to continue breastfeeding. Suggest she ask about an alternative drug, if necessary.
 3. A mom is told to hold her baby a certain way that does not feel comfortable. Response: Encourage the mother to hold her baby skin-to-skin so the baby can self-attach, and let the nurse know the position she suggested is not comfortable for her.

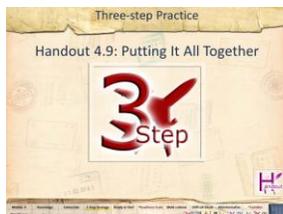
Module 4: How to Talk with Moms About Breastfeeding

Take-away Points:

- Health care providers may not have had current training in breastfeeding.
- Health care providers may have important health information about the mother or baby that the peer counselor is unaware of.
- Peer counselors can support mothers by giving evidence-based information.

62

3-Step Practice



Key Talking Points:

- Peer counselors are a great source of support to new mothers.
- The 3-Step Counseling principles can be used to identify the often strong feelings that mothers have when they are separated from their babies, and to affirm their concerns.
- Appropriate education will help mothers see workable solutions to help them remain connected to their baby even though they are apart.

Activity: 3-Step Practice: Putting it All Together

Purpose: To help peer counselors practice counseling pregnant women thinking about employment.

Materials Needed:

- Handout 4.10: 3-Step Practice: Putting it All Together

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 4.10, 3-Step Practice: Putting it all Together.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings pregnant women might have about breastfeeding and employment?
- What affirmations help them feel reassured they can continue to breastfeed?

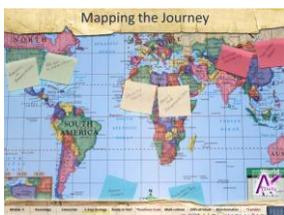
Module 4: How to Talk with Moms About Breastfeeding

Take-away Points:

- Peer counselors can use the 3-Step Counseling skills to affirm those feelings and help mothers feel confident they can breastfeed.

63

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn everything needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

Module 4: How to Talk with Moms About Breastfeeding

64



Learning More

Ongoing Enrichment:

- Listen in on counseling sessions with new mothers provided by experienced peer counselors and WIC staff.
- Note the open-ended questions they ask, the probes they use and the affirmations that help mothers hear information being provided.
- What are some questions and affirmations you hear that you would like to use with new mothers?
- Be aware of how people respond in stressful situations. For example, notice how airline attendants react when a flight is cancelled and passengers are upset, or how a department store clerk deals with a cranky customer. Note the ones who do a good job affirming. Ask yourself how you might respond if you were in the situation and handling that customer.

65



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making.
- You are learning valuable skills to help WIC mothers address their unique barriers to breastfeeding.

Teaching Tip

Provide peer counselors with their Passport to Success, and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record the peer counselors' training accomplishments and chart their personal journey of building new skills.

Module 4: How to Talk with Moms About Breastfeeding

This page intentionally blank

Module 5: Ways to Reach New Moms

Module 5: Ways to Reach New Moms

Overview

One of the keys to success for a WIC peer counselor is her ability to relate well to WIC participants and to WIC clinic staff. Developing skills for using counseling skills in a variety of settings, including telephone, social media, and in-person encounters, will help peer counselors adapt to the changing needs of WIC participants. State and local agencies will want to review the slides that fit with your policies and protocols for peer counselor services to WIC participants.

Topics Covered

- Maintaining client confidentiality
- Documenting contacts
- In-person visits in WIC clinics
- Effective telephone skills
- Appropriate use of cell phones
- Using social and electronic media

Time: 1 hour

Materials and Supplies

Handouts

- Handout 5.1: Confidentiality Agreement
- Handout 5.2: Peer Counselor Contact Log
- Handout 5.3: Documentation Practice
- Handout 5.4: Telephone Tips
- Handout 5.5: Texting Tips
- Handout 5.6: Texting Fun
- Handout 5.7: 3-Step Practice: Using 3-Step at the WIC Clinic
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

Core Competencies

- Demonstrates effective skills in the use of technology and telephone counseling.
- Documents interactions with mothers appropriately.
- Maintains confidentiality in all participant interactions and documentation.

Learning Objectives

Peer counselors will be able to:

- Describe how to counsel effectively in person and by telephone.
- Discuss the use of social and electronic media in communication with mothers.
- Identify elements of client confidentiality and appropriate documentation.

Module 5: Ways to Reach New Moms

General Training Materials

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

Training Materials by Activity

You've Got Mail!

- Selection of postcards, email messages, text messages, *While you were out* notes, interoffice memo, Facebook™ posting, greeting card, etc. from various WIC staff in your State and/or local agencies
- Large brown envelope

Documentation Practice

- Handout 5.2: Peer Counselor Contact Log (or documentation forms used by your State or local WIC agency)

Picture Words

- Shoestring for each pair of peer counselors

Verify!

- Sheet of paper for each participant

Texting Fun

- Handout 5.6: Texting Fun
OR: set of index cards with each of the five scenarios on a different card, one for each small group

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 5: Ways to Reach New Moms

Facilitator Notes

Teaching Tip

Invite experienced peer counselors to sit in on the training during this module to share their perspectives of supporting WIC moms in various settings.

66



Ways to Reach New Moms

Key Talking Points:

- Module 5, *Ways to Reach New Moms*, will help you apply your 3-Step Counseling skills in different settings.
- There are many ways to reach new mothers today, and you will follow your State and/or local agency guidelines for ways to support WIC mothers.
- Peer counselors should always ask a mother how she would like to be contacted. Some mothers cannot afford or prefer not to be called on their cell phone or receive texts. Some may prefer text messages for general check-up contacts. Others may prefer email.
- What to Expect in this module:
 - Think of all of the ways we have to stay in touch with each other today. Some of these options are what you will use on the job to support WIC mothers.
 - Maintain confidentiality of the mothers you contact.
 - Document all of your contacts.

Activity: You've Got Mail!

Purpose: To help peer counselors appreciate their circle of support and the way that support will accompany them on their own journey as a peer counselor.

Materials Needed:

- Selection of postcards, email messages, text messages printed out, voicemail *While you were out* notes, interoffice memos, printed out Facebook™ postings, greeting cards, etc. from various levels of WIC staff in your State and/or local agencies
- Large brown envelope

Module 5: Ways to Reach New Moms

Time Needed: 5 minutes

Instructions:

1. This activity works well for any sized group.
2. Before the training, ask a variety of different kinds of staff working for your State and local agency to prepare actual correspondence to peer counselors in a variety of ways such as memos, emails, greeting cards, Facebook postings, etc. The message should tell the peer counselors their confidence in their ability to be excellent peer counselors, and how they as staff will support them in the journey. Consider including actual messages from the supervisor to each of the peer counselors addressed to them individually, as well.
3. Consider asking someone from the mail room deliver a large envelope with the various messages inside at the appropriate time.
4. Distribute the messages throughout the room and ask peer counselors to read aloud the messages delivered.
5. Distribute the individual peer counselor notes or cards from the supervisor.

Points for Discussion:

- Which notes are most meaningful in helping you feel supported as a peer counselor?

Take-away Points:

- New mothers communicate in a wide variety of ways today, including using social media and electronic technology to stay in touch with friends and family.
- Communication in nearly every form is valued when caring support is evident.
- This module will address some of the many different ways we can communicate with new mothers.

67

Client Confidentiality



Key Talking Points:

- There are many situations that might make it difficult to keep a mother's personal information confidential. For example:
 - Other family members around while you are counseling mothers.
 - The need to share exciting news you have heard from someone.
 - Running into the mother in the community.
- Peer counselors should follow their agency's policies on confidentiality.
- If your agency requires you to sign a Confidentiality Agreement, it will be reviewed during monthly staff meetings.

Module 5: Ways to Reach New Moms

- Some things to keep in mind about confidentiality:
 - Do not share anything about WIC mothers, even the fact they are on WIC, with anyone except other WIC staff, your supervisor, or your WIC Designated Breastfeeding Expert if the information is important to get them the help they need or to increase your knowledge and skills.
 - Remember that even in large cities people within earshot who live many miles from your clients could be a relative or friend of the mother. Once you have lost her trust, it is almost impossible to regain it, and this reflects on all of WIC.
 - When making calls from home, try to do it at a time and in a place where other family members will not hear you.
 - Do not discuss information about WIC mothers with your family members.
 - Electronic communication is not always secure. Remember to maintain confidentiality in all methods of communication.
 - Keep your documentation and notes in a safe, secure place.
 - When leaving your computer, log off so others cannot see or access information about clients.
 - If you are not sure if information is confidential, check with your WIC supervisor to confirm. It is best to assume that all information you receive from a mother is confidential.
 - Be careful about leaving voicemail or answer machine messages for a new mother unless you are sure she has given permission to do so.

Teaching Tip

Points for Discussion

- Has anyone had personal information about you or your family shared with others without your knowledge or permission?
- How did that feel? How would you imagine it might feel?
- What situation can you imagine might make it hard to keep a mother's personal information confidential?

Take-away Points

- Peer counselors should follow their agency's policies on confidentiality.

Module 5: Ways to Reach New Moms

Teaching Tip

Review with peer counselors Handout 5.1, Confidentiality Agreement, or whatever confidentiality agreement required by your State or local WIC agency.

- Read the agreement aloud and ask peer counselors if they have questions.
- Ask each peer counselor to sign the confidentiality agreement.
- Give them a copy for their own records.

68

Documenting Contacts



Key Talking Points:

- In the health care world, all contacts made with patients are documented. This serves as a record of what has been done.
- The professional rule of thumb is, if you didn't document it, you didn't do it.
- Document all contacts with mothers. This includes telephone calls, visits with mothers in the WIC clinic, home visits, hospital visits, and classes and support group meetings.
- Your supervisor will give you guidance on what types of things should be documented.

69

WHY WE DOCUMENT



Key Talking Points:

- Documentation is your record of contacts you make with each mother. This helps you remember:
 - What you told the mother.
 - The mother's concerns.
 - What worked and what did not.
 - Her next steps of support.
- Documentation protects you from liability because it is:
 - Your permanent record of the advice you gave.
 - A record of whom you have referred a mother to if she experiences problems.
- Documentation also educates the rest of the WIC team about what the

Module 5: Ways to Reach New Moms

mother's needs are and how they can support your efforts.

- Be aware that your supervisor may be calling some of your clients as part of her job. This is not done because she does not trust you, but may be the way WIC can authorize salary payments to staff who work outside the WIC clinic setting.

Teaching Tip

1. Review with peer counselors the documentation forms used by your State or local agency. Handout 5.2, Peer Counselor Contact Log, is a recommended sample. This documentation form is a simple and easy way for peer counselors to document contacts with new mothers. If your State or local agency does not use this contact log, use this time to discuss procedures for completing your own required paperwork. It is essential that peer counselor paperwork be kept as simple as possible. Complicated paperwork is one factor in high turnover rates among peer counselors.
2. Ask peer counselors to keep the documentation form handy as they will continue to practice documentation throughout this and future modules in the training.

70



DOCUMENTATION FORMS

Key Talking Points:

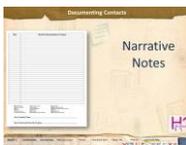
- You will document:
 - Date your contact occurred.
 - Type of contact (phone, clinic, etc.).
 - Topics discussed.
 - Referrals made.
- The Peer Counselor Contact Log is an easy way to make documentation simple.
 - A form should be completed for each mother.
 - The form should be used for the duration of your relationship with her.
 - It is in a check-off format.
- At the top of the contact log:
 - Record the mother's basic information.
 - Record the baby's birth date, general information and last name.
- For each contact with pregnant mothers, use the prenatal grid to:

Module 5: Ways to Reach New Moms

- Record the date of the contact.
- Note the type of contact using the key.
- Check off all topics discussed with the mother.
- For each contact with the mother after her baby is born, use the postpartum contact grid to:
 - Check off all postpartum topics discussed with the mother.
 - Check off any referrals that were made.

71

NARRATIVE NOTES



Key Talking Points:

- When discussing subjects that are not listed on the check-off list, use the Narrative Documentation of Contacts page.
- Keep your notes simple, using key words for quick reading.
 - Example: Mother is concerned about returning to work. Discussed work options, pumping, getting support from home. Referred to WIC Designated Breastfeeding Expert.

Activity: Documentation Practice

Purpose: To provide peer counselors with an opportunity to practice documenting contacts with mothers.

Materials Needed:

- Handout 5.2: Peer Counselor Contact Log (or whatever documentation forms are used by your State or local WIC agency)

Time Needed: 5 minutes

Instructions:

1. Provide peer counselors with Handout 5.2, or whatever documentation forms are used by your State or local agency.
2. Read aloud the scenarios provided on Handout 5.3, Documentation Practice.
3. Ask each peer counselor to individually document the contacts.

For larger groups: ask peer counselors to compare their documentation notes with someone next to them.

For smaller groups or one-on-one learning: ask each peer counselor to read aloud the way she documented the situations.

Points for Discussion:

Module 5: Ways to Reach New Moms

- What questions do you have about documentation?

Take-away Points:

- Documentation takes practice! We will continue to practice documentation throughout the rest of the training.
- Once you begin working as a peer counselor, your supervisor will review your documentation notes and offer suggestions to help you learn this new skill.

72

TICKLER FILE



Key Talking Points:

- You can set up a tickler file to remind you when mothers need to be contacted.
- Tickler files can be set up through the computer if your agency has a computerized data system.
- An online calendar may also be used. For example, *Google Calendar* is free and could be used to record dates when mothers need contacts. You can include alerts that will notify you via email or pop-up message that it's time to make that contact. Remember to maintain confidentiality when using online calendars.
- Some peer counselors use a manual tickler file. For example:
 - File the documentation forms alphabetically in a notebook binder so you can quickly find a mother's form when needed.
 - Set up a tickler card box using an index card box, index cards, and tabbed dividers, one for each month and numbers for each day.
 - Place each mother's name on a separate index card and record her baby's due date or birth date.
 - File the card behind the tabbed divider when she should be contacted next.
 - Once the next contact has been made, move the tickler card to the next date when she should be contacted.

Teaching Tip

Invite experienced peer counselors to bring examples of their tickler files to demonstrate how it works and to answer questions. Encourage new peer counselors to set up their basic tickler file system before beginning contacts with mothers so they will start off their new job organized.

Module 5: Ways to Reach New Moms

73

STATE AND LOCAL AGENCY POLICIES



Key Talking Points:

- Each State and local agency has its own unique policies and procedures for peer counselors.
- Contact your peer counselor supervisor if you have any questions about policies for your work in the community.

Teaching Tip

Review any particular State or local agency policies unique to your area with peer counselors.

74

Communicating



Key Talking Points:

- There are a variety of ways that WIC peer counselors typically contact new mothers: by telephone, in-person visits in the clinic, using computer technology, and social media.
- Each local agency will decide which communication methods are most effective in reaching WIC mothers in their community, and which will best meet the needs of their participants.

Communicating—In the WIC Clinic



Key Talking Points:

- Peer counselors are available to mothers during hours and settings beyond the WIC clinic hours.
- Some agencies also have peer counselors provide some services to WIC mothers during clinic hours.
- They may meet mothers on an as-needed basis if a mother needs special help.
- They may come to the clinic on designated days (such as maternity days) to visit with a larger number of WIC pregnant and breastfeeding mothers.
- While in the clinic, many peer counselors use the clinic telephone to contact mothers who need follow-up.

Module 5: Ways to Reach New Moms

BEING PART OF THE WIC TEAM



Key Talking Points:

- You are valued by the WIC staff because you are able to provide the time that new mothers need to have their questions answered.
- You are an important part of the circle of care that new mothers need to reach their breastfeeding goals.
- Being in the clinic occasionally helps the WIC staff get to know you and appreciate the role you serve.

BEING A PROFESSIONAL



Key Talking Points:

- To be valued for the information you give to mothers, conduct yourself in a professional manner.
- Learn and use the WIC Program policies and standards that apply to your work.
- Be on time when coming to the clinic. If you are going to be late, call and let your supervisor or the clinic manager know.
- Introduce yourself to WIC staff who may not know you.
- Have a helpful, courteous attitude. Speak positively about other staff members and WIC mothers.
- Dress comfortably and appropriately. It is important to relate well to both the WIC mothers you work with and the other WIC clinic staff.
- Wear a nametag so you are easily identified as a member of the WIC team.
- Make every effort to attend peer counselor staff meetings, WIC clinic meetings, and social occasions to which you are invited.

Module 5: Ways to Reach New Moms

BABY AT WORK?



Key Talking Points:

- Some WIC clinics allow peer counselors to bring their baby to the clinic with them.
- This can be a great way to model breastfeeding for WIC participants.
- Discuss the policies and arrangements with your supervisor. For example, some clinics allow babies to come with the mothers until they become more mobile.
- Some agencies only allow the infant to come if he or she is content in a carrier due to safety issues.
- Never expect other staff to care for your baby while you do your job. Tend to your baby's needs if the baby becomes fussy or unhappy.
- Do not bring a sick infant to the clinic, or allow your toddler to crawl around on the clinic floor.
- Make plans for what you will do when your baby becomes older, and how you will deal with situations when your baby cannot come with you.

FACE-TO-FACE COUNSELING TIPS



Key Talking Points:

- Body language is extremely important when visiting with mothers in person.
- Women often look at a person's face to read how they view them. If they think they are accepted, they are more likely to listen to your information.

Activity: Body Language Practice

Purpose: To help peer counselors practice using body language skills that are affirming.

Materials Needed: None

Time Needed: 5 minutes

Instructions:

1. Ask peer counselors to find a partner to practice body language skills.

For larger groups: help peer counselors find a partner. If there is an odd number, the trainer or other helpers could serve as a partner.

Module 5: Ways to Reach New Moms

For smaller groups or one-on-one learning: trainer may need to practice the activity with a single peer counselor.

2. Ask pairs to identify which person wants to be the speaker and who wants to be the listener.
3. For one minute, the speaker should talk about what it was like growing up their home. The listener is to listen without talking or responding, and may only use her body to show the speaker she is listening.
4. Call out *Go*, to signal the pairs should begin.
5. After one minute, call out *Switch*. The listener becomes the speaker and the speaker becomes the listener. Repeat the activity.

Points for Discussion:

- What made it hard to be the speaker?
- What made it hard to be the listener?
- What body language movements and facial expressions helped you communicate that you were listening?

Take-away Points:

- Sometimes it is hard to talk about things from your past, or to know what to say when put on the spot. It is equally difficult to be a listener without commenting.
- Show sensitivity to mothers who are shy about talking about personal matters, and avoid the temptation to do all the talking.
- Your facial expressions are powerful tools for communicating empathy and support.

DOCUMENTING CLINIC COUNSELING VISITS



Key Talking Points:

- Clinic visits should be documented using the same contact log that you use for contacts outside the WIC clinic.
- Talk with your supervisor about any other policies for documenting contacts made at the WIC clinic.

Communicating—By Telephone



Key Talking Points:

- Many of your contacts with pregnant and new mothers will be made by telephone.
- The WIC clinic will make sure that mothers are okay receiving phone calls from a peer counselor before you receive their names and contact information.
- You will call new mothers and also receive calls from mothers.
- Most calls are limited to around 15 minutes or less.
- Small bits of information (e.g., texts or tweets) are better because most people cannot absorb more information than that.

Module 5: Ways to Reach New Moms

MAKING TELEPHONE CALLS



Key Talking Points:

- WIC participants typically do not call for help, even when things are not going well and they have a relationship with you.
- This might be because they are concerned about bothering you, or it is easier to ask a friend or family member what to do.
- This means you will need to initiate calls most of the time.
- You can call to check in with mothers and see how things are going.
- Mothers like knowing someone cares enough to see how they are doing.

Teaching Tip

Use Handout 5.4, Telephone Tips, to review basic steps to making calls with WIC mothers. Ask experienced peer counselors to share their perspectives of making and receiving calls from home.

Points for Discussion:

- What do you feel will be most difficult in making calls from home?

Take-away Points:

- Making effective telephone calls requires practice. The more calls you make, the easier it will become.

BEYOND THE WIC CLINIC AND HOURS



Key Talking Points:

- You are effective with supporting WIC mothers with breastfeeding because you are available after WIC clinic and doctor's offices are closed.
- Breastfeeding problems sometimes occur during evenings when babies are fussier and everyone is tired and hungry. They can also occur during weekends.
- Being available to mothers helps them receive important support. However, you should be careful that this part of the job does not take over your life.
- Some tips to keep in mind:
 - Never give out your personal information.
 - Set limits with mothers by letting them know the best hours to call you.

Module 5: Ways to Reach New Moms

- If a mother calls at a bad time, tell her you will call her back at a better time for you.
- Mothers who receive regular calls from you are less likely to have late-night crises.
- Pages and voicemail can help you return calls at more convenient times for you.
- Often mothers who call after hours need specialized help that may be beyond the basic support role of peer counselors.
- Yield mothers who are experiencing difficulties beyond your training.
- Keep handy phone numbers of WIC and community breastfeeding experts who are available after hours.

VOICEMAIL



Key Talking Points:

- Follow your WIC program policy for leaving voicemail messages with WIC participants.
- Remember that messages you leave on answering machines or voicemail that can be heard by others in the household can give her private information away to others.

Teaching Tip

1. Share a copy of your State or local agency policy on leaving voicemail messages.
2. Ask training participants to imagine they are a new mother who has an answering machine at home that can be heard by other family members, or has voicemail on her cell phone that provides an alert that can be seen and perhaps listened to by others.
3. Ask them to consider this message that a peer counselor might leave for a WIC participant named Ashley:
This is Holly, your WIC breastfeeding peer counselor. Please give me a call at 555-5555.

Points for Discussion:

- What information has this message given to anyone who hears the message? (Ashley is pregnant, she qualifies for WIC, and she is interested in breastfeeding.)
- What other message could be left that would be less likely to give away such personal information? (*This is Holly Smith calling for Ashley. Please return my call at [insert phone number].*)

Take-away Points

- Know your WIC agency's policy for leaving voicemail messages.

Module 5: Ways to Reach New Moms

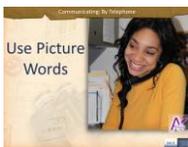
TONE OF VOICE



Key Talking Points:

- In counseling on the telephone you do not have the advantage of seeing the mother's facial expressions, and she cannot see your smile and positive affirmation in your face.
- This means talking on the telephone will require you to focus more on your tone of voice.
- Telephone counseling can be very effective when your tone of voice tells a mother you care.
- Smile when you talk on the phone. You can sense a person's body language over the phone, so even though the mother cannot see your smile, she will hear it in your tone of voice.

USE PICTURE WORDS



Key Talking Points:

- Clear, descriptive words will be helpful on the telephone.
- Words that are visual and can "show" what you are talking about will communicate best. For example:
 - "His stools should be yellow and runny and may look like cottage cheese."
 - "Look for little up-and-down movements in your baby's neck to see if he is swallowing."

Activity: Picture Words

Purpose: To help peer counselors use picture words in their communications.

Materials Needed:

- Shoestring for each pair of peer counselors

Time Needed: 10 minutes

Instructions:

1. Divide peer counselors into pairs.
For larger groups: assist peer counselors in finding a partner. If necessary, the trainer or another helper can serve as a partner if there is a peer counselor without a partner.
For smaller groups or one-on-one learning: the trainer can serve as a partner with the peer counselor.
2. Ask the partners to sit back-to-back to simulate a phone conversation.
3. One partner will play the role of the counselor. Her role is to instruct her partner on how to tie her

Module 5: Ways to Reach New Moms

shoes, using picture words.

4. The other partner will play the role of the learner. She should follow the directions given by the instructor *exactly* as instructed.
5. When the instruction is completed, the instructor can check to see how the shoestrings look.
6. Trade roles and repeat the exercise.

Points for Discussion:

- What was easy?
- What was hard?
- What picture words did you use?

Take-away Points:

- Because many mothers are visual, picture words will help her better understand concepts you are explaining over the phone.

VERIFY WHAT YOU HEAR



Key Talking Points:

- It is easy when talking on the telephone to assume that the receiver understands what was said.
- Verifying the information is important to be sure your message got through.

Activity: Verify!

Purpose: To help peer counselors understand the value of verifying what they hear.

Materials Needed:

- Sheet of paper for each participant

Time Needed: 5 minutes

Instructions:

1. Give each peer counselor a sheet of paper. Ask them to keep their eyes on their own sheet of paper.
2. Ask peer counselors to follow these instructions exactly as given.
 - Fold the paper in half horizontally
 - Fold it in half vertically
 - Tear a hole in the center.
 - Tear the right top corner.
 - Tear the corner even with the one you just tore.
 - Punch two holes in the next-to-longest edge.
3. Ask participants to open their paper and hold it up to see whether it matches that of their partners or

Module 5: Ways to Reach New Moms

anyone else in the room. (Usually, many versions are created.)

Points for Discussion:

- What happened that so many people all heard the same instructions but came up with different creations?

Take-away Points:

- It is easy to assume that what you said is what was heard.
- Verifying what you think you heard will give mothers the chance to clarify the instructions and ask questions.

CELL PHONES OR PAGERS



Key Talking Points:

- Some WIC agencies provide cell phones or pagers to peer counselors so they will not have to use their own private phone for making business calls.
- This also helps protect your privacy and your time at home, as a cell phone or pager can be turned off when it is not a good time to talk.
- Each agency will purchase a cell phone plan that is unique to the needs of your program. The plan may or may not include texting, free incoming or outgoing calls, free mobile-to-mobile service, etc.
- If your cell phone plan provides free outgoing calls in the evenings, you will want to take advantage of that and try to make as many free calls as possible.
- Follow the policies outlined by your supervisor on the appropriate use of your cell phone or pager.
- This includes not using your WIC-assigned cell phone for uses other than your WIC work.
- It will also be important to find a way to secure your phone so that it will not be used accidentally by other family members, and so any text messages that mothers may send to you will not be visible to others.
- Note that missed calls from a mother are a signal for help. Respond as promptly as possible, as mothers often do not call unless there is a true need.
- If you will be unavailable for an extended time, discuss with your supervisor the option of forwarding your calls or sharing the phone or pager with another peer counselor who will be available.

Module 5: Ways to Reach New Moms

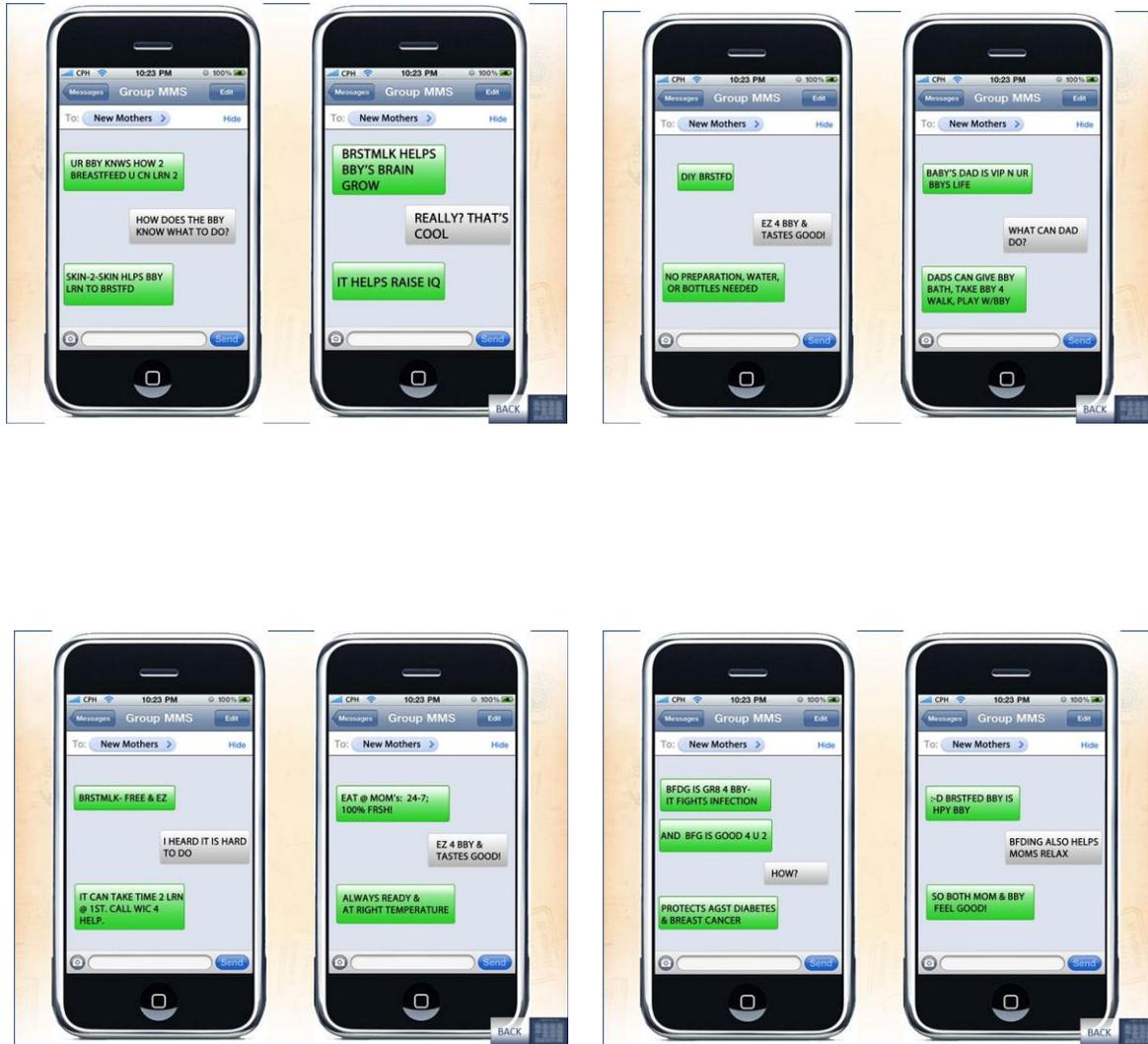
TEXT MESSAGES



Key Talking Points:

- Text messages are short messages (usually less than 160 characters) that are sent and received on a cell phone.
- Many WIC mothers prefer to use text messaging as a primary means of staying connected with friends and family.
- Discuss with your supervisor your options for using text messaging to stay in touch with WIC participants, and how they should be documented.
- Text messaging should never be used to explain breastfeeding concepts that are better discussed in person or on the phone.
- You can use text messages as a quick way to check in with a mother or to invite her to a prenatal class or mother's group.
- Tips for text messages:
 - Keep messages short and simple.
 - Use common abbreviations that are recognized by most people. *BF* can be used to represent breastfeeding as long as the mother knows what it means.
 - Handout 5.5, Texting Tips, provides a list of common abbreviations, as well as some sample short messages that could be sent to new mothers.
 - If mothers text you, consider texting back to see if this is a good time to chat by phone and follow up to answer her questions in more detail.
 - Remember that words lack both *facial expressions* and *tone of voice* so what you write can often be misinterpreted.
 - What you text is a PERMANENT record of what you said. Pause before texting to be sure you are clear in what you are texting and the tone is appropriate.
 - Franklin County (Ohio) WIC have created posters featuring cell phone text messages about breastfeeding. They demonstrate short, simple messages that can be used to communicate quick messages to moms.

Module 5: Ways to Reach New Moms



Module 5: Ways to Reach New Moms



Activity: Texting Fun

Purpose: To help peer counselors practice the art of sending appropriate text messages to WIC participants.

Materials Needed:

- Handout 5.6: Texting Fun.

OR: take the scenarios in the handout and transfer to a set of index cards with each of the five scenarios on a different card. Provide one set of cards for each small group.

Time Needed: 10 minutes

Instructions:

1. Ask peer counselors to read the scenarios and write a simple message that could be texted to a WIC mother.
2. Ask peer counselors to determine if the situation warrants a phone call instead of a text.
For larger groups: break into small groups of 4-5 peer counselors each. After writing their texts, ask the small groups to read their texts to each other and select the one they like best. Consider assigning one counseling situation to each small group.
For smaller groups or one-on-one learning: ask each peer counselor to read aloud the text she wrote.
3. For fun, ask peer counselors who have texting plans on their personal cell phones to text their responses to others in their group or to the trainer.

Points for Discussion:

- How can you determine if a mother needs a phone call instead of a text?

Take-away Points:

- Texting is a powerful way to make a quick and easy contact with a mother.
- Texting should not replace telephone calls and in-person visits with mothers, especially when problem situations are being addressed.

Module 5: Ways to Reach New Moms

Communicating—With Electronics



Key Talking Points:

- Electronic communications are widely used by many people to stay connected.
- Not all WIC participants have access to computers or Internet coverage. Many do have cell phones, however.
- Discuss with your supervisor the electronic communication methods that are available for you to use in contacting WIC participants.

WEBSITES



Key Talking Points:

- Many excellent websites with breastfeeding information are now available through the Internet.
- Some WIC agencies have web pages with breastfeeding information posted for new families.
- One example is the New York Breastfeeding Partners at: <http://www.breastfeedingpartners.org/> which has excellent information for families about breastfeeding.
- If your agency has a website with breastfeeding information, feel free to share the web link with new mothers.
- There are many website resources that have good breastfeeding information and tips to share.
- Before sending web links to new mothers, always discuss first with your Supervisor to be sure that the resources you want to send are appropriate and contain accurate information.
- Many breastfeeding and new mother web pages also contain blogs. Be sure to discuss with your Supervisor if it is appropriate for you to post messages to blogs in your official capacity as a peer counselor.

Module 5: Ways to Reach New Moms

EMAIL



Key Talking Points:

- If a mother has given her email address, always ask permission before sending her emails.
- Discuss with your supervisor if you will use a business email address from your WIC agency. This will help you keep your privacy.
- Include your name, title, and business contact information (such as your business cell phone or pager number) in the signature line of every message.
- Emails can be used for quick information, to check in with mothers, and to send website links the mother might find helpful.
- If using email, check it daily to be sure there are no urgent requests for information or help.
- Tips for effective emails:
 - Put the most important information first.
 - Keep messages short and simple. A few sentences are best.
 - A response that requires a lengthy answer is an indication you need to talk with the mother in person or on the phone rather than by email.
 - Organize your email folder so you can easily find messages from each mother and your responses to them. Keep up with this filing system daily by filing new messages received and sent after you respond.
 - Avoid bombarding a mother with too many email messages. One or two a month may be sufficient.
 - Remember to maintain confidentiality when using email.
- Never use your contacts with WIC participants as a means of forwarding funny, political, religious, and other messages that are sometimes circulated among email users.
- Remember that your email could be forwarded to anyone. Make sure any information you send you would be comfortable being printed in the newspaper or shared with your mother.

Module 5: Ways to Reach New Moms

Communicating—With Social Media



Key Talking Points:

- Social media is a conversation people have with one another through technology.
- Today's online world of rapidly growing technology means that mothers have many ways of communicating with one another using social media.
- These new opportunities will continue to grow, so always stay in touch with your Supervisor about new technologies that emerge and which options are possible for you to use.
- Tips for using social media:
 - Be respectful. Share ideas and thoughts in a supportive and caring way.
 - Keep all messages posted through social media short and simple.
 - Pause before posting!
 - There is no such thing as private information on the Internet.
 - Assume that anything you post could be circulated widely.
 - Anything you post is a permanent record of what you said.
 - Ask yourself, "Would I be okay if my mother, my boss, my child, or my partner saw this post?"
- One of the benefits of social media is allowing your personality to come through, which helps build relationship with mothers. Be careful not to get too bogged down with personal information that overpowers your message about breastfeeding.
- Always keep confidential the names and personal information about any WIC participants you are following. Privacy is especially important when using social media!

FACEBOOK™



Key Talking Points:

- Many WIC local agencies provide Facebook™ private group pages (which are different from Facebook™ individual profiles) for WIC participants, especially for breastfeeding mothers.
- One California WIC agency has a Facebook™ page called *Shasta Mom's Circle* that features thumbnail photos of their peer counselors and information about breastfeeding.

Module 5: Ways to Reach New Moms

- If your WIC agency policy allows you to have an official Facebook™ page, discuss with your Supervisor your role in responding to posts, sending your own posts, and monitoring the requests that are posted from mothers.
- Some peer counselors connect with WIC mothers through their personal Facebook™ page. This can include both posting news and photos, as well as using the Facebook™ *chat* and *email* features to connect.
- Be sure to discuss with your supervisor if *friending* WIC participants to your personal Facebook™ is okay.
- Tips for Facebook™ Use:
 - Keep posts short (less than 420 characters) and simple
 - If you are posting items in your official capacity as a peer counselor, be sure to clear web links and photos that you would like to post with your supervisor.
 - Remember that photos posted to Facebook™ can become the property of Facebook™.
 - Pause before you post, and remember that anything you post can be circulated to a wide audience in seconds or minutes.
 - If you wonder whether something you want to post is controversial, always check with your supervisor.

TWITTER™



Key Talking Points:

- Twitter™ is a form of micro-blogging to send quick, short messages to a large number of people who *follow* you.
- Tweets must be short (no more than 140 characters, including punctuation marks and spaces).
- As with Facebook™, always discuss with your supervisor if you can have an official Twitter™ address, or if you can tweet WIC participants through your personal Twitter page.

Module 5: Ways to Reach New Moms

YOUTUBE™



Key Talking Points:

- There are a growing number of videos being made widely available through YouTube™.
- YouTube™ videos are usually very short video snippets that can be accessed through a cell phone or the website.
- The “*Loving Support*© Through Peer Counseling: A Journey Together – for Training WIC Peer Counselors” training includes a set of five YouTube™ videos that can be accessed through YouTube™ or through the WIC Works Resource Center. These videos address common questions mothers have about breastfeeding, and tell about the role of peer counselors.
- Other YouTube™ video snippets that can be shared with WIC participants are described in various places throughout the training.

ITUNES™/PODCASTS

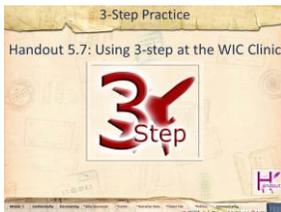


Key Talking Points:

- A podcast is an audio or video file that you can download to your iPod™ or MP3 player.
- The “*Loving Support*© Through Peer Counseling: A Journey Together – For Training WIC Peer Counselors” training includes a series of short podcasts that can be downloaded to your iPod or cell phone.
- These podcasts will help you remember important concepts in the training.
- Many peer counselors have found other podcasts on breastfeeding helpful to download and listen to at times that are convenient to them.

75

3-Step Practice



Key Talking Points:

- You are a great source of support to new mothers.
- The 3-Step Counseling principles can be used to identify the often strong feelings that mothers have when they are separated from their babies, and to affirm their concerns.
- Appropriate education will help mothers see workable solutions to help them remain connected to their baby even though they are apart.

Module 5: Ways to Reach New Moms

Activity: 3-Step Practice: Using 3-Step at the WIC Clinic

Purpose: To help peer counselors practice counseling new mothers in the early days of breastfeeding.

Materials Needed:

- Handout 5.7: 3-Step Practice: Using 3-Step at the WIC Clinic

Time Needed: 10 minutes

Instructions:

- Provide peer counselors with Handout 5.7, 3-Step Practice: Using 3-Step at the WIC Clinic.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
- Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
- Ask the individuals or groups to report their answers.
- Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some common feelings a brand new mother might be feeling at this stage?
- What affirmations would help this mother feel reassured she could continue breastfeeding exclusively?

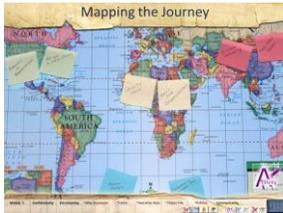
Take-away Points:

- New mothers often need a great deal of reassurance to feel confident.
- A busy environment in the WIC clinic can add to a mother's feelings of being overwhelmed and unsure of herself, especially if she feels staff do not have time for her.
- Peer counselors can use their 3-Step Counseling skills to help mothers in the WIC clinic feel relaxed and confident that they can continue to exclusively breastfeed.
- Weighing her baby for her can be another strategy to help mothers realize their baby is doing well.

Module 5: Ways to Reach New Moms

76

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add new sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

Module 5: Ways to Reach New Moms

77



Learning More

Ongoing Enrichment:

- Visit the WIC Works Resource System at: http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=623 to view the podcasts and YouTube™ videos that have been posted.
- Visit the New York Breastfeeding Partners website at: <http://www.breastfeedingpartners.org/> and make a note of information for new mothers that you feel is helpful.

78



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making and the things you are learning.
- The valuable skills you are gaining will help WIC mothers feel confident with breastfeeding.

Teaching Tip

Provide peer counselors with their Passport to Success, and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way for the peer counselor to record her training accomplishments and her personal journey of building new skills.

Module 5: Ways to Reach New Moms

This page intentionally blank

SECTION III – Getting Started with Breastfeeding

Loving Support© Through Peer Counseling:
A Journey Together
For Training WIC Peer Counselors

SECTION III – Getting Started with Breastfeeding

Module 6: Encouraging Exclusive Breastfeeding

Module 7: Supporting New Breastfeeding Moms

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

SECTION III – Getting Started with Breastfeeding

Module 6: Encouraging Exclusive Breastfeeding

Module 6: Encouraging Exclusive Breastfeeding

Overview

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

Topics Covered

- Why WIC promotes exclusive breastfeeding
- 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

Time: 1.5 hour

Materials and Supplies

Handouts

- Handout 6.1: Journey Postcards
- Handout 6.2: Traveling from Worries to Confidence
- Handout 6.3: 3-Step Practice: Building Mom's Confidence
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

General Training Materials

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

Core Competencies

- Encourages mothers to breastfeed exclusively without formula supplementation.
- Explains how the breast makes milk.
- Explains the effects of formula supplementation on a mother's milk production.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

- Identify reasons mothers doubt their ability to breastfeed.
- Explain to mothers how the breast makes milk and the impact of supplements on milk production.
- Identify the hormones of lactation and their role in feeding frequency and milk removal.
- Help mothers increase their self-confidence with breastfeeding.

Module 6: Encouraging Exclusive Breastfeeding

Video Tools found in the Video Section of the Presentation Platform

- Video Segment: *Aspen and Lorena*, found in the presentation platform under *Early Days/Making Milk*, in the WIC Works Resource System at: http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642, or through YouTube™ on the Internet.
- Video Segment: *Enough*, found in the presentation platform under *Early Days/Making Milk*.

Animations

- *Fruitful Mommies* (available in the curriculum or at the Texas WIC Website at: <http://www.breastmilkcounts.com/educational-activities.html>)
- *Stick to Breastfeeding* (available in the curriculum or at the Texas WIC Website at: <http://www.breastmilkcounts.com/educational-activities.html>)
- *Recipe for Breastmilk* (available in the curriculum or at the Texas WIC Website at: <http://www.breastmilkcounts.com/educational-activities.html>)

Training Materials by Activity

Journey Together

- Handout 6.1: Journey Postcards
- For each group, a set of tourist attraction photos (provided in the curriculum), travel brochures, or website promos for popular destinations
- Flip chart easel
- Flip chart paper
- Flip chart markers

Draw a Breast

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

Internal Structure of the Breast (for each small group)

- A sheet of flip chart paper
- A variety of craft supplies such as fringe, pompoms, fabric scraps, yarn, pipe cleaners, old magazines, etc.
- Glue
- Scissors
- Markers

Traveling from Worries to Confidence

- Handout 6.2: Traveling from Worries to Confidence

Real-Life Practice

- Handout 6.3: 3-Step Practice: Application To Practice

Module 6: Encouraging Exclusive Breastfeeding

Training Materials by Demonstration

Build a Strong Foundation

- 20-30 Children's building blocks

Inside the Breast

- Cluster of artificial grapes (or an image of grapes)

Colostrum Volume

- Sample small bottle of infant formula typically given in your local hospital
- Teaspoon

Hormone Receptors

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

Impact of Formula Supplements on Milk Production

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

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD projector (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint (1997-2007 compatible) with DVD capability
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 6: Encouraging Exclusive Breastfeeding

Facilitator Notes

79

Encouraging Exclusive Breastfeeding



Key Talking Points:

- Exclusive breastfeeding is when a baby receives only breastmilk and nothing else. This includes infant formula, cow's milk, sugar water, baby foods, and anything else except for drops or syrups with vitamins, minerals, or medications.¹
- Many breastfeeding mothers begin feeding infant formula very soon after the baby is born because they need help and support.
- What to expect in this module:
 - Be prepared to learn some things about your breast you may not have known before!
 - We will discuss how the breast works, and ways you can help build confidence in new mothers.

Activity: Journey Together

Purpose: To help peer counselors consider the importance of preparation for breastfeeding.

Materials Needed:

- Handout 6.1: Journey Postcards
- For each group, a set of tourist attraction photos (provided in the curriculum), travel brochures, or website promos for popular destinations (ex: Washington, D.C., New York City, Grand Canyon, Hawaii, mountains, beach, etc.).
- Flip chart easel
- Flip chart paper
- Flip chart markers

Time Needed: 10 minutes

Instructions:

1. Print out the color photographs provided in the curriculum of famous travel sites around the globe. Or, visit travel websites and print off a promo about that site. Or, visit a travel agency in your community and ask for sample brochures of famous destinations they might be willing to share.

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

Module 6: Encouraging Exclusive Breastfeeding

2. Provide the photos, brochures, or website information to each group.
For larger groups: break into as many groups of around 6-8 as needed.
For smaller groups or one-on-one learning: do as a single group, or ask the peer counselor to share about a place she would love to travel to.
3. Invite each individual or group to look through the options and come up with a destination their group would like to travel to. The groups may also select their own destination that is not included, if desired.
4. Ask individuals or groups to make a list of at least 10 things they might need to do in order to have a successful journey.
5. Record ideas on a flip chart.

Points for Discussion:

- What are things that will make a journey there a smooth one?
- How might these things relate to helping mothers make a smooth journey through breastfeeding?

Take-away Points:

- The first time you take a journey to a new place can be exciting.
- It requires preparation to make the journey smooth and enjoyable.
- Breastfeeding works best when mothers are prepared, especially when they understand in advance what they can do in the first month to make breastfeeding work smoothly.

80



Exclusive Breastfeeding

Key Talking Points:

- Major organizations such as the American Academy of Pediatrics (AAP) recommend that babies receive nothing but breastmilk for the first six months of life.²
- Exclusive breastfeeding matters! Babies who exclusively breastfeed receive the greatest health benefits.
- Exclusive breastfeeding also increases the duration or length of time a mother breastfeeds her baby.
- WIC promotes exclusive breastfeeding by not routinely giving infant formula to breastfeeding babies.
- WIC provides exclusively breastfeeding mothers with more foods for themselves and for their babies at 6 months.

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

Module 6: Encouraging Exclusive Breastfeeding

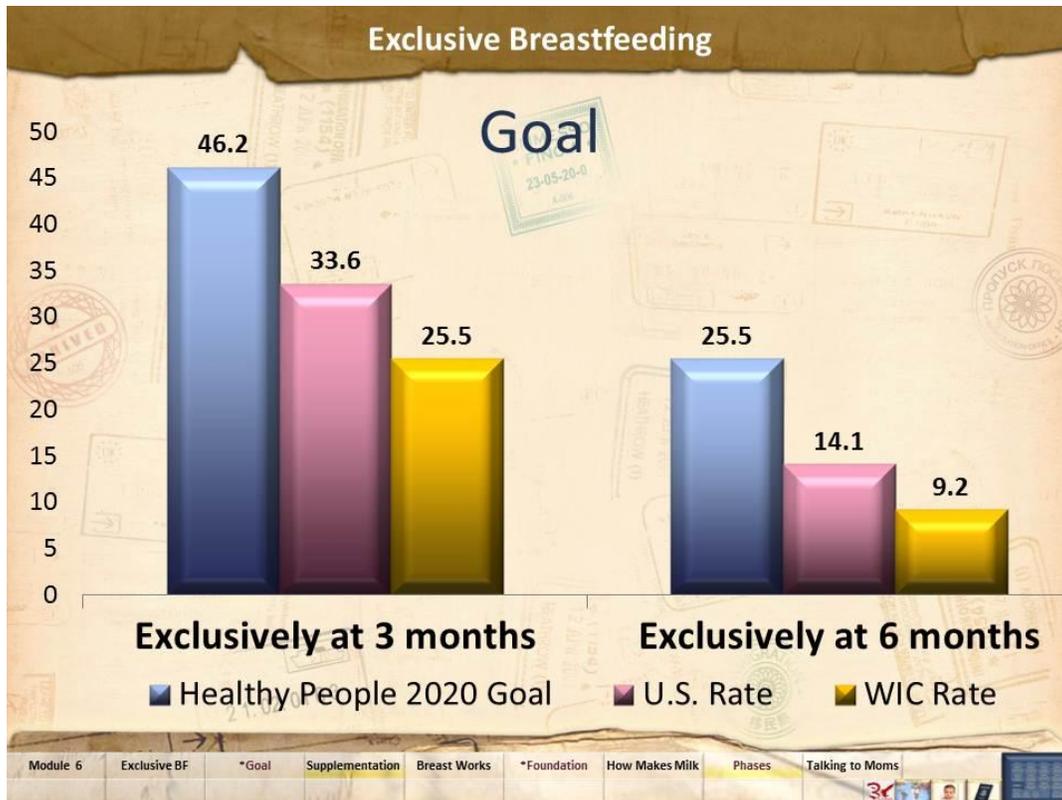
81

EXCLUSIVE BREASTFEEDING GOAL



Key Talking Points:

- The United States has national goals for exclusive breastfeeding.
- The chart shows these goals, and the percentage of mothers who currently breastfeed exclusively.
- The numbers of WIC mothers who exclusively breastfeed are much lower than other mothers.³



³ Centers for Disease Control and Prevention. (2011). 2007 National Immunization Registry. Atlanta, GA: Centers for Disease Control and Prevention.

Module 6: Encouraging Exclusive Breastfeeding

82

Why Mothers Begin Formula



Key Talking Points:

- For most new breastfeeding mothers, making enough milk is their most important concern. It is also the main reason women wean their baby in the first six months.⁴

Teaching Tip

Video Clip: Click on the **VIDEO** icon on this slide to show a video clip about making milk. Examples: *Aspen and Lorena* or *Enough*, found in the presentation platform under *Early Days/Making Milk*.

HOSPITAL FACTORS



Key Talking Points:

- Medical reasons for infant formula
 - Sometimes formula supplements are given to breastfed babies in the hospital for medical reasons. For example, the baby is not gaining weight properly and the mother's milk production is delayed.
 - When formula is given for medical reasons, you can remind the mother that it is a temporary tool and that a lactation consultant or WIC Designated Breastfeeding Expert can help her return to exclusive breastfeeding when the medical reason has passed.
- Non-medical reasons for infant formula
 - Sometimes a mother may request formula because she feels her baby is fussy, she wants to sleep, or for other non-medical reasons.
 - Encourage mothers not to offer infant formula for these non-medical reasons in the hospital.
 - If mothers have begun supplementing with formula, encourage them to return to exclusive breastfeeding to increase milk production.
 - If the baby does not latch well after getting the formula supplement, the WIC Designated Breastfeeding Expert can help.



⁴ Grummer-Strawn L, Scanlon K, & Fein S. (2008). Infant feeding and feeding transitions during the first year of life. *Pediatrics*. 122:S36-S42.

Module 6: Encouraging Exclusive Breastfeeding

- Sometimes mothers receive gift bags containing infant formula from the hospital. They may believe the doctor or the hospital *wants* them to formula feed or that their baby needs it.
- Remind mothers that gift bags and formula samples are marketing tools from infant formula companies designed to sell formula.

HOME FACTORS



Key Talking Points:

- When moms are home from the hospital, they may begin formula supplements because:
 - Their baby is fussy or cries.
 - They do not realize babies cry for other reasons besides hunger.
 - Family pressure to use formula.
 - Not knowing what formula supplements will do to their milk production.
 - They cannot see how much milk their baby is getting.
 - They want the baby to sleep through the night.

OTHER FACTORS



Key Talking Points:

- Moms may be planning to return to work or school.
- They may feel they need to feed their baby formula to get the baby used to a bottle.
- Their breasts may not feel full and they worry there is no milk.
- They used a breast pump and only expressed a little milk.

WHAT YOU CAN DO



Key Talking Points:

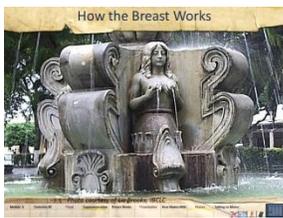
- You can help build a mother's confidence in her ability to make milk by:
 - Using open-ended questions to help mothers explore their concerns about making milk.
 - Praising the mother for breastfeeding.
 - Reassuring her that her body is designed to make milk.

Module 6: Encouraging Exclusive Breastfeeding

- Yielding mothers to the WIC Designated Breastfeeding Expert if the baby is not gaining weight well or the mother is concerned.

83

How the Breast Works

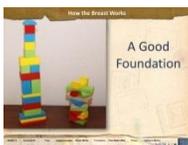


Key Talking Points:

- Another name for the breast, the mammary gland, comes from the word *mamma*. This is a perfect word since breastfeeding provides both nutrition and nurturing for infants.
- The mammary gland has many parts. Each has a special purpose to help the mother make milk.

84

A GOOD FOUNDATION



Key Talking Points:

- A simple way to talk about milk production with a new mom is to explain that her breasts are similar to a factory.
- When the demand is high, a factory produces enough products to meet the demand. When the demand is low, the factory slows down until the demand is high again.⁵
- In the same way, the breast makes plenty of milk as long as the demand is high. In other words, the baby breastfeeds often, 8-12 times every 24 hours.
- When mothers breastfeed right away after the birth of their baby and continue breastfeeding 8-12 times a day, they lay a good foundation that will help them make milk for as long as they want.
- If the baby is not able to remove the milk, the mother can remove her milk by hand or with a breast pump.
- If mothers replace baby's feedings with formula or anything else, the amount of milk she makes will go down because the demand is low.

⁵ West, *The Breastfeeding Mother's Guide to Making More Milk*, Chapter 1.

Module 6: Encouraging Exclusive Breastfeeding

Demonstration: Build a Strong Foundation

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

Materials Needed:

- 20-30 Children's building blocks

Time Needed: 1 minute

Instructions:

1. Before the training event, build two towers from children's building blocks.
2. Begin one tower with a sturdy, firm foundation and build the tower as tall as possible.
3. Build the second tower with a flimsy base that is not very tall.

Take-away Points:

- This is similar to getting a good foundation with breastfeeding.
- The better start a mother gets, the better her milk production.

85

How the Breast Makes Milk



Key Talking Points:

- The first stage of making milk happens when a young girl reaches puberty at around 10-12 years of age.
- Her breasts begin growing milk-making tissue. It continues to grow with each menstrual cycle.
- When a woman becomes pregnant, her body begins preparing for milk production.
- This is why some women say their breasts feel tender to the touch.
- Because milk production begins during pregnancy, even young teen mothers who become pregnant can make plenty of milk for their babies.

Activity: Draw a Breast

Purpose: To help attendees remember the parts of the breast involved in making milk.

Materials Needed:

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

Module 6: Encouraging Exclusive Breastfeeding

Time Needed: 1 minute for explanation

Instructions:

1. Give each peer counselor a balloon. If anyone has a latex allergy, provide a sheet of paper instead.
2. This activity works well for any size group, large or small.
3. Ask all attendees to draw the parts of the breast while the trainer discusses it.
4. The balloon or paper drawing can be used throughout the next several slides as the anatomy of the breast is discussed.
5. Ask the peer counselors to keep their balloon after the discussion about the parts to the breast has been completed so they can use them again in Module 8.

Take-away Points:

- The breast is designed to make milk, and each part has a special role.
- You can encourage mothers to be confident they can make milk for their baby.

86

Phases of Milk Production



Key Talking Points:

- The breast goes through 3 phases of milk production.
- In Phase I, before the baby is ever born, the mother's body is already hard at work preparing to make milk.
- In Phase II, her breasts increase milk volume in the early days based on important hormone changes.
- In Phase III, her breasts continue to make milk based on the law of supply and demand.

Phase I: Breast Tissue Grows



Key Talking Points:

- Even before pregnancy, a woman's body begins to help her make milk by growing breast tissue.
- During this first phase of lactation when breast tissue is growing, milk highways begin developing at puberty and with each menstrual cycle.
- Once pregnancy begins, breast tissue continues to develop and complete its development by the end of the first month after the baby is born.
- Many mothers feel those changes as tenderness. Toward the end of the pregnancy, mothers will begin seeing visible signs of those changes.
- A good time to begin talking about these changes is during pregnancy. You can reassure mothers that these changes are normal and show how her body is preparing her to make milk.
- Yield to the WIC Designated Breastfeeding Expert if a mom is concerned.

Module 6: Encouraging Exclusive Breastfeeding

OUTSIDE CHANGES



Key Talking Points:

- Mothers often see changes on the outside of their breasts, and may wonder if it is normal. Some of these changes are:
 - The dark circular area around the nipple (the areola, pronounced *air-ree-oh-la* or *air-ree-la*) may enlarge and become even darker.
 - Small pimple-like bumps on the areola (called Montgomery Glands) become easier to see. These glands secrete an oily, lubricating substance that helps the baby find the breast by using his sense of smell. Lotions and creams are not necessary.
 - Toward the end of the pregnancy a mother's breasts may enlarge a cup size or two.
- A good time to begin talking about breast changes is during pregnancy. You can reassure mothers that these changes are normal and show how their body is preparing to make milk.

Teaching Tip

Click on the **ANIMATION** icon. Find the *Fruitful Mommies* animation developed by Texas WIC, also available online at: <http://www.breastmilkcounts.com/educational-activities.html>. The animation demonstrates the anatomy of the breast.

INSIDE THE BREAST—MILK HIGHWAYS



Key Talking Points:

- The milk ducts serve as a highway to transport the milk through the breast and out the nipple to the baby.
- Women have between 4-18 major milk ducts, with an average of around nine.⁶
- When milk begins to flow from the alveoli, the milk ducts expand in size to allow the milk to flow freely through the breast.
- Most women do not see the nipple pores, or openings, easily until after full milk production begins.

⁶Ramsay DT, Kent JC, Hartmann RA & Hartmann PE. (2005). Anatomy of the lactating human redefined with ultrasound imaging. *Journal of Anatomy*, 206:525-534.

Module 6: Encouraging Exclusive Breastfeeding



INSIDE THE BREAST—MILK FACTORIES

Key Talking Points:

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

Demonstration: Inside the Breast

Purpose: To help peer counselors visualize the milk-making tissue.

Materials Needed:

- Cluster of artificial grapes (or an image of grapes)

Time Needed: 1 minute

Instructions:

1. Explain that a cluster of grapes is similar to the milk-making tissue inside the mother's breast.
2. Just as the grapes are filled with grape juice, the milk-making cells (or factories) in the breast are filled with milk.
3. The grapes are connected to each other with small stems that connect to larger stems. The breast also connects the milk factories (alveoli) through milk highways (milk ducts) that transport the milk through the breast.

Take-away Points:

- This is a simple tool that you can share with new mothers to help them feel confident that they have the equipment they need to make milk.

Module 6: Encouraging Exclusive Breastfeeding

INSIDE THE BREAST—MILK STORAGE



Key Talking Points:

- Most women make an average of around 25-30 ounces of milk every 24 hours after the first month.
- Some mothers need to feed more often than others.
- This is because each mother has a different storage capacity, or the amount of milk her breast tissue can hold at one time. This is similar to the warehouse that a factory might have to store products before they are shipped out.
- Storage capacity varies from between breasts and from one woman to another.
- Women with a larger storage capacity give more milk at a time to their babies, and might be able to breastfeed a little less often.
- A woman with a small storage capacity makes a large amount of milk, but because her storage capacity is smaller, she may need to feed the baby a little more often.
- The AAP recommends that mothers follow their baby's lead and feed whenever the baby shows signs of hunger, or at least 8-12 times every 24 hours.⁷

Activity: Internal Structure of the Breast

Purpose: To help peer counselors reinforce what they have just learned about making milk.

Materials Needed:

For each small group:

- A sheet of flip chart paper
- A variety of craft supplies such as fringe, pompoms, fabric scraps, yarn, pipe cleaners, old magazines, etc.
- Glue
- Scissors
- Markers

Time Needed: 15 minutes

⁷ American Academy of Pediatrics. (2008). Pediatric Nutrition Handbook, 6th edition. Ed, Ronald E. Kleinman, MD. Elk Grove Village, IL: American Academy of Pediatrics.

Module 6: Encouraging Exclusive Breastfeeding

Instructions:

1. Provide each small group with a variety of children's craft supplies, glue, scissors, markers, and a sheet of flip chart paper to make a breast collage.
2. *For large groups:* this activity works well when dividing peer counselors into smaller groups of 4-5 each.
3. *For smaller groups or one-on-one learning:* ask the small group or individual peer counselors to make their own individual collage.
4. Ask each group to work together to create a collage that shows the parts of the breast.
5. Allow each individual or group to display their creation to the others. Post the creations on the wall or place in an area where they can be displayed. Creations could later be hung in the peer counselor's space in the WIC clinic or used as a visual in classes and mother's groups.
6. Be sure to take photos and praise all works of art.

Take-away Points:

- Begin sharing with mothers how their breast works during her pregnancy.
- Understanding how the breast works helps build confidence in your ability to make milk!

Phase II: Milk Production Begins



Key Talking Points:

- Around the middle of the mother's pregnancy, at 16-20 weeks, her body begins making the first milk, called colostrum.
- This can also be called concentrated milk because it is similar to a can of frozen juice that is packed with nutrients but low in water.
- Colostrum is thick, yellowish milk full of important infection-fighting ingredients.
- Some mothers leak a little colostrum while they are pregnant, and some do not. Either is normal.
- The amount of this concentrated milk is very small. This is because a baby's tummy is very tiny and does not stretch well in the first day or two.
- As the baby's tummy grows, the amount of milk a mother makes also grows.

Demonstration: Colostrum Volume

Purpose: To help peer counselors understand the reason for the small volume of colostrum

Materials Needed:

- Sample small bottle of infant formula typically given in your local hospital
- Teaspoon

Module 6: Encouraging Exclusive Breastfeeding

Time Allowed: 2 minutes

Instructions:

1. Hold up a teaspoon. Explain that this is the amount of colostrum, or concentrated milk, that a mother gives her baby in every feeding during the first day or two. Explain that this is how much her baby's tiny stomach can hold.
2. Hold up the bottle of infant formula. Show peer counselors that if you tried to pour that bottle into a teaspoon it would overflow.

Take-away Points

- The amount of colostrum in the early days is exactly what the baby's stomach can hold.
- The small volume also helps her baby's body begin the digestion process before the larger amounts of milk come.

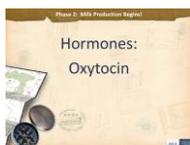
HORMONES—PROLACTIN



Key Talking Points:

- Once the baby is born, pregnancy hormones rapidly drop and the mother's body naturally releases a hormone necessary for making milk.
- This hormone is called prolactin and it causes her milk factories to begin making milk.
- The mother may notice that her breasts feel very full, usually by around days 2-3 after her baby is born.
- Even if she does not plan to breastfeed, her body will begin making milk because of this release of prolactin.

HORMONES—OXYTOCIN



Key Talking Points:

- A second hormone, oxytocin, releases the milk.
- Oxytocin causes the muscles around her alveoli to squeeze. This causes milk to flow out of the factories, through the highways, and out through the nipple.
- This is called a milk ejection reflect (MER) or milk release.
- Mothers may have heard the word *letdown* to explain this tingling or tightening sensation. This has nothing to do with feeling sad, but to the release of her milk.

Module 6: Encouraging Exclusive Breastfeeding

- Mothers may have 4-5 milk releases in every feeding, though she may only feel one of them. Each letdown releases more milk and pushes the fatty part of the milk through the breast so the baby feels satisfied.
- Many mothers also report they feel very thirsty and sleepy when the milk is released. Remind moms to keep a glass of water nearby in case they feel thirsty.
- Oxytocin is released more easily through nipple stimulation, skin-to-skin contact with the baby, and when mothers see, smell, or hear their baby.
- If the mother is in pain, afraid, or extremely stressed, oxytocin may not flow as freely. In many areas of the world and even following natural disasters when women are stressed their milk still flows. Breastfeeding also lowers the mother's stress levels.
- Remind mothers to get relaxed and comfortable when they breastfeed. This will help their milk to release more easily.

HORMONE RECEPTORS



Key Talking Points:

- These important hormones work when they can get into the breast tissue.
- Each mother builds hormone receptors in the first two weeks after the baby is born that allow the hormones to get into the breast.
- These receptors are similar to a door lock. The hormones are similar to the key. To get into the building, the key and lock must fit.⁸
- The more hormone receptors, the more milk a mother makes because the more hormones she is able to use.
- They are grown when babies breastfeed or the milk is removed by hand or with a breast pump.
- Giving formula supplements during the early weeks will cause her body not to make as many receptors as she needs.

⁸ West, *The Breastfeeding Mother's Guide to Making More Milk*, Chapter 7. New York: McGraw-Hill.

Module 6: Encouraging Exclusive Breastfeeding

Demonstration: Hormone Receptors

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

Materials Needed:

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

Time Needed: 3 minutes

Instructions:

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

Take-away Points:

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

Teaching Tip

Click on the **ANIMATION** button. Find the *Stick to Breastfeeding* animation developed by Texas WIC, also available online at: <http://www.breastmilkcounts.com>. The animation demonstrates the ping pong paddle as a visual aid to show how hormones stick more easily where there is a receptor.

Phase 3: Making Milk for Baby's Needs



Key Talking Points:

- The third stage of lactation is making milk long-term.
- The best way to make plenty of milk is to begin breastfeeding right after the baby's birth in the first hour, and to continue breastfeeding whenever the baby shows signs he is ready to eat. This could be every hour for a few minutes each time in the early days.

Module 6: Encouraging Exclusive Breastfeeding

IMPORTANT FIRST MONTH



Key Talking Points:

- The first two weeks after the baby is born is a critical period.
- Breastfeed on cue by keeping the baby near the mother so she can see and hear her baby and her baby and smell her.
- If the mother removes milk at least 8-12 times every 24 hours (by the baby or a breast pump) she will form the hormone receptors and finish growing her milk factories.
- This builds a high starting point for milk production and allows the baby to direct how much milk he needs.
- Every time the mother's milk is removed, her body replaces it for as long as she breastfeeds.
- Most babies are very sleepy on the first day or two after birth. After that, they wake more and it may feel tempting to want to give formula to get that sleepy "good" baby back. However, giving formula leads to problems with her milk production.
- If the mother offers formula:
 - Milk that stays in her breast signals her body to stop making more milk.
 - She will create fewer hormone receptors.
 - She will make less milk.
- This is why WIC gives little to no formula to breastfeeding mothers in the first month.
- Yield to your WIC Designated Breastfeeding Expert if the mother reports her baby is not able or willing to latch, or if the mother believes her baby is not able to breastfeed well.

IMPACT OF SUPPLEMENTATION



Key Talking Points:

- The breast makes milk continually by replacing the amount of milk that is removed.
- If milk is not removed because the baby is receiving another type of food, then production slows down. The more supplements she offers, the more her milk production drops.
- You can teach mothers about this law of "supply and demand" and encourage them to breastfeed exclusively to keep their production high.

Module 6: Encouraging Exclusive Breastfeeding

Demonstration: Impact of Formula Supplements on Milk Production

Purpose: To help peer counselors visualize the impact of formula supplementation on a mother's milk production.

Materials Needed:

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

Time Needed: 3 minutes

Instructions:

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

Take-away Points:

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

Teaching Tip

Click on the **ANIMATION** icon. Find the *Recipe for Breastmilk* animation developed by Texas WIC, also available online at: <http://www.breastmilkcounts.com/educational-activities.html>. The animation demonstrates that the more milk a baby removes, the more milk the mother makes.

Module 6: Encouraging Exclusive Breastfeeding

WIC FOOD PACKAGES



Key Talking Points:

- WIC food packages for breastfeeding mothers and babies help mothers get off to a good start with breastfeeding by providing extra foods and little or no infant formula.
- Fully breastfeeding mothers receive the Grand Deluxe food package to support her nutrition needs and to give her incentives to continue breastfeeding exclusively.
- This helps her give her baby the best gift of all: the gift of her priceless milk!
- Mothers who are fully breastfeeding need lots of extra support from their peer counselor to feel confident their baby is doing well.
- Reassure moms that the entire WIC team is here to help with support, education, breast pumps, education, and other resources.

87

Talking to Mothers About Milk Production



Key Talking Points:

- The best time to begin preparing mothers for their breastfeeding journey is to give information about how her breast makes milk during pregnancy.
- In the early days after her baby is born, she may need to be reminded why the small volume of her colostrum is important for her baby.
- Affirmation will help reassure her that her fears and concerns are normal.
- Beyond the early days, she may need continued reminders that exclusively breastfeeding will keep up her milk production and give her baby important health benefits that will last his lifetime.

Activity: Traveling from Worries to Confidence

Purpose: To help peer counselors gain confidence talking with mothers about their milk production.

Materials Needed:

- Handout 6.2: Traveling from Worries to Confidence

Time Needed: 5 minutes

Module 6: Encouraging Exclusive Breastfeeding

Instructions:

1. Ask individuals or small groups to look at Handout 6.2, *Traveling from Worries to Confidence*.
For larger groups: divide peer counselors into small groups of 4-6 each.
For smaller groups or one-on-one learning: conduct as a general discussion together.
2. Ask individuals or small groups to select a statement that a mother might say.
3. Discuss possible reasons why a mother might say this. Record thoughts in the column, *Reasons Why*. Identify an affirmation that can help reassure a mother and record it on the handout.
4. What information or solutions could be shared with the mother?

Points for Discussion:

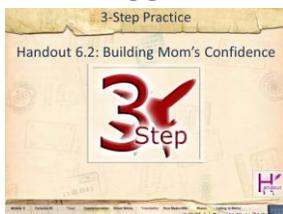
- What do you think mothers might be feeling when they say these things?

Take-away Points:

- Open-ended questions will help you explore a mother's concerns about making milk.
- Read between the lines to determine what she is most worried about when she doubts her ability to make milk.
- Affirmation will help mothers feel more open to solutions you offer to her.

88

3-Step Practice



Key Talking Points:

- You are a great source of support to mothers who lack confidence with breastfeeding.
- The 3-Step Counseling principles are especially effective in reassuring mothers that they will make plenty of milk for their baby.

Activity: 3-Step Practice: Building Mom's Confidence

Purpose: To apply principles learned in Module 6.

Materials Needed:

- Handout 6.3: 3-Step Practice: Application To Practice

Time Needed: 5 minutes

Module 6: Encouraging Exclusive Breastfeeding

Instructions:

1. Ask peer counselors to work on a real-life practice.
For larger groups: break peer counselors into small groups of 2-3, or ask them to work independently.
For smaller groups or one-on-one learning: ask peer counselors to work independently
2. Ask individuals or groups to read the real-life situation that they might encounter as a peer counselor.
3. Using your 3-Step Counseling skills, come up with appropriate questions, affirmation, and simple education to share with mothers.
4. Allow peer counselors to share their responses with the larger group.

Points for Discussion:

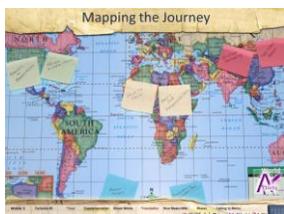
- How could you see yourself using this information with WIC mothers?

Take-away Points:

- Affirmation is a powerful tool to help mothers feel confident making milk.

89

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training.
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Module 6: Encouraging Exclusive Breastfeeding

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

90

Learning More



Ongoing Enrichment:

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

91

Passport to Success



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Ask your trainer or supervisor to stamp your Passport to Success to indicate the skills you learned in this module.
- You can be proud of the journey you are making.
- The valuable skills you are gaining will help WIC mothers feel confident they can make plenty of milk for their babies.

Teaching Tip: Mapping the Journey

Provide peer counselors with their Passport to Success, and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way for the peer counselor to record her training accomplishments and her personal journey of building new skills.

Module 7: Supporting New Breastfeeding Moms

Module 7: Supporting New Breastfeeding Moms

Overview

What happens in the first hours and days after birth makes a difference in whether WIC moms meet their goals for breastfeeding. This module addresses ways peer counselors can help mothers get off to the best start, including skin-to-skin contact, how to get the baby positioned and latched effectively, tips for success in the early days, and how to know the baby is doing well.

Topics Covered

- 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

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 7.1: Baby-Led Breastfeeding
- Handout 7.2: Breastfeeding Record for Baby's First Week
- Handout 7.3: My Breastfeeding Plan
- Handout 7.4: 3-Step Practice: Learning to Breastfeed
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

Core Competencies

- Describes practices that will get them off to a good start with breastfeeding.
- Demonstrates how to place mothers and babies skin to skin.
- Demonstrates effective positioning for breastfeeding, including biological nurturing/laid back nursing.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Explain the importance of and technique for skin-to-skin care for the mother and infant.
- Describe positions for breastfeeding, including biological nurturing/laid back nursing.
- Distinguish between an effective and ineffective infant latch.
- Explain the importance of feeding frequency and rooming-in to breastfeeding outcome.
- Describe hunger signs and when to know the baby is receiving enough milk.

Module 7: Supporting New Breastfeeding Moms

General Training Materials

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

Video Tools in the Video Section of the Presentation Platform:

- Video Segment: *The First 24 Hours*, found in the presentation platform under *Early Days/Skin-to-Skin*, in the WIC Works Resource System at: http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642, or through YouTube™ on the Internet.
- Video Segment: *The First Breastfeed*, found under *Early Days/First Hour*.
- Video Segments: *Skin to Skin*, found under *Early Days/Skin to Skin*.
- Video Segment: *Hunger Cues*, found under *Early Days/Success Tips*.
- Video Segment: *How Do I Know my Baby is Getting Enough?* found in *Early Days/Making Milk*.

Animations

- *Animated Latch*, available in the video section of the presentation platform under *Early Days/How to Breastfeed*

Training Materials by Activity

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

- Handout 7.1: Baby-Led Breastfeeding
- DVD: Baby-Led Breastfeeding: The Mother-Baby Dance, available from www.ilca.org
- Baby doll or stuffed animal, one per peer counselor (ask them to bring one from home)

Positioning Practice

- Baby doll or stuffed animal for each pair of peer counselors

3-Step Practice: Learning to Breastfeed

- Handout 7.4: 3-Step Practice: Learning to Breastfeed

Training Materials by Demonstration

Laid-Back Breastfeeding

- DVD, Biological Nurturing: Laid-Back Breastfeeding for Mothers, available from www.geddesproductions.com
- Baby doll or stuffed animal for each peer counselor (ask them to bring one from home)

Breastfeeding Positions: Cradle hold, Clutch hold, Side-lying

- A baby doll or stuffed animal for each peer counselor

What's Wrong with This Picture?

- Series of 4 pictures of incorrect positioning *or* a baby doll or stuffed animal

Module 7: Supporting New Breastfeeding Moms

Breast Compression

- A breast model
- Video snippet, *Breast Compression* (in the presentation)
- Balloon breasts used in Module #6 (if still available)

Stool Demonstration

- 1-3 small empty baby food jars, or small, clear containers
- 1-3 newborn sized disposable diapers
- Mustard
- Cottage cheese
- Sesame seeds
- Molasses
- Q-tips

DVDs

- DVD: Baby-Led Breastfeeding: The Mother-Baby Dance, available at www.ilca.org or www.geddesproductions.com.
- DVD: Biological Nurturing: Laid-Back Breastfeeding for Mothers, available from www.ilca.org or www.geddesproductions.com.

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 7: Supporting New Breastfeeding Moms

Facilitator Notes

92



Supporting New Breastfeeding Moms

Key Talking Points:

- During the first hour and days after a baby is born, mothers need *Loving Support*® to make breastfeeding work.
- Because many mothers face challenges during this period, they may begin formula supplements or wean altogether.
- You are an important support during this early time when moms are getting to know their babies and learning about breastfeeding.
- What to expect in this module:
 - We will learn about the amazing talents of a new baby, and ways to snuggle with babies skin-to-skin, which helps them follow their instincts and find the breast by themselves.
 - We'll also learn about some easy tips for success that can make breastfeeding go more smoothly.

93



Getting It Right from the Start

Key Talking Points:

- Before you take a trip, it helps to know where you are going and what you need to do to get there.
- How you begin the journey can make the difference!

Teaching Tip

Video Clip: Click on the **VIDEO** icon on this slide to show the video clip, *The First 24 Hours*, found in the presentation platform under *Early Days/Skin-to-Skin*. The video features WIC mothers sharing their experience with breastfeeding in the hospital.

Module 7: Supporting New Breastfeeding Moms

94

The Magic First Hour



Key Talking Points:

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

95

Baby's Journey to the Breast



Key Talking Points:

- Immediately after birth, a newborn makes an all-important journey to the breast.
- Babies actually have inborn abilities to find the breast and can latch on all by themselves when they are placed at the mother's chest, which feels, smells, and sounds like home.

96

SKIN-TO-SKIN



Key Talking Points:

- A baby is exhausted right after birth. Home is in the arms of his mother.
- When babies snuggle against their mother's chest, they feel calm, safe, and warm.
 - The baby can hear the mother's heartbeat that he knows so well.
 - He smells the mother's familiar scent.
 - His pain is reduced, and in his calm, relaxed state, he can use his energy to begin his journey to the breast.
- You can prepare a mother for this magic moment by suggesting she talk to her care providers about holding her baby skin-to-skin in the first hour after birth and beyond.
- Skin-to-skin means that the baby is wearing nothing but a diaper, and is placed right against the mother's chest so that his entire body faces the mother's body. A lightweight blanket can be placed over the baby.
- Skin-to-skin contact:

Module 7: Supporting New Breastfeeding Moms

- Keeps the baby warm¹.
- Stabilizes the baby's heart and breathing.
- Lowers pain levels for both the baby and mother².
- Reduces infant crying³.
- Helps the mother and baby feel close⁴.
- Helps the baby breastfeed by triggering feeding reflexes⁵.

97

BABY'S SENSES



Key Talking Points:

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

Teaching Tip

Click on the **SLIDE SHOW** of babies using their five senses. As you click on each photo, share the information.

- Touch: When babies touch the mother's body, it triggers the stepping or crawling reflex, which allows them to begin crawling toward the breast.
- Sight: Babies love to look at eyes, and are able to see a distance from the mother's arms to her eyes.
- Hearing: Babies recognize the voice of their mothers and fathers. When a mom talks to her baby, he breastfeeds longer.
- Smell: Babies use their strong sense of smell to seek out smells they like.
- Taste: When babies get to the breast and smell their mothers' unique aroma, they begin to salivate and make mouthing motions. They may lick their hands and the breast. The tongue action shows the baby how he will need to suck at the breast once he is latched.
- Latch: Once babies make it to the breast they typically latch well. The following three slides show the sequence of this newborn opening his mouth wide to take in a large amount of breast.

¹ Gardner S. (1979). The mother as incubator after delivery. *JOGNN*, 174-176.

² Ludington-Hoe SM, Hosseini R & Dorowicz D. (2005). Skin-to-skin contact (kangaroo care) analgesia for preterm infant heel stick. *AACN Clinical Issues*, 16(3):373-387.

³ Christianssen K, Christianssen E, Uvnas-Moberg K & Winberg J. (1995). Separation distress call in the human neonate in the absence of maternal body contact. *Acta Paediatrica Scandinavica*, 84:468-473.

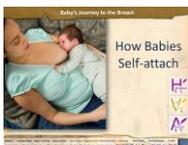
⁴ Feldman R, Eidelman A, Sirota L & Weller A. (2006). Comparison of skin-to-skin (kangaroo) and traditional care: parenting outcomes and preterm infant development. *Pediatrics*, 110:16-26.

⁵ Anderson CG, Moore E, Hepworth J & Bergman N. (2003). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. Issue 2, Art No.:CD003519. DOI:10.1001/14651858. CD003519.

Module 7: Supporting New Breastfeeding Moms

98

HOW BABIES SELF-ATTACH



Teaching Tip

Click on the **VIDEO** icon and locate the video, *The First Breastfeed: Nature's Way*, found in the presentation platform under *Early Days/First Hour* to see how babies can make the journey to the breast by themselves. This 3-minute video from the New Zealand Breastfeeding Authority shows a newborn in the first hour after birth, and is restricted to this curriculum.

Take-away Points

Babies have natural instincts and reflexes right from birth that are triggered by skin-to-skin contact to help them find the breast.

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

Purpose: To help peer counselors see what baby-led breastfeeding looks like.

Materials Needed:

- Handout 7.1: Baby-Led Dance
- DVD: *Baby-Led Breastfeeding: The Mother-Baby Breastfeeding*, available from www.ilca.org
- Baby doll or stuffed animal, one per peer counselor (ask them to bring one from home)

Time Needed: 10 minutes

Instructions:

1. *For large and small groups:* ask each peer counselor to hold their stuffed animal or doll the same way shown on the DVD, *Baby-Led Breastfeeding: The Mother-Baby Dance*.
2. Demonstrate the baby-led breastfeeding technique by holding your baby doll or stuffed animal against your chest.
3. Explain that the baby's body faces the mother's body, and the mother's body acts as a frame to support the baby. Place one hand on the baby's bottom and one hand at the top of his shoulders to support his neck.
4. Ask peer counselors to practice with their own "baby" while you demonstrate the process.
5. Point out in the video that as the baby begins to make his way to the breast, mom follows his lead and gives baby time to attempt latching to the breast. He will often position himself with his nose to nipple and lead into the breast with his chin, just how a good latch is described in lactation textbooks.

Module 7: Supporting New Breastfeeding Moms

6. Watch 5 minutes of the video, and ask training attendees to fill out Handout 7.1, Baby-Led Dance, after watching the DVD and following along with their dolls.

Points for Discussion:

- What did you think about this technique?
- What surprised you?

Take-away Points:

- “Head-bobbing,” or coming off the breast and going back on, can frustrate a mother and make her think she’s doing something wrong.
- Let her know that this may be the baby trying to get himself on the breast just right. He’s looking for the “sweet spot.” It is normal for the baby to try to latch several times to get it just right for him.
- Learning about a baby’s in-born abilities plants seeds of confidence for his mother. Encourage the mother to give him the opportunity to be skin to skin with her as soon after birth as possible and allow him the time to find his way to the breast.
- Rushing the process might skip over key steps the baby needs to take to get to his destination.

99

LAI D BACK BREASTFEEDING



Key Talking Points:

- Besides skin-to-skin contact, the *way* mothers hold their babies can help trigger sucking reflexes that help their babies breastfeed well.
- When mothers hold their babies in the traditional cradle hold, babies are working *against* gravity and may not always attach effectively when they are first learning to breastfeed.
- When mothers lie back semi-reclined, babies work *with* gravity and it becomes much easier for them to attach properly.
- Having the baby’s body entirely against the mother’s body triggers special sucking and feeding reflexes.⁶
- Laid back nursing is also more comfortable for mothers because they are more relaxed, with the weight removed from their arms, back, and neck.
- As a peer counselor, you can also be laid back in how you talk to mothers by letting them take the lead. Show confidence that the baby’s abilities will be triggered when he is lying on the mother’s body, and let the mother take the lead in showing you what she wants to do.

⁶ Colson S. (2010). *An Introduction to Biological Nurturing: New Angles on Breastfeeding*. Amarillo, TX: Hale Publishing.

Module 7: Supporting New Breastfeeding Moms

Demonstration: Laid Back Breastfeeding

Purpose: To help peer counselors understand the laid back breastfeeding approach.

Materials Needed:

- DVD, *Laid Back Breastfeeding for Mothers*, available from www.ilca.org or *Biological Nurturing Laid Back Breastfeeding for Mothers*, available from www.geddesproduction.com.
- Baby doll or stuffed animal for each peer counselor (ask them to bring one from home)

Instructions:

1. Demonstrate the laid back breastfeeding technique with peer counselors.
2. Ask them to sit upright in their chair and hold their baby in a traditional cradle hold. Notice where they feel tension in any part of their body.
3. Now ask peer counselors to lean back in their chair as far as they can and place their stuffed animal on top of their chest. Notice what happened to any feelings of tension they had before.
4. Show all or part of the DVD, *Laid Back Breastfeeding for Mothers*.
5. Invite a volunteer to come forward and practice being the mom while you demonstrate the position. The mom can remain while you review the next slides addressing signs of good attachment and other positions.

Take-away Points

- When both mother and baby are more comfortable, breastfeeding becomes easier and more natural.
- Laid back breastfeeding can be done in the hospital, at home, or at WIC.
- Laid back breastfeeding does not require special equipment and is easy to teach.

100

Signs of Good Attachment



Key Talking Points:

- You can help mothers tell you how they know when their baby is latched well.

Teaching Tip

Click on the **VIDEO** icon to view videos about positioning and latch, including *Holds*, found in the presentation platform under *Early Days/Breastfeeding Positions*, or *Latch*, found under *Early Days/How to Breastfeed*.

Module 7: Supporting New Breastfeeding Moms

Demonstration: Latch

Purpose: To help peer counselors visualize how a baby attaches to the breast.

Materials Needed:

- DVD: *Animated Latch*, found in the presentation platform under *Early Days/How to Breastfeed*
- Baby doll or stuffed animal, one per peer counselor (ask them to bring one from home)
- Plastic bagel or hamburger, or an actual large sandwich, or balloons

Time Needed: 3 minutes

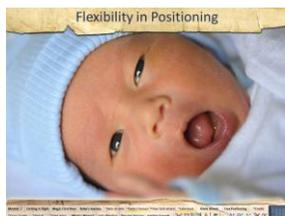
Instructions:

1. Show the video snippet, *Animated Latch* to demonstrate how a baby attaches to the breast.
2. Do a guided demonstration with the baby doll.
3. Using the plastic bagel or sandwich, tuck your chin to your chest and try to get a good mouthful.
4. Ask the peer counselors to do the same and try to open wide. Explain that the upper jaw does not move; it is the lower jaw that has the ability to move.
5. Now hold the plastic bagel or sandwich even with your mouth and open wide. While this is better, you still get a nose full of bread.
6. Finally, show how humans tend to eat large sandwiches by tilting their head back and leading in with their chin to come up over the sandwich. This is how babies tend to attach to the breast, as well.

Take-away Points

- It is crucial for mom's comfort and for baby's ability to get plenty of milk that they latch well.
- As baby comes on to the breast with his chin, his nose will be opposite the mother's nipple.
- Though moms can position their babies in many different ways, this principle of leading in with the chin is the same in all of them.

101



Flexibility in Positioning

Key Talking Points:

- No one position can meet the needs of every baby or mother.
- Using the laid back nursing position described earlier may help get breastfeeding started well in the early days.
- There is no one right position for every situation.
- There are many other ways to position the baby once the mother and baby become more practiced at breastfeeding. This helps moms select options they feel work best for them.
- As the baby grows, the right position can be anything that the mother

Module 7: Supporting New Breastfeeding Moms

feels works for her as long as the baby gets milk and the mom is comfortable.

- When helping mothers with positioning, remember that the mother learns more by doing it herself. Your job is to be her coach, giving her some gentle suggestions on the side as needed.
- If the mother has very large breasts or has difficulty positioning her baby, yield to the WIC Designated Breastfeeding Expert because her comfort and milk production can be compromised and her baby may not gain weight properly.

Teaching Tip

Click on the **VIDEO** icon to view the Baby GooRoo video, *Holds*, found under Early Days/Breastfeeding Positions.

102

CRADLE HOLD



Demonstration: Cradle Hold

Purpose: To help peer counselors visualize and remember the common cradle hold position for breastfeeding.

Materials Needed:

- A baby doll or stuffed animal for each peer counselor

Time Needed: 3 minutes

Instructions:

1. Ask peer counselors to follow along with their own doll or stuffed animal, or their own baby they might have with them at the training, while you demonstrate the cradle hold position.
2. Use the volunteer practicing as the mom to demonstrate the position. Avoid putting her on the spot by asking her to do the demonstration on her own; you will guide her through the steps of positioning the baby to show the group.
3. Show that the baby's body is turned so he faces the body of the mother.
4. Show that the baby's ear, shoulder and hips are aligned and that the baby's body is supported by the mother's forearm.

Module 7: Supporting New Breastfeeding Moms

5. After the demonstration, ask the peer counselors to turn to someone next to them and pretend they are helping a new mom to learn this position.
6. Peer counselors can take turns being the counselor and the mom.
7. Ask peer counselors to practice using a cradle hold that is more “laid back.” Discuss the laid-back approach they may want to take to help moms feel supported and confident.

Take-away Points

- Many mothers prefer the cradle hold position, especially when they will be out in public.
- Some mothers find it helpful to support their arm with a pillow so that their arm doesn’t become fatigued.
- A small footstool, telephone book, or textbooks to rest her feet on can also shift the weight and relieve tension.
- Note to peer counselors that as they talk to mothers about positioning, whether in person or over the phone, it is crucial to keep our language as simple as possible, use lots of affirmation, and remember to reinforce with the mother that she and her baby will find what works best for them and that they can do this!
- Emphasize that we take a hands-off approach with mothers when it comes to helping them with positioning.

103

CROSS-CRADLE HOLD



Demonstration: Cross-cradle Hold

Purpose: To help peer counselors visualize and remember the cross-cradle hold, which can be used for special situations when the baby does not stay attached well.

Materials Needed:

- A baby doll or stuffed animal for each peer counselor

Time Needed: 3 minutes

Instructions:

1. Ask peer counselors to follow along with their own doll or stuffed animal, or their own baby they might have with them at the training, while you demonstrate the cross-cradle hold position.
2. Use the volunteer practicing as the mom to demonstrate the position.

Module 7: Supporting New Breastfeeding Moms

3. Begin by holding the baby in the traditional cradle hold as described before.
4. Show that you will place your free hand around the baby, supporting his neck, with his body across your forearm.
5. Remove the other arm.
6. Note that the baby's ear, shoulder, and hips are still aligned and that his body is flexed which might make it difficult for him to get close enough to his mother's body for a good latch. The difference is that he is supported by the mother's other forearm.
7. After the demonstration, ask the peer counselors to turn to someone next to them and pretend they are helping a new mom to learn this position.
8. Peer counselors can take turns being the counselor and the mom.
9. Ask peer counselors to practice using a cross-cradle hold that is more "laid back." Discuss the laid-back approach they may want to take to help moms feel supported and confident.

Take-away Points

- This position can work well for babies who do not attach well, or who continually slip down, because the mother is able to provide greater support behind the baby's neck to stabilize him.
- Remind moms to be careful about pushing on the back of the baby's head with this position, as this can cause the baby to push against her hand and pull away from the breast.

104 CLUTCH HOLD



Demonstration: Clutch Hold

Purpose: To help peer counselors visualize and remember the clutch hold.

Materials Needed:

- A baby doll or stuffed animal for each peer counselor

Time Needed: 3 minutes

Instructions:

1. Ask peer counselors to follow along with their own doll or stuffed animal, or their own baby they might have with them at the training, while you demonstrate the clutch hold position.
2. Use the volunteer practicing as the mom to demonstrate the position.
3. Bring the baby doll to your side, and show how the baby lies on his back against your forearm, and comes up over the breast from underneath.

Module 7: Supporting New Breastfeeding Moms

4. Show how the baby's legs need to be supported against a pillow or the back of the chair or bed headboard. The mother's hand supports the baby's neck.
5. The baby still leads in with his chin, and his nose is angled toward the top of the mom's nipple.
6. After the demonstration, ask the peer counselors to turn to someone next to them and pretend they are helping a new mom to learn this position.
7. Peer counselors can take turns being the counselor and the mom.
8. Ask peer counselors to practice using a clutch hold that is more "laid back." Discuss the laid-back approach they may want to take to help moms feel supported and confident

Take-away Points

- This position can work well for a mom with extremely large breasts, or moms with twins.
- This position also works well for moms who have had a c-section because it takes the pressure off of her incision.

105

SIDE-LYING



Demonstration: Side-lying

Purpose: To help peer counselors visualize and remember the side-lying position.

Materials Needed:

- A baby doll or stuffed animal for each peer counselor

Time Needed: 3 minutes

Instructions:

- Ask peer counselors to follow along with their own doll or stuffed animal, while you demonstrate the side-lying position.
- Use the volunteer practicing as the mom to demonstrate the position.
- Begin by asking peer counselors to lean as far back in their chair as possible and turn to their side, as if they are lying on their side in bed.
- Show how the baby can be placed with his body facing the mother's body, similar to the cradle hold, with the baby supported against the mother's arm and his bottom supported by her hand.
- Show that the baby's body is still in a straight line, not curled under, and the baby still leads in with his chin again, with the nose angled toward the nipple.

Module 7: Supporting New Breastfeeding Moms

- After the demonstration, ask the peer counselors to turn to someone next to them and pretend they are helping a new mom to learn this position.
- Peer counselors can take turns being the counselor and the mom.

Take-away Points:

- This position can work well for mothers who need to get more rest, and is a favorite position of many mothers.
- A rolled-up receiving blanket or towel can help give support to the baby's back. It should not reach the baby's head and it should allow him to pull away and breathe if needed.
- Pillows between the mother's legs and behind her back will give her some extra support, as well.
- With side-lying positions, safety is paramount! Moms should not breastfeed lying down if they:
 - Smoke
 - Are overly tired or are using pain medications that make them sleepy
 - Use a pillow top or egg crate mattress

106

What's Wrong with This Picture?



Demonstration: What's Wrong with This Picture?

Purpose: To help peer counselors apply what they have learned about positioning and latch.

Materials Needed:

- Series of 4 pictures of incorrect positioning
OR a baby doll or stuffed animal

Time Needed: 3 minutes

Instructions:

- Click on the *PHOTO STORY* icon and click on the series of slides titled, Incorrect Breastfeeding.
OR: use your volunteer with a baby doll or stuffed animal to demonstrate several incorrect positions or attachment that might make a mother uncomfortable or sore.

Module 7: Supporting New Breastfeeding Moms

1st Set of Photos Show:

- Photo #1: mother is in an uncomfortable breastfeeding position (suggest the mother get comfortable with pillows and lies back so she is not hunched over).
- Photo #2: baby is lying on the back instead of facing the mother (suggest the mother turn the baby so his body faces her body).
- Photo #3: baby's mouth is not open wide (suggest the mother move the baby so he will be able to move his bottom jaw).
- Photo #4: baby is only latched onto the mother's nipple.

2nd Set of Photos Show:

- Photo #1: baby is having to turn to reach the breast and is not open wide (suggest the mother bring the baby in close to face his food and help baby open wide).
- Photo #2: baby is lying on his back and turning his head, while mother is covering the dark part of her breast with her hand (encourage the mom to move her hand back so she is not covering her breast, and turn the baby to face the breast).
- Photo #3: mom is leaning over to feed the baby and baby is barely latching (encourage the mom to try laid-back breastfeeding to become more comfortable, and help baby turn to face the breast).

3rd Set of Photos Show:

- Photo #1: baby is not in a straight line or facing the breast, and mom's hand is in the area where baby needs to latch (suggest the mom align the baby's body and turn to face her breast; she can also move her hand further back so she is not covering the area where the baby's mouth goes).
- Photo #2: mom is hunched over and looks uncomfortable (suggest the mom use some pillows to gain support and bring the baby to breast level).
- Photo #3: baby is lying on her back (suggest the mom turn the baby to her side so she is facing the breast).
- Photo #4: baby is not opening wide (suggest the mom remove her hands from around the breast to help baby open wide).

Points for Discussion:

- If the mother of this baby told you her nipples were sore, what suggestions would you make?

Take-away Points

- Creative solutions can help make breastfeeding comfortable for mothers.

Module 7: Supporting New Breastfeeding Moms

107

Let's Practice



Activity: Positioning Practice

Purpose: To help peer counselors practice helping moms position and latch their babies in a counseling setting.

Materials Needed:

- Baby doll or stuffed animal for each pair of peer counselors

Time Needed: 15 minutes

Instructions:

1. Ask peer counselors to find a partner to pair up with.
For larger groups: assist peer counselors in finding a single partner. If there is someone without a partner, the trainer or an assistant trainer can assist.
For smaller groups or one-on-one learning: the trainer may need to be the partner.
2. Provide each pair with a doll, stuffed animal, or the mother's own baby if she is comfortable doing so.
3. One peer counselor should play the part of the mother. The other peer counselor should play the part of the mother.
4. Ask the peer counselors to pretend they are in the WIC clinic or a support group meeting and the mother says she is very sore with breastfeeding and needs help getting her baby to latch without pain.
5. After the practice, ask peer counselors to trade roles, and practice again. This time, pretend the mother has had a c-section and is very uncomfortable breastfeeding.
6. After practicing, ask peer counselors to sit back-to-back and practice giving a mother advice on how to breastfeed over the telephone. The person playing the peer counselor should try to use picture words to help give visual signs of what to do. The person playing the mother should do exactly as she is told. When done, turn around so the counselor can see how the baby is positioned.
7. Optional: invite the peer counselors to switch roles again, and still back-to-back, practice telling how to do another position.
8. Remind peer counselors to use their 3-Step Counseling principles to affirm the mother and to ask open-ended questions.
9. Throughout the activity, walk around the room to observe, and use lots of affirmation to reassure peer counselors they are doing well. Point out expressions they use that are effective, and praise them in front of their peers.

Module 7: Supporting New Breastfeeding Moms

10. During the discussion, write down any picture words you heard peer counselors using. Ask peer counselors to write these down in their binder to refer to later.

Points for Discussion:

- What position did you choose to suggest to moms as you practiced counseling in an in-person setting? Why?
- What was easy about this activity?
- What made it hard?
- What picture words were effective in communicating the steps to breastfeeding?

Take-away Points:

- Teaching mothers different ways to breastfeed takes practice.
- Some peer counselors find it helpful to have a baby or doll in their arms while they are explaining it over the phone. This helps them to remember to use picture words.

108

Tips for Success



Key Talking Points:

- Giving the new mother guidelines on when and how often to breastfeed will help her feel confident with breastfeeding.

Teaching Tip

Ask peer counselors to think back to their own experiences breastfeeding, and the different types of advice they received. If they could point to one piece of advice that was most helpful for them in helping breastfeeding go smoothly, what would it be? Allow for discussion.

Click on the **TIPS FOR SUCCESS** button on this slide to bring up a series of slides that show important ways to be sure breastfeeding gets off to a great start. Ask the peer counselors which tips they would like to talk about first.

Module 7: Supporting New Breastfeeding Moms

	1	2	3
TIPS FOR SUCCESS	Breastfeed early and often	Breastfeed 8-12 times per day	Watch the baby, not the clock
Look for baby's signs of hunger	Let the baby finish the feed	Avoid formula, bottles and pacifiers	My breastfeeding plan for success checklist
4	5	6	7

-
- 1 Breastfeed early and often**
- When babies begin breastfeeding in the first hour, it signals their milk factories to start making milk. It also helps babies begin to breastfeed while they are alert and ready to learn.
-
- 2 Breastfeed 8-12 times per day**
- Breastfeeding 8-12 times a day assures that the baby is getting enough calories, and tells her body to make lots of milk for the baby.
-
- 3 Watch the baby, not the clock**
- Mother's milk is fully digested in about an hour and a half. Since we don't know the size of her storage capacity it's best to let the baby tell her when it's time to eat again.
 - If the baby does not wake on his own after about three hours, she can change the baby's diaper and place him skin-to-skin on her breast in the laid-back position. Breast compression can also be used as babies can transfer milk very well when they are in a light sleep or drowsy state.
 - Yield to your WIC Designated Breastfeeding Expert if the baby does not waken to breastfeed 8-12 times every 24 hours, or if the mother is concerned about her baby's feeding patterns.
 - Sometimes babies cluster feed, or group several feedings together, often in the evenings. This is normal and may be the baby's way of dealing with overstimulation or preparing for a longer sleep stretch.
-
- 4 Look for baby's signs of hunger**
- Babies often show signs they are hungry by:
 - Sucking on their fist
 - Making mouthing movements
 - Smacking their lips
 - Moving their head around
 - Rooting or turning the head to search for the breast
 - Crying is a LATE sign of hunger.
-

Module 7: Supporting New Breastfeeding Moms

- Some babies become so upset it is difficult to calm them to feed. Watching for hunger signs will help the baby breastfeed well when he is more calm and relaxed.
 - Babies who are born early (before 38 weeks) may not show strong hunger cues. Parents will need to pay attention to how long it has been since the last feeding so they can feed frequently enough.
-

Teaching Tip

Click on the **VIDEO** icon to view the Baby GooRoo video, *Hunger Cues*, found in the presentation platform under *Early Days/Success Tips*.

-
- 5 Let the baby finish the feed
- Each baby has his or her own unique feeding style. One baby may be efficient at removing milk quickly and spend less time at the breast. Another baby may prefer to take longer.
 - A mother can follow her baby's lead to be sure she is not limiting the time at the breast.
 - This will help assure that the baby is getting enough fat, which helps the baby feel full. The amount of fat in the milk increases as the feeding progresses.
 - Usually, mothers can end the feeding when the baby's hand relaxes, he stops drinking, and he drifts off to sleep and comes off the breast on his own. The mother can burp him, change his diaper, and offer the other side if her breast feels softer.
 - If the baby is not interested in the second side, she can offer that breast first at the next feeding. She can pump a little milk from that side if she is uncomfortably full and the baby is not interested.
 - If the baby does not stay interested, she can try breast compression.
 - Breast compression is a gentle squeeze of the breast while the baby is latched on.
 - Whenever the baby stops suckling and swallowing, gently squeeze the breast with the hand far enough behind the areola to avoid interfering with latch.
 - Hold the compression until the baby starts to suckle again. Babies respond to milk flowing and will rouse to begin swallowing again when there is something to drink.
 - Release the compression and repeat when the baby slows down again.
-

Module 7: Supporting New Breastfeeding Moms

Demonstration: Breast Compression

Purpose: To help peer counselors visualize the technique of breast compression.

Materials Needed:

- A breast model
- Balloon breasts used in Module #6 (if still available)

Time Needed: 1 minute

Instructions:

1. Use a breast model to demonstrate where to place the hands to do breast compression.
2. If peer counselors still have their balloons from Module #6, they can practice with the balloon.
3. Ask peer counselors to follow along with their balloons as they watch you demonstrate.
4. Point out how the baby began drinking more actively when the mother compressed her breast.

Take-away Points

- Breast compression helps rouse a sleepy baby, and helps release more milk to the baby.
- A peer counselor would never do the compression *for* the mother. Mothers compress their own breasts.

-
- | | | |
|---|---------------------------------------|---|
| 6 | Avoid formula, bottles, and pacifiers | <ul style="list-style-type: none">▪ Babies use their tongues differently when they breastfeed than when they take a bottle.▪ Babies need time to learn how to breastfeed before offering other nipples.▪ Babies can find it hard to learn several different skills at once.▪ Offering bottles before the baby has a chance to learn to breastfeed can cause the baby to prefer the easy bottle nipple, which allows the milk to flow out faster. |
|---|---------------------------------------|---|
-
- | | | |
|---|---|---|
| 7 | My breastfeeding plan for success checklist | <ul style="list-style-type: none">▪ See Handout 7.3, My Breastfeeding Plan.▪ This checklist is a great way for moms to communicate with the hospital or doctor what they feel will help them get breastfeeding off to a great start. |
|---|---|---|
-

Module 7: Supporting New Breastfeeding Moms

Discussion

Think back to a new skill you learned as an adult.

- How did you feel when you first started learning this skill?
- Can you describe any awkward or funny moments you had while learning it?
- Imagine you are learning to dance for the first time. Before you have a chance to learn the steps, the instructor begins teaching a new dance, and then a third dance. How would you feel?

109



How to Know Baby Is Getting Enough

Key Talking Points:

- Mothers can be sure their babies are getting enough when:
 - Their breasts soften during the feeding.
 - The baby breastfeeds 8 to 12 times every 24 hours, including at night.
 - The baby awakens on his own to feed.
 - The mother can hear her baby swallowing in a rhythmic way.
 - The baby seems satisfied and content after feeding, and extremities are relaxed.
- The baby has plenty of wet and dirty diapers.
 - 3-5 wet diapers and 3-4 stools by days 3-5.
 - 4-6 wet diapers and 3-6 stools by days 5-7.
 - Less than 4 soiled diapers by day 4 is an indication the baby is not getting enough to eat.⁷ Yield the mother to the WIC Designated Breastfeeding Expert.
- A baby's first poops are dark, tarry stools called meconium. The concentrated milk, colostrum, helps the baby eliminate this stool to prevent jaundice.
- As the mother's milk transitions in, the stools change colors to a seedy, yellowish color that looks like a mixture of mustard, cottage cheese, and sesame seeds.

⁷ Nommsen-Rivers L, Heinig J, Cohen R & Dewey K. (2008). Newborn wet and soiled diaper counts and timing of onset of lactation as indicators of breastfeeding inadequacy. *Journal of Human Lactation*, 24(1):27-33.

Module 7: Supporting New Breastfeeding Moms

Teaching Tip

Click on the **VIDEO** icon to view the Baby GooRoo video, *How Do I Know My Baby is Getting Enough?* found in the presentation platform under *Early Days/Making Milk*.

Refer to:

- Handout 7.2: Breastfeeding Record for Baby's First Week
- Handout 7.3: My Breastfeeding Plan

Demonstration: Stool Demonstration

Purpose: To help peer counselors visualize the different types of baby stools.

Materials Needed:

- 1-3 small empty baby food jars, or small, clear containers
- 1-3 newborn sized disposable diapers
- Mustard
- Cottage cheese
- Sesame seeds
- Molasses
- Q-tips

Time Needed: 3 minutes

Instructions:

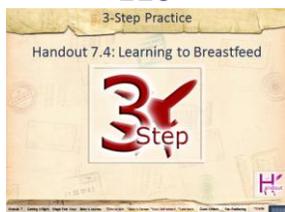
1. Mix up a batch of baby breastfed "poop" by mixing up the following ingredients: 1 tsp. mustard, 1-2 tbsps. cottage cheese, 2 tsp. sesame seeds. Place in the baby food jar and add a little water. Mix well.
2. Optional: mix up a second batch of "poop" by adding some molasses to resemble transitional poop. The remaining jar or container can be used for just molasses.
3. Ask for a volunteer to assist. Give the volunteer the jar of breastfed "poop" and ask them to dip the Q-tip into the jar and make a mark on the diaper. Hold up the diaper and ask peer counselors if this might be a "poop" to count among the 3-4 soiled diapers per day. [No]
4. Ask the volunteer to pour all of the contents of the jar into the diaper. Hold up the diaper and ask peer counselors if this might be a "poop" that would count. [Yes]
5. Place the molasses on a diaper to show what a meconium stool might resemble.
6. Pour the transitional "poop" onto a third diaper to show what a transitional stool might resemble.

Take-away Points

- Although we cannot see how much breastmilk goes into a baby, we *can* watch the dirty diapers to know how the baby is doing.
- If the baby's stools are not transitioning from meconium to yellowish breastfed stools by day 4, an expert will need to assess the mother and baby to be sure things are going okay.
- Often the issue is that mothers are not feeding often enough or long enough in the early days.

Module 7: Supporting New Breastfeeding Moms

110



3-Step Practice

Key Talking Points:

- You are a great source of support to new mothers who are first learning to breastfeed.
- The 3-Step Counseling principles are especially effective with brand new mothers who are learning the new skill of how to breastfeed.
- Mothers will need lots of encouragement, as it is very easy to become discouraged if their baby is fussy or they feel things are not going well.

Activity: 3-Step Practice: Learning to Breastfeed

Purpose: To help peer counselors practice counseling a mother who is learning to breastfeed.

Materials Needed:

- Handout 7.4: 3-Step Practice: Learning to Breastfeed

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 7.4, 3-Step Practice: Learning to Breastfeed
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings of new mothers who are learning to breastfeed?
- What affirmations help them feel relaxed and confident they are doing well?

Take-away Points:

- New mothers often feel very vulnerable as they are learning to breastfeed.
- No matter what situation a mother encounters, affirmation is a peer counselor's power tool.

Module 7: Supporting New Breastfeeding Moms

111

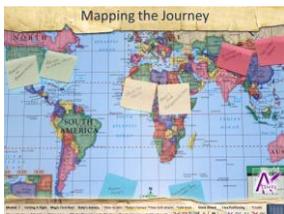


Yield!

Key Talking Points:

- If the mother has trouble latching her baby despite your suggestions, or if the tips for success you have shared with her have not improved breastfeeding, always yield to the WIC Designated Breastfeeding Expert.
- Always yield to the WIC Designated Breastfeeding Expert if you or the mother is in any way uncomfortable with how the baby is doing. Newborns can get into trouble very quickly when they are underfed.
- Many things can go awry quickly in the early days of breastfeeding, so frequent follow-up and support will make the difference in keeping small issues from becoming big ones.

112



Mapping the Journey

Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.

Module 7: Supporting New Breastfeeding Moms

- While it is not possible to learn everything needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

113

Learning More



Ongoing Enrichment:

- Read chapter 7, Your First Breastfeed, page 47-58 in *Breastfeeding: A Parent's Guide*. What are some new things you learned?
- Read chapter 4, Latching and Attaching, pages 62-81, and chapter 5, Ages and Stages, pages 85-102 in *The Womanly Art of Breastfeeding*.
- What are some of the feelings that mothers might have as you read the stories in these chapters?

114

Passport to Success



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making.
- You are learning valuable skills to help WIC mothers get breastfeeding off to a great start with their babies.
- These techniques will help mothers prevent many of the common concerns that often occur so that mothers can be confident continuing to breastfeed exclusively.
- You are not alone in this journey as the entire WIC circle of care will be there for both you and the mothers you serve when questions arise about how breastfeeding is going.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors' training accomplishments and chart their personal journey of building new skills.

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

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

Overview

When women receive accurate information and support for breastfeeding, they are usually able to prevent many of the common concerns that can sometimes arise. However, even in the best of circumstances, concerns can sometimes arise, particularly in the early days when a woman is easily overwhelmed with her new responsibilities as a mother and the changes in her body. This module addresses the role of peer counselors in offering mothers basic information and support to prevent common concerns, and simple strategies they can offer to new mothers. The module also addresses when to yield to the WIC Designated Breastfeeding Expert when situations arise that are outside the peer counselor's scope of practice.

Topics covered:

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

Time: 1.5 hours

Core Competencies

- Assists mothers with infant concerns that interfere with effective breastfeeding and infant growth.
- Assists mothers with preventing and managing common breastfeeding concerns.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Identify concerns with infant weight gain, supplementation and jaundice.
- Identify strategies to assist mothers with nipple pain, engorgement, plugged ducts and mastitis.
- Identify when help is needed to improve latch.
- Identify when mothers need help with milk production.
- Recognize when concerns are outside the peer counselor's scope of practice.

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

Materials and Supplies

Handouts

- Handout 8.1: Tourist Traps
- Handout 8.2: Solutions to Share with Mothers
- Handout 8.3: Message in a Bottle
- Handout 8.4: 3-Step Practice: When Things Don't Go As Planned
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

General Training Materials

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

Training Materials by Activity

Tourist Traps

- Handout 8.1: Tourist Traps
- Handout 8.2: Solutions to Share with Mothers
- *A Parent's Guide to Breastfeeding* (one book for each small group)

Message in a Bottle

- Bottles used for Message in a Bottle activity in Module 4
- Handout 8.3: Message in a Bottle
- Slips of paper sized to fit in the bottle

Hand Expression Practice

- Balloons from Module 6 (if still available), one for each peer counselor
- DVD: *Breastfeeding Techniques that Work: Hand Expression* by Kittie Frantz
- Or: online video, *Hand Expression of Breastmilk* by Dr. Jane Morton at <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Nipple Check

- Breast model(s)
- Breast balloons used in Module 6 (if still available), one for each peer counselor

3-Step Practice: When Things Don't Go as Planned

- Handout 8.4: 3-Step Practice: When Things Don't Go as Planned

Videos in the Video Section of the Presentation Platform

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

- The video section of the PowerPoint platform has numerous video sound bites from mothers who have experienced and overcome common breastfeeding concerns. See the presentation platform video section under *Challenges*.
- Video Segment: *Hard Part*, found in the presentation platform under *Challenges/General*.

Animations

- *Softening and Expressing* (available in the presentation platform or at the Texas WIC Website at: <http://www.breastmilkcounts.com/educational-activities.html>)

Training Materials by Demonstration

Engorgement

- 12-inch balloons and balloon pump

Pinching off the Flow

- Drinking straw

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

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

Facilitator Notes

115



Helping When Things Don't Go As Planned

Key Talking Points:

- Mothers often have questions about breastfeeding when they are learning more about how their body works and as they adjust to being a new mom.
- Breastfeeding does not usually entail serious problems. In fact, for many mothers, breastfeeding goes well, especially when mothers are prepared and have good support.
- When good breastfeeding practices are followed, most breastfeeding problems can be prevented.
- Occasionally things do not go the way the mother planned, even in the best of situations.
- What to expect in this module:
 - We will address some of the common concerns and questions mothers have about breastfeeding, and simple ways you can help when problems arise.
 - We will also learn why it is important to provide immediate follow-up to mothers having problems, and to yield them to the WIC Designated Breastfeeding Expert when their problems do not resolve quickly.

116



Solving Concerns When They Are Small

Key Talking Points:

- Most breastfeeding challenges can be prevented through proper position and latch of the baby. Module 7, Supporting New Breastfeeding Moms, has simple guidelines.
- If problems occur, dealing with them early can help keep them from becoming bigger issues.
- If a concern arises, it can usually be managed with accurate information, support, and referrals as needed.
- Let new mothers know that there are always options and solutions for breastfeeding challenges.
- Identify potential concerns while they are still small and easily managed.

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

Story

Often it is the seemingly *small* things that can quickly lead to *big* problems. Marta left home for a fabulous week-long vacation in Italy. Unfortunately, she made one small mistake...she left her cell phone charger behind. Her cell phone quickly died after she made numerous calls to say goodbye to her friends. She had her eticket stored on her cell phone. Because she had no cell phone use, her eticket could not be scanned and she was delayed getting on the plane. She was late boarding and out of breath as she found the only seat remaining, a middle seat. She was uncomfortable the entire flight and arrived with a neck and back ache. When she arrived, she attempted to buy another charger, but none were available for a U.S. phone. Her car rental and hotel information stored in her phone could not be retrieved, and her Italian dictionary she had downloaded could not be accessed to help her communicate with the help desk. Without access to her GPS, she found herself getting lost and missing the proper exits to her destination. What began as a simple act of forgetting a small cord had big implications for a successful trip for Marta. When she returned home, she bought 5 new chargers and placed them in every purse and bag so she would never leave home without one again!

117

3 Rules



Key Talking Points:

- Your support is crucial when breastfeeding concerns arise. Although a WIC Designated Breastfeeding Expert may be needed, encouragement from you can help the mother persevere while she works through concerns.
- Three important rules should be followed when mothers have concerns about breastfeeding:
 - 1 – Feed the baby. No matter what else is going on, the baby must receive adequate nourishment.
 - 2– Protect the mother’s milk production. If the baby is not able to breastfeed, the mother will need to remove milk with a breast pump or hand expression. These are both explained in later modules.
 - 3 – Seek a solution. When breastfeeding problems arise, mothers can quickly become discouraged and bottle feeding can seem very attractive.
- When mothers face problems, be observant and alert to the possibility the mother may need to be yielded to someone with breastfeeding expertise.
- This includes situations that do not resolve within 24 hours after you have given the mother suggestions.

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

- While the mother is being supported by the expert, your support is still vitally important!
- Your support and encouragement help her cope while she is working through her concerns.

Teaching Tip

Click on the **VIDEO** icon to view the Baby GooRoo video, *Hard Part*, found in the presentation platform under *Challenges/General*. Numerous other videos are available in this section that feature WIC mothers who have experienced and overcome common concerns with breastfeeding. Show videos as time permits after each problem area is discussed to help peer counselors put a face to the problems you are discussing.

Activity: Tourist Traps

Purpose: To help peer counselors anticipate common obstacles that can prevent mothers from continuing to breastfeed.

Materials Needed:

- Handout 8.1: Tourist Traps
- Handout 8.2: Solutions to Share with Mothers
- *A Parent's Guide to Breastfeeding* (one book for each small group)

Time Needed: 10-15 minutes

Instructions:

1. Divide peer counselors into five small groups.
For larger groups: consider having one or more groups handle the same scenario.
For smaller groups or one-on-one learning: consider doing this activity as a group discussion.
2. Option 1: Invite five WIC mothers who have experienced breastfeeding problems to the first part of the training event. Divide the peer counselors into five groups, one group with each mother. Ask each mother to share her story so that peer counselors can ask questions. After a few minutes, ask the mothers to rotate to a new group of peer counselors and repeat this until all mothers have visited with all groups of peer counselors.
3. Option 2: Assign each group of peer counselors one of the scenarios in Handout 8.1, Tourist Traps. Ask peer counselors to underline the tourist traps they see in their scenario and come up with an open-ended question they would ask to find out more, and an affirming statement they could share.
4. Whether Option 1 or Option 2 is used, ask groups to consult the peer counselor resource book, *A Parent's Guide to Breastfeeding*, to come up with at least 2-3 suggestions they could offer the mother experiencing that concern.
5. Ask the groups to decide if they should yield the mother to the WIC Designated Breastfeeding Expert.
6. Ask the groups to report their ideas.

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

Points for Discussion:

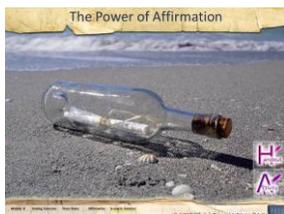
- What is a tourist trap? (something designed to attract tourists and their money which can be overrated, overpriced, and a waste of time and money)
- What are some tourist traps you have experienced?

Take-away Points:

- Tourist traps are often not obvious until it's too late and you have already wasted your money.
- Sometimes mothers get side-tracked by distractions that can keep them from reaching their goals. It is easy to feel overwhelmed and lose confidence, or give up altogether.
- A peer counselor is like a trusted travel agent who can help her get back on track again, help her steer clear of tourist traps, and head back in the right direction again.

118

The Power of Affirmation



- Using affirmation with new mothers is powerful because it helps release oxytocin, which helps women relax.
- Affirmation is especially important when mothers are experiencing breastfeeding problems. When they can relax, they are more open to solutions that help them meet their goals.

Activity: Message in a Bottle

Purpose: To help peer counselors affirming mothers who are experiencing problems with breastfeeding.

Materials Needed:

- Bottles used for Message in a Bottle activity in Module 4
- Slips of paper sized to fit in the bottle
- Handout 8.3: Message in a Bottle

Time Needed: 2 minutes

Instructions:

1. Ask peer counselors to think about the problem discussed and imagine what the mother might be FEELING.
2. Write an affirming statement on a slip of paper and put it into the bottle.

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

For larger groups: work in small groups to come up with an affirming statement.

For smaller groups or one-on-one learning: allow each individual peer counselor to work independently to devise affirming statements.

3. Keep the bottle and continue adding affirming statements after each problem area is discussed.
4. At the end of Module 8, ask groups to trade bottles with another group and read the many affirming statements inside.

Points for Discussion:

- Why does affirmation feel so powerful when mothers are experiencing breastfeeding problems?

Take-away Points:

- In Module 4, you received a surprising gift in the form of a message in a bottle.
- These messages were words of wisdom from people across the world about the importance of the journey and the things we need to make that journey more useful and meaningful.
- Now it's your turn to send the bottle back out again with the gift of your own words of wisdom...your affirmation that can help ease the journey for new moms.

119

Scenarios and Solutions



Teaching Tip

Click on the **CONCERNS** button on this slide. As each group reports on the Tourist Trap scenario they were assigned, click on the appropriate button that corresponds to that situation. They are as follows:

Scenario #1: Lacy and James – Formula supplements, Sore Nipples

Scenario #2: Jesenia and Isaac – Engorgement

Scenario #3: Molly and Kate – Milk Production, Jaundice, and C-Section

Scenario #4: Karla and Marcus – Fussy Baby, Overwhelmed Mom

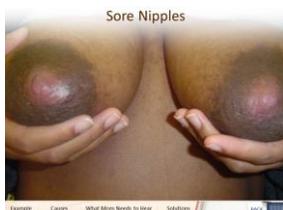
Scenario #5: Holly and Ben – Mastitis

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

Concerns and Solutions

Mother Physical	Mother Emotional	Baby Physical	Baby Emotional
Sore Nipples	Lack of Sleep	Weight Loss	Transitions
Engorgement	Feeling Overwhelmed	Won't Latch	Fussy
Plugged Ducts	Baby Blues	Jaundiced	
Mastitis	Milk Production Worry	Reflux	
Low Milk Production			
Childbirth Recovery			
Cesarean Section			
Flat or Inverted Nipples			

Sore Nipples



Key Talking Points:

- Sore nipples are the most common concerns of new mothers.
- Although mild discomfort is common, pain that continues or becomes severe is *not* normal and should be assessed.¹
- Sore nipples are a sign that something is not working properly.
- Mothers with sore nipples need quick relief options because very few people put up with pain for long.

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

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

Discussion

Instructions:

1. Ask peer counselors to answer the discussion questions below.
2. Record their ideas on a flip chart.
3. Add to their thoughts by filling in with other ideas they may not have thought of.

Points for Discussion:

- Think back to the things you have learned already. What do you think could be some causes of sore nipples?
- What open-ended questions would help you find out what might be causing her sore nipples?

Examples of open-ended questions:

- How is the baby positioned?
- Tell me how the baby latches on.
- Describe the pain.
- How often do your nursing pads become wet?
- What kinds of perfumes or lotions do you use on your breasts?

Take-away Points

- Sore nipples are often prevented when baby is positioned and latched properly.

CAUSES



Key Talking Points:

- Baby is not positioned properly.
- Poor latch (baby is "nipple feeding").
- Baby's mouth is not open wide enough.
- Baby has been given other nipples (bottles or pacifiers).
- Mother is going long periods of time between feedings.
- Baby or mother has a fungal infection.
- Mother's nursing pads are wet.
- Mother is using a breast pump improperly or is using the wrong-sized flange.
- Mother has Raynaud's Syndrome (which interferes with blood flow to the nipple).
- Baby has a short frenulum or other oral problem that does not allow him to latch well.
- Mother's breasts are irritated from perfumes or lotions.

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

WHAT MOM NEEDS TO HEAR



Key Talking Points:

- There are solutions that will make breastfeeding more comfortable!
- Affirmation makes the difference. Example: What a great mom you are for breastfeeding through this!

Teaching Tip

Prepare a small travel bag filled with items that could be comfort measures for sore nipples. Allow peer counselors to pull out an item and discuss why they think it might help sore nipples. Discuss which items should be used only by the WIC Designated Breastfeeding Expert.

Items can include:

- Purified lanolin
- Clean breast pads
- Breast pump
- Hydrogel dressing
- Bag of frozen peas
- Ibuprofen
- Breast shells

Take-away Points

- There are many solutions that can give some quick relief to sore nipples.
- Making sure the baby is positioned and latched properly is most important.
- If the comfort measures you offer do not improve her pain within 24 hours, yield the mother to the WIC Designated Breastfeeding Expert.

SOLUTIONS



Key Talking Points:

- Getting ready to breastfeed:
 - Start feedings on the side that is least sore.
 - Try different breastfeeding positions to put pressure in different places.

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

- Before breastfeeding: Massage the breast to begin milk ejection. This helps the baby to not suck so vigorously at the beginning of the feed.
- During the feeding: Do not limit how long the baby breastfeeds.
- After the feeding is over:
 - Apply a small amount of breastmilk to the nipples and air dry.
 - Apply lanolin if the skin is cracked or damaged.
 - Avoid using creams that must be removed before the baby breastfeeds. Lanolin does not have to be removed.
- If the mother says her baby has white patches on the tongue or cheeks that do not wipe off, suggest she phone her health care provider for treatment of possible thrush.
- Yield to the WIC Designated Breastfeeding Expert if the common ways to deal with moderately sore nipples do not improve things within 24 hours, or if the mother reports severely damaged nipples and pain.
- The WIC Designated Breastfeeding Expert can determine if more advanced management strategies are needed such as use of breast shells.



Engorgement

Key Talking Points:

- Between days two and five, most mothers experience changes in their breasts as the transition to mature milk begins.
- The mother's breasts become full as the volume of milk increases and extra additional fluids and nutrients are carried to the breast.
- When fluid collects in the breast tissue, it is normal for the breasts to enlarge and become swollen.
- Mothers may say their breasts feel "*as hard as a rock*" or may say their baby does not latch on. This is because the breast is so full the nipple flattens and baby cannot grasp it easily.

Demonstration: Engorgement

Purpose: To help peer counselors visualize why babies cannot easily latch onto an overfull breast.

Materials Needed:

- 12-inch balloons and balloon pump

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

Time Needed: 2 minutes

Instructions:

1. Use a balloon pump to blow up the first balloon just a little. Show how a partially filled balloon allows you to easily grab the other end.
2. Continue adding air until the other end flattens out with the fullness.
3. Release a little of the air and show that when the fullness is relieved, you can grab the other end again.

Take-away Points:

- Engorgement can usually be prevented.
- If it does occur, an infant who was otherwise nursing well may suddenly not latch or becomes fussy at the breast.
- Reassure mothers that they can often get quick relief from engorgement.

Discussion

Instructions:

- Ask peer counselors to answer the discussion questions below.
- Record their ideas on a flip chart.
- Add to their thoughts by filling in with other ideas they may not have thought of.

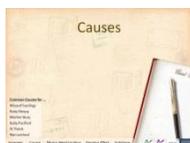
Points for Discussion

- Think back to the things you have learned already. What do you think could be some causes of engorgement?
- What open-ended questions would help you find out what might be causing it?

Examples of open-ended questions:

- How often is the baby nursing, including at night?
- How do your breasts feel?

CAUSES



Key Talking Points:

- Missing or delaying feedings.
- Baby is too sleepy to wake up to feed (especially at night).
- Mother is busy and overlooked feedings.
- Baby is being pacified in other ways to hold off feedings.
- Mother received IV fluids in the hospital.
- Baby is not latched well enough to remove milk.

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

WHAT MOM NEEDS TO HEAR



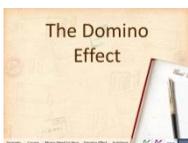
Key Talking Points:

- There are solutions that will make breastfeeding more comfortable!
- Affirmation makes the difference. Example: What a great mom you are for breastfeeding through this!

Teaching Tip

Remind peer counselors to take their bottles and write a new affirming statement to address the problem of engorgement. Place the affirming statement inside the bottle.

THE DOMINO EFFECT



Key Talking Points:

- If engorgement is not relieved quickly, it can lead to greater concerns such as:
 - The baby gets less milk since ducts are pinched.
 - The milk backs up because oxytocin does not flow well, which makes engorgement worse.
 - Milk ducts can become plugged.
 - A breast infection, mastitis, can develop.
 - Milk production slows down and breast tissue begins to die off.
 - Mother prematurely weans her baby.

Demonstration: Pinching off the Flow

Purpose: To give staff a visual of what engorgement looks like.

Materials Needed:

- Drinking straw

Time Needed: 1 minute

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

Instructions:

1. Demonstrate the impact of engorgement on the flow of milk by showing training attendees a simple drinking straw.
2. Pinch the straw and explain that when you pinch it, the liquid cannot flow well.

Take-away Points:

- In the same way, when breast tissue is swollen, the pressure against the milk ducts can block the flow of milk.

SOLUTIONS



Key Talking Points:

- Before feeding the baby:
 - Massage the breasts.
 - Apply a warm (not hot) wet washcloth or compress or take a warm shower.
 - Hand express a little milk to relieve some of the pressure.
- After the feeding:
 - Express enough milk either by hand or with a breast pump to feel comfortable.
 - Ice packs on the breast can help relieve swelling.
 - Avoid underwire bras.
 - Talk with the doctor about taking anti-inflammatory medication.
- Yield to the WIC Designated Breastfeeding Expert if comfort measures you offer do not relieve the mother's engorgement within 24 hours.

Activity: Hand Expression Practice

Purpose: To teach the mechanics of hand expression to peer counselors.

Materials Needed:

- Balloons from Module 6 (if still available), one for each peer counselor
- Optional: DVD that shows hand expression. For example:
 - DVD: *Breastfeeding Techniques that Work: Hand Expression* by Kittie Frantz
 - Or: online video, *Hand Expression of Breastmilk* by Dr. Jane Morton at <http://newborns.stanford.edu/Breastfeeding/HandExpression.html> (The site can also be accessed by clicking on the *Resources* link.)

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

Time Needed: 10-15 minutes

Instructions:

1. Ask peer counselors to use their balloon from Module 6 (or provide a new balloon, if necessary).
2. *For both large and small groups:* Each individual peer counselor should practice the skill independently.
3. Ask peer counselors to follow along as you explain the hand expression technique.
4. Show a video about hand expression.
5. Ask peer counselors to follow along with the video and use their balloon to practice what they see in the video.
6. Steps to hand expression:
 - Sit up straight to allow gravity to work in the mother's favor.
 - Massage the breast.
 - Place fingers on opposite sides of the breast well behind the dark area, or areola, and press back toward the chest.
 - Gently compress the fingers toward each other, drawing slightly toward the nipple but not sliding on the skin.
 - Release the pressure, relax the hand, and repeat. Shift the hand to different positions to move milk from other ducts.
 - Every breast is different and each mom will locate her own sweet spot for expression.
 - Avoid pinching the nipple as this can damage the sensitive nipple tissue and cut off the flow.
 - If the mom is expressing in the first few days, she may notice small amounts of concentrated milk or colostrum. After her milk volume has increased, the milk may spray out.
7. Encourage peer counselors who are still lactating to try the technique on their own at home.

Points for Discussion:

- What is easy about hand expression?

Take-away Points:

- Hand expression takes practice, but is an effective way to remove milk, especially if mom is uncomfortably full.
- Milk collected can be given to the baby in a dropper or spoon, or stored for later feedings.

Teaching Tip

Click on the **ANIMATION** icon. Find the *Softening and Expressing* animation developed by Texas WIC, also available online at: <http://www.breastmilkcounts.com/educational-activities.html>. The animation demonstrates how to do hand expression.

Click on the **RESOURCES** icon to view videos on hand expression available at www.stanford.edu/breastfeeding site.

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

Plugged Ducts



Key Talking Points:

- Sometimes milk can collect in the milk highways or ducts and form a thick plug that can be very tender to the touch.
- Sometimes mothers will report that it feels like a lump in their breast. Mothers may be fearful that the lump is something serious, such as a malignancy.

Discussion

Instructions:

1. Ask peer counselors to answer the discussion questions below.
2. Record their ideas on a flip chart.
3. Add to their thoughts by filling in with other ideas they may not have thought of.

Points for Discussion:

- Think back to the things you have learned already. What do you think could be some causes of plugged milk ducts?
- What open-ended questions would help you find out what might be causing this to occur?

Examples of open-ended questions:

- *Tell me how your breasts have been feeling the last few days.*
- *Describe what you are feeling.*
- *Tell me about how the baby has been feeding the last 24 hours.*
- *What kinds of things have put pressure on your breasts lately?*
- *What kind of activities have you been doing the last day or two?*

Take-away Points:

- Plugged ducts can often be prevented by not allowing the breasts to get too full or engorged, not delaying or missing feedings, avoiding bras that are too tight, and varying the positions that a baby is breastfed in throughout the day.

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

CAUSES



Key Talking Points:

- Baby is not positioned well.
- An object has put pressure on her thin, sensitive milk ducts, which are very close to the surface of her skin. (ex: diaper bag or purse strap, car seatbelt, too tight bra, or rolling up the bra over her breast).
- Mom became engorged and the breast was not well drained.
- Baby is placed in the same position at each feeding (i.e., the ducts are not fully drained in certain areas of the breast).

WHAT MOM NEEDS TO HEAR



Key Talking Points:

- Reassuring mothers that plugged ducts are not unusual, especially in the early days, can help them feel confident continuing to breastfeed.
- Affirmation makes the difference. Example: It is great you asked for help. It sounds like breastfeeding is very important to you. We're going to get you some quick help.

Teaching Tip

Remind peer counselors to take their bottles and write a new affirming statement to address the problem of plugged ducts. Place the affirming statement inside the bottle.

SOLUTIONS



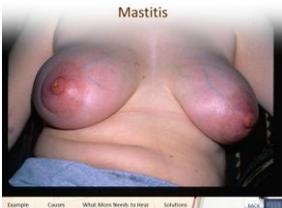
Key Talking Points:

- Quick action to treat a plugged duct will help prevent future breast problems such as mastitis and more serious infections.
- Comfort measures for a plugged duct include:
 - Place a warm compress on the plugged area before each breastfeeding.
 - Gently massage the plugged area and stroke toward the nipple to help dislodge and loosen the plug.
 - Feed the baby on the breast with the plug first.
 - Continue gently massaging the plugged area while the baby is feeding.

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

- Breastfeed more often, when possible, to keep the breast well drained.
- Breastfeed with the baby's chin facing the plugged duct
- Hand express or pump after feeding the baby to remove the plug and to relieve fullness.
- Yield to your WIC Designated Breastfeeding Expert if these common comfort measures do not resolve the plug.
- If the mother discovers a hardened area of the breast that does not shrink after breastfeeding or when the milk is removed, or if it changes in shape and size, yield her to her health care provider for immediate assessment.
- If the mother reports fever, flu-like symptoms, or has a reddened area on her breast, she may have developed mastitis, a breast infection. Yield to her health care provider right away for treatment.
- Reassure the mother she can continue to breastfeed with a plugged duct. The worst thing to do is to suddenly stop breastfeeding. This only increases swelling from extra milk and makes things worse.

Mastitis



Key Talking Points:

- Mastitis is a breast infection that can occur when engorgement or a plugged duct are not properly treated, or when bacteria enters through a cracked nipple.
- Mothers may report flu-like symptoms such as:
 - Fever > 100.4 degrees.
 - Chills.
 - Body aches.
 - Painful breast(s) that may be red and hot to the touch.
- The mom may also say her baby has suddenly lost interest in nursing on that breast. This may be due to the higher sodium levels in milk when mastitis is present. Some infants may not want to nurse because the milk tastes different and they don't care for the salty taste.

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

Discussion

Instructions:

1. Ask peer counselors to answer the discussion questions below.
2. Record their ideas on a flip chart.
3. Add to their thoughts by filling in with other ideas they may not have thought of.

Points for Discussion:

- Think back to the things you have learned already. What do you think could be some causes of mastitis?
- What open-ended questions would help you find out what might be causing this to occur?

Examples of open-ended questions:

- *How have your breasts been feeling the last few days?*
- *Describe what you are feeling.*
- *Tell me about how the baby has been feeding, especially in the last 24 hours.*
- *Tell me about any other concerns you have with your breasts.*

Take-away Points:

- Mastitis can often be prevented when mothers avoid overdoing their activity in the early days, when they get help for treatment of sore nipples, and when they avoid sudden missed feedings or weaning.
- If a mother becomes engorged, promptly treat it to keep it from leading to an infection.

CAUSES



Key Talking Points:

- Most common cause of mastitis is engorgement that is not treated [See causes and solutions to engorgement].
- Bacteria from sore nipples that are cracked and bleeding.
- Mother is stressed.
- Mother is extremely fatigued.
- Mother is doing too much too soon after the baby is born.
- Nipple creams that can alter the natural pH environment of her breast.
- Other medical conditions.

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

WHAT MOM NEEDS TO HEAR



Key Talking Points:

- There are solutions that will make you feel better soon.
- Affirmation makes the difference! Example: I can see you are really hurting right now. We can help you get some quick relief.

Teaching Tip

Remind peer counselors to take their bottles and write a new affirming statement to address the problem of mastitis. Place the affirming statement inside the bottle.

SOLUTIONS

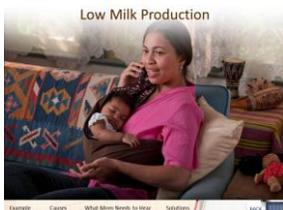


Key Talking Points:

- Refer the mother who reports flu-like symptoms immediately to her health care provider for possible antibiotic treatment.
- While she is being treated, you can encourage the mother to continue breastfeeding.
- Before breastfeeding:
 - Encourage her to offer the affected breast to the baby first since the baby's more vigorous suck on the first breast will help to drain it.
 - The infection does not harm the baby.
 - A warm compress can be placed on her breast before feeding.
- After breastfeeding:
 - Remove excess milk in the affected breast if the mother still feels full.
 - Get plenty of rest and help with household tasks.
 - Drink plenty of fluids and eat healthy foods.

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

Low Milk Production



Key Talking Points:

- When mothers get a slow start with breastfeeding, or have already begun giving formula, they may experience low milk production.
- Mothers who feel they have low milk production can be very fearful and worried about their baby. They may begin formula supplements early or wean altogether.
- Always yield a mother who is worried about low milk production to the WIC Designated Breastfeeding Expert.

Discussion

Instructions:

1. Ask peer counselors to answer the discussion questions below.
2. Record their ideas on a flip chart.
3. Add to their thoughts by filling in with other ideas they may not have thought of.

Points for Discussion:

- Think back to the things you have learned already. What do you think could be some causes low milk production?
- What open-ended questions would help you find out what might be causing this to occur?

Examples of open-ended questions:

- *How often and how long does your baby breastfeed?*
- *How do your breasts feel before and after the feeding?*
- *What else are you feeding the baby?*
- *Tell me about the baby's dirty diapers.*
- *What kind of support do you have at home?"*

Take-away Points:

- Low milk production can be prevented by breastfeeding early and often, continuing to breastfeed 8-12 times every 24 hours, and making sure that the baby is able to transfer milk.

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

CAUSES



Key Talking Points:

- Mother issues:
 - Supplementing with formula.
 - Not breastfeeding 8-12 times every 24 hours.
 - Delaying or missing feedings.
 - Previous breast surgery.
 - Pregnant again.
 - Taking birth control pills.
 - Smoking
 - Antihistamines.
 - Some medical conditions such as Polycystic Ovary Syndrome or hypothyroidism.
- Baby is not effective at removing milk from the breast due to:
 - Tongue tie.
 - Weak suck.
 - Sleepiness from jaundice or hypoglycemia.
 - Medical conditions such as Down Syndrome or cardiac problems.
 - Born at less than 38 weeks gestation.
 - Oral problems such as cleft lip or palate.
 - Recessed chin.

WHAT MOM NEEDS TO HEAR



Key Talking Points:

- There are solutions that can help increase milk production again!
- Babies have many feeding patterns that mothers may think are signs of low milk production but that are actually quite normal.
 - Cluster feedings.
 - Growth spurts.
 - Strong sucking needs.
- Affirmation makes the difference! Example: What a great mother you are to be concerned about this. I can tell you really care about your baby.

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

Teaching Tip

Remind peer counselors to take their bottles and write a new affirming statement to address the problem of low milk production. Place the affirming statement inside the bottle.

SOLUTIONS



Key Talking Points:

- Always refer mothers with true low milk production to the WIC Designated Breastfeeding Expert. This expert can help a mother increase production while monitoring the baby.
- While the lactation expert is following the mother, you can encourage the mother to continue breastfeeding.
- Some strategies for building production that the expert might recommend include:
 - Increasing the number and the duration of feedings.
 - Holding the baby skin-to-skin to increase oxytocin levels and help the milk flow.
 - Use breast compression to help the baby get more fatty parts of the milk.
 - Express milk with a breast pump to fully drain the breast.
 - Gradually weaning off formula supplements while building production.

Teaching Tip

Click on the **RESOURCES** icon to view videos on hands-on pumping as a strategy for increasing milk production, available at www.stanford.edu/breastfeeding.

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

Childbirth Recovery



Key Talking Points:

- The first two weeks are a time for mother and baby to get to know one another and to get comfortable with their new life together, including breastfeeding.
- Bringing a new baby home from the hospital is often a thrilling time for new mothers.
- It is easy to overdo activities in the excitement of being a new mother.
- Mothers need lots of rest to continue to heal from childbirth.
- Strategies for taking care of herself during this time include:
 - Nap when baby naps.
 - Try to limit visitors.
 - Let the housework go and accept offers of help.
 - Eat healthy foods and drink plenty of fluids to satisfy her thirst.
- Yield the mother to her health care provider if she reports any problems healing from childbirth.

Cesarean Section



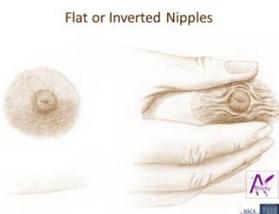
Key Talking Points:

- Some mothers deliver their babies by cesarean section.
- During the early days the mother may be more focused on her own recovery and delay breastfeedings.
- It can be uncomfortable moving around much and breastfeeding can be painful if the baby is pressing against her incision.
- Affirmation will help the mother feel support as she recovers from surgery. For example: *I remember how difficult it is to recover from a c-section. It will get better.*
- Strategies for supporting mothers who have had a cesarean section:
 - Show her strategies for breastfeeding that keep her incision free such as the clutch or side-lying position, or laid back nursing with the baby across the mother's chest.
 - Avoid limiting feedings as this will only make breastfeeding more difficult later.
 - Nap when the baby naps so she can rest and recover.

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

- Try to limit visitors and let housework go so she can rest.
- Accept offers of help.
- Yield to the WIC Designated Breastfeeding Expert if the mother is concerned about breastfeeding.
- Yield the mother to her health care provider if she has fever, problems recovering from surgery, or has questions about pain medications and breastfeeding.

Flat or Inverted Nipples



Key Talking Points:

- Some mothers have flat or inverted nipples. In most cases, mothers can still breastfeed.
- Inverted nipples sink in like a dimple when the baby tries to latch on.
- True inverted nipples are rare.
- Some mothers have only one nipple that is inverted or flat, and the other nipple protrudes sufficiently (everts). If the baby has trouble latching onto the inverted nipple, the mother may be able to breastfeed on the other side and pump milk from the inverted nipple.
- As her pregnancy progresses and her nipples become more elastic, a mother's inverted nipple may no longer be inverted by the end of her pregnancy.
- Most babies can breastfeed no matter what the mother's nipple is like.
- If a baby has trouble latching, there are several techniques to help.
- Refer a mother who is worried about a flat or inverted nipple to the WIC Designated Breastfeeding Expert.

Activity: Nipple Check

Purpose: To help peer counselors understand the difference between an erect and an inverted nipple.

Materials Needed:

- Breast model(s)
- Breast balloons used in Module 6 (if still available), one for each peer counselor

Time Needed: 5 minutes

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

Instructions:

1. Use a breast model to demonstrate to peer counselors the difference between an inverted and an erect nipple.
2. This activity is a skill that each individual peer counselor demonstrates.
For larger groups: have a breast model for each small group.
For smaller groups or one-on-one learning: conduct the activity as a general group discussion, allowing each of the peer counselors to practice the technique.
3. Ask peer counselors to blow up a balloon you provide. Check to be sure there are no latex allergies among your peer counselors before beginning. Ask peer counselors to draw the outside of an areola on their balloon.
4. Ask peer counselors to practice doing a compression test. Place their thumb and first finger slightly behind the base of their balloon "nipples."
5. Press her fingers together.
6. If the nipple pushes out, it is not inverted.
7. If it does not move, it may be flat.
8. If the nipple sinks in when compressed, it might be inverted.

Points for Discussion:

- What can you say to a mother who is worried about flat or inverted nipples?

Take-away Points:

- Most babies are able to draw out a flat or inverted nipple during breastfeeding.

Lack of Sleep



Key Talking Points:

- Many mothers find that the hardest part about being a parent is loss of sleep.
- Labor and delivery can leave mothers feeling exhausted, especially if they had a cesarean section which is major surgery.
- Babies need to be fed around the clock, so interrupted sleep becomes the reality for new parents.
- Mothers who are sleep deprived may find it difficult to comprehend a lot of new information, especially if the advice seems hard.
- Some strategies to offer mothers:
 - Sleep when the baby sleeps when possible.
 - Resist the temptation to do too much in the first few weeks.
 - Accept offers of help.

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

- Breastfeed! Studies show that breastfeeding mothers average an additional 45 minutes of sleep each night. This is because they sleep differently than formula feeding mothers, and go into a deep sleep state more quickly.



Feeling Overwhelmed

Key Talking Points:

- During the early days and weeks, mothers may feel overwhelmed, especially if they are single mothers or their partners are not able to help much.
- She may be fatigued and emotional because of hormones.
- She may be in pain recovering from childbirth.
- She may be receiving much well-meaning advice from family and friends and feels she is not doing anything right.
- If she has a fussy baby or feels breastfeeding is not going well, it is easy to see why a mother who is overwhelmed may view formula as an easy solution.
- Mothers who are feeling overwhelmed need lots of *Loving Support*® from you.
- Affirmation makes the difference. For example: I can see you are exhausted. It is a little overwhelming being a new mom at first.
- You can reassure her that:
 - What she is feeling is normal for all new moms.
 - Taking care of herself and her baby is the most important thing right now; she will be able to add other activities as she recovers from the childbirth experience and gets to know her baby.
 - Breastfeeding is a learned art and takes a little time to adjust to.
 - Breastfeeding gets easier and easier.
- Encourage her to ask for help from family and friends. Give people specific tasks such as household chores or providing meals to give her a break.
- Yield to the WIC Designated Breastfeeding Expert if you or the mom is concerned about how things are going.

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

Baby Blues



Key Talking Points:

- It is common for many mothers to experience “baby blues” during the early weeks after delivery.
- This can be due to the rapid changes in hormone levels, lack of sleep, and feelings of being overwhelmed with the responsibilities of being a new parent.
- This feeling is usually temporary.
- Resting and taking care of herself will help.
- Supportive family members can be helpful.
- Sometimes mothers experience postpartum depression, which is more intense feelings of sadness.
- Yield to the support of her health care provider if the mother seems extremely depressed or sad for longer than a few days.

Worries About Milk Production



Key Talking Points:

- Nearly all women worry whether they are making enough milk for their babies.
- Sometimes mothers truly are not making enough. See Low Milk Production.
- Many times mothers perceive they are not making enough, when they actually are doing fine. For example, they might misinterpret baby's fussiness to mean he is hungry. Or they might have used a breast pump to see if they have milk and pumped very little.
- How to know if it is perceived low milk production:
 - The baby has 3 or more stools per day in the first few weeks.
 - The baby is gaining around 4-7 ounces each week.
 - The baby is breastfeeding 8-12 times every 24 hours.
- How to know it is a true low milk production:
 - The baby is not stooling well or gaining weight, and is not feeding 8-12 times every 24 hours.
 - The mother limits the baby's time at the breast.
 - The mother's breasts do not feel fuller before the feedings.
 - The baby has begun supplements of formula or solid foods.

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

- The mother may have begun birth control (especially combination birth control pills).
- The mother and baby are separated and mom is not expressing milk during the separation period.
- Yield a mother who is worried about her milk production to the WIC Designated Breastfeeding Expert.

Baby's Weight Loss



Key Talking Points:

- It is common for babies, no matter how they are fed, to lose a few ounces of weight in the first 3 or 4 days of life as they pass the first stools and eliminate extra fluids.
- This often happens in the first 24 hours if the mother received excess IV fluids during her labor and delivery.
- Babies whose mothers get off to a good start breastfeeding in the hospital and have lots of support rarely lose more than a few ounces.
- If the mother is concerned about her baby's weight, yield her to her baby's doctor.
- Yield to your WIC Designated Breastfeeding Expert to get the mother the help she needs.

Baby Won't Latch



Key Talking Points:

- A mother needs a lot of help and support if her baby is fussy at the breast or does not breastfeed well.
- She may feel rejected and need encouragement to continue working with her baby.
- Rapid response is crucial if a baby refuses to breastfeed.
- Her baby will need to be fed with a dropper, spoon, or tube at the breast if refusing to breastfeed.
- Yield the mother whose baby refuses to breastfeed or does not breastfeed well to the WIC Designated Breastfeeding Expert.
- While the expert is helping the mother, you will continue to support the mother with encouragement and praise.

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

- Some suggestions to offer mothers:
 - Do not wait too long between feedings to offer the breast. If the mother misses the baby's early signs of hunger, the baby may be too distraught to breastfeed. Sometimes offering some of the mother's milk in a dropper or spoon can take the edge off the baby's hunger so he or she can calm enough to try. The WIC Designated Breastfeeding Expert can work with the mother on other ways to feed the baby.
 - Help the mother learn how to remove her milk by hand or with a breast pump if the baby does not latch. This helps maintain her milk production and rewards the baby with plenty of milk.
 - Hold baby skin to skin with the mother's shirt and bra open to calm the mother and baby.
 - Simulate a relaxing "back to the womb" experience for baby by dimming the lights, minimizing noises and distractions, and even bathing with the baby.
 - Offer the breast before baby wakes up fully. If still a little sleepy, the baby may be more willing to try.
- Yield to your WIC Designated Breastfeeding Expert any time a mother tells you her baby will not latch on. Some of the suggestions mentioned may help to find out what is happening and to be sure the baby is not suffering from lack of nourishment.

Baby Is Jaundiced



Key Talking Points:

- It is common for babies to sometimes develop jaundice in the early days and weeks after birth.
- During pregnancy, babies need extra red blood cells to meet their oxygen needs. After birth, these red blood cells break down and a substance called bilirubin is released into the blood. The baby's liver filters it and removes it through the baby's stools.²
- Because the baby's liver is not functioning fully immediately after birth, it is hard for a baby to remove the bilirubin. When bilirubin is not removed, the baby can become jaundiced.
- A baby who is jaundiced may have yellow eyes and skin, be very sleepy, and breastfeed poorly.

² Spangler A. 2010. *A Parents Guide to Breastfeeding*.

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

- If the bilirubin count is too high, the doctor may want the baby to be under special phototherapy lights, which help break down the bilirubin. Very high bilirubin levels can be dangerous for the baby.
- The best way to prevent jaundice is for the mother to breastfeed early and often. Mother's milk has a laxative effect and helps the baby eliminate bilirubin through his stools.
- Sometimes jaundice can be caused by other medical conditions.
- Anytime a mother reports that her baby looks yellow, yield to the baby's doctor and your WIC Designated Breastfeeding Expert.

Baby Has Reflux



Key Talking Points:

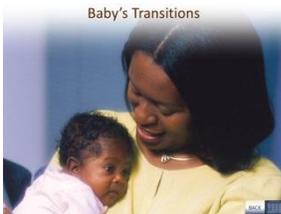
- It is normal for babies to spit up.
- Sometimes mothers interpret normal spitting up as reflux and wonder if this is because the baby is allergic to her milk. They may also worry that the baby lost too much milk and needs to be supplemented with formula.
- Babies can sometimes have issues with certain foods the mother takes in (primarily cows' milk based products).³ This can also cause spitting up and can be very painful for the baby.
- Reflux is different from food sensitivity. It occurs when acid from the baby's stomach goes back into the esophagus. This stomach acid can irritate the baby's esophagus and can be very painful.
- Reflux occurs in many babies because the valve between the baby's stomach and esophagus does not close completely after the baby eats.
- Mothers might report that their baby spits up a lot and/or has projectile vomiting that shoots across the room.
- Yield a mother with any worries about vomiting or reflux to her baby's doctor.
- Breastfeeding should continue with reflux, because it is gentler on the baby's stomach and esophagus.
- To minimize problems, mothers can keep their baby upright for 15-20 minutes after the feeding. Gravity helps keep the food and acid from backing up.

³ Lawrence, R and Lawrence R. (2011). *Breastfeeding: A Guide for the Medical Profession*. Maryland Heights, MO: Mosby.

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

- Encourage the mother to talk with her doctor about safe sleeping positions that may help the baby with reflux.
- She may want to talk to the baby's doctor about possible medications for the baby that neutralize the acid and make him more comfortable.

Baby's Transitions



Key Talking Points:

- The mother may notice a change in her baby's behavior once they are home from the hospital. Letting mothers know this is normal can be reassuring.
- The change in environment from the hospital to home can cause a change in baby's behavior.
- Babies have a strong need to be close to their mother during this time and may be very vocal about that need.
- Babies may also be ready for a faster flow of milk once they become more accustomed to breastfeeding.
- Giving babies continual access to the breast during this period helps calm them while lowering the likelihood of engorgement.
- Other ways to calm a baby in transition include:
 - Hold the baby close with skin-to-skin contact.
 - Rock or walk the baby.
 - Use a baby carrier to keep the baby close, within kissing distance.
 - Have someone other than mother hold the baby.
 - Play calming music.
- Yield to the WIC Designated Breastfeeding Expert if the mother is concerned about excessive crying by her baby.

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

Baby Is Fussy



Key Talking Points:

- It is normal for babies to be fussy from time to time.
- Babies are not always fussy because of hunger. Babies can fuss and cry because:
 - They are over-stimulated from new sights and sounds.
 - They want to be held.
 - They are uncomfortable.
 - They are going through a growth spurt.
 - They are teething.
 - They are ill.
 - They are not getting enough of the fatty part of the milk.
 - They are hungry.
 - They are overly tired.
 - Certain foods the mother eats (such as dairy products) may upset the baby's digestive system.
- It is very difficult for mothers to cope with fussy babies.
- They may feel that breastfeeding is causing the baby to be fussy or that they are not making enough milk.
- Encourage mothers to continue breastfeeding.
- Some solutions to consider:
 - Calming the baby through holding and rocking.
 - Skin-to-skin contact (which lowers stress levels).
 - Holding the baby upright after nursing to allow milk to flow into his stomach more easily.
 - Draining the breast fully on one side before offering the second.
 - Frequent feeding if the fussiness is due to a growth spurt or hunger.
- If the baby remains fussy or colicky after a few days, yield to your WIC Designated Breastfeeding Expert or the baby's health care provider.
- Continue to contact the mother often. Mothers of fussy babies need lots of emotional support.

Teaching Tip

Purpose: To emphasize the importance of affirmation when mothers are experiencing breastfeeding concerns they had not planned on.

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

Materials Needed:

- Corked bottles with the affirming messages written by each group
- Handout 8.3: Message in a Bottle

Time Needed: 5 minutes

Instructions:

1. Invite peer counselors to reflect on the affirming statements they placed in their bottle throughout this module. Ask each group to cast off their bottle by delivering it to another group of peer counselors. When each group receives a different bottle, ask them to open the bottle and remove the affirming statements.
2. Read through the statements, and select one or two that they feel are especially powerful in helping a mother feel supported.
3. Invite each group or several individual peer counselors to read aloud the affirming statements they felt were most meaningful. They can imagine which of these statements would have made *them* feel supported as they were experiencing any of their own breastfeeding concerns.
4. As groups or individuals report, ask peer counselors to make a note of the ones they feel they could see themselves using with new mothers. They can record them on Handout 8.4, Message in a Bottle.

Take-away Points

- Even though these are imaginary situations, affirming statements are still very moving for us to hear, because it reminds us of the support we all need as breastfeeding moms.
- Don't forget that feeling as you deal sensitively with other mothers who are going through problems.
- Your loving support will make the difference!

120

Yield



Key Talking Points:

- In nearly all of the situations described in this module, you will yield to the WIC Designated Breastfeeding Expert or to the mother's health care provider.
- While medical and lactation experts are assisting the mother with problems, you will continue to journey with the mother to encourage her and support her while she works with the problem.
- This is also a good time for you to learn more about that problem.
- Don't be afraid to ask questions and read up on the problem in the resources you have been provided.

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

121

3-Step Practice



Activity: 3-Step Practice: When Things Don't Go as Planned

Purpose: To help peer counselors practice counseling a mother who is facing breastfeeding challenges.

Materials Needed:

- Handout 8.4: 3-Step Practice: When Things Don't Go as Planned

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 8.4, 3-Step Practice: When Things Don't Go as Planned.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings of mothers who are experiencing problems with breastfeeding?
- What affirmations help them feel confident they can breastfeed?

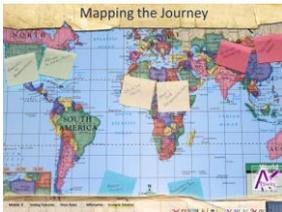
Take-away Points:

- New mothers often have many conflicting emotions.
- Peer counselors can use their 3-Step Counseling skills to affirm those feelings and help mothers feel confident they can breastfeed.

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

122

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to physically move to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn everything needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

123

Learning More



Ongoing Enrichment:

- Use your peer counselor resource, *Breastfeeding: A Parent's Guide to Breastfeeding*, to learn more about breastfeeding problems. Select at least 2 problems discussed in this module that you would like to learn more about, and look in the index of the book to find the pages that deal with that problem.
- You can also do the same with the resource, *The Womanly Art of Breastfeeding* if desired.

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

124



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport for each of the skills discussed in this module.
- You can be proud of the journey you are making.
- You are learning valuable skills to help WIC mothers address the tourist traps that occur with breastfeeding.
- You are not alone in this journey as the entire WIC circle of care will be there for both you and the mothers you serve when concerns arise.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors' training accomplishments and chart their personal journey of building new skills.

SECTION IV – Talking with Mothers About Breastfeeding

Loving Support© Through Peer Counseling:
A Journey Together
For Training WIC Peer Counselors

SECTION IV – Talking with Mothers About Breastfeeding

Module 9: Talking with Pregnant Mothers About Breastfeeding

Module 10: Talking with Mothers About Breastfeeding in the 1st Month

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

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

SECTION IV – Talking with Mothers About Breastfeeding

Module 9: Talking with Pregnant Women About Breastfeeding

Module 9: Talking with Pregnant Women About Breastfeeding

Overview

Mothers go through many physical and emotional changes as they adjust to pregnancy and preparing to be a mother. This module helps peer counselors better understand these changes, and provides strategies for how to listen and communicate effectively with pregnant women about breastfeeding. This includes when to contact mothers, and when and how to frame messages at the appropriate stage of a mother's pregnancy.

Topics Covered

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

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 9.1: Stages of Pregnancy
- Handout 9.2: Conversation Starters During Pregnancy
- Handout 9.3: Contacting WIC Mothers
- Handout 9.4: 3-Step Practice: Talking with Pregnant Moms
- Handout 2.3: WIC Food Packages for Breastfeeding Mothers and Babies
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success

Core Competencies

- Assesses pregnant women's feeding intentions and fosters open dialogue to encourage them to breastfeed.
- Explains the WIC food packages available for breastfeeding women and their infants.
- Provides appropriate anticipatory guidance on breastfeeding during the course of a mother's pregnancy.

Learning Objectives

Peer counselors will be able to:

- Indicate how to determine a pregnant woman's intention to breastfeed and address her concerns.
- Explain prenatal breast care as it relates to breastfeeding.
- Describe the appropriate content, frequency and documentation of prenatal conversations regarding breastfeeding.
- Describe how to modify counseling to support a mother who loses her baby.
- Explain the purpose of the WIC food package for mothers who exclusively breastfeed.
- Identify ways to help pregnant women prepare for breastfeeding and anticipate what to expect.

Module 9: Talking with Pregnant Women About Breastfeeding

General Training Materials

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

Training Materials by Activity

Oh Baby!

- Flip chart paper
- Flip chart easel
- Flip chart markers

Stages of Pregnancy

- Flip chart paper (with sticky tabs, preferred)
- Flip chart markers
- Handout 9.1: Stages of Pregnancy
- Handout 9.2: Conversation Starters During Pregnancy
- Optional: Selection of objects to represent each stage of pregnancy (ex: plane airsick bag, sleep mask, pretzels, toilet paper tube, ultrasound photo, etc.)

3-Step Practice: Pregnancy

- Handout 9.4: 3-Step Practice: Pregnancy

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 9: Talking with Pregnant Women About Breastfeeding

Facilitator Notes

125



Talking with Pregnant Women About Breastfeeding

Key Talking Points:

- As women begin preparing to be new mothers, what we say to them and how we say it (the right words at the right time) make a difference.
- Using the 3-Step Counseling principles will help you tune in to each mother's unique experience and offer her the information and support she needs to feel confident she can breastfeed.
- What to expect in this module:
 - We will take a journey through the pregnant period of a woman's life to learn what to say and how to say it.
 - We will tune in to a mother's feelings at each stage of pregnancy and address typical concerns.
 - We will also learn how to prepare a mother during her pregnancy for successful breastfeeding.

Activity: Oh Baby!

Purpose: To help peer counselors appreciate the various ways mothers may respond to a pregnancy.

Materials Needed:

- Flip chart paper
- Flip chart easel
- Flip chart markers

Time Needed: 10 minutes

Instructions:

1. Ask peer counselors to come up with one word that could describe how a mother might feel when she finds out she is pregnant.
2. *For both large groups:* ask peer counselors to work in small groups to discuss possible experiences mothers might have.
3. *For small groups or one-on-one learning:* conduct the activity as a general group discussion.
4. Write the words on a flip chart.

Points for Discussion:

- What are some of the different ways women might feel about their pregnancy?

Module 9: Talking with Pregnant Women About Breastfeeding

Take-away Points:

- Pregnancy can be an exciting time of preparation and anticipation for many mothers.
- Some mothers are excited, but worry about being a good parent, or worry about their living conditions or medical needs.
- If the pregnancy was not planned, some may feel stressed.
- It is important not to make assumptions about a mother's feelings. We can also be aware that a mother's feelings may change throughout the pregnancy.

Activity: Stages of Pregnancy

Purpose: To help peer counselors increase their awareness of the varying issues that occur with mothers throughout their pregnancy.

Materials Needed:

- Flip chart paper (with sticky tabs, preferred)
- Flip chart markers
- Handout 9.1: Stages of Pregnancy
- Handout 9.2: Conversation Starters During Pregnancy
- Optional: Selection of travel or other objects that might represent common characteristics of each stage of pregnancy to guide the discussion (ex: plane airsick bag, sleep mask, pretzels, toilet paper tube, ultrasound photo, etc.)

Time Needed: 15 minutes

Instructions:

1. Divide peer counselors into three groups of approximately 6-8 each. Assign one group to discuss the 1st trimester of pregnancy, one group to discuss the 2nd trimester, and the third group to discuss the 3rd trimester.
2. *For large groups:* consider having more than one group for each of the trimesters to keep each group to no more than 6-8. During the reporting, allow one group to report and then ask another group that also worked on that trimester to add additional comments.
3. *For smaller groups or one-on-one learning:* conduct this activity as a general group discussion or with a partner, which could be the training facilitator.
4. Explain that pregnancy is divided into three trimesters or three sets of three months, and that many changes occur throughout each of these periods.
5. Optional: Provide each small group with a collection of objects that might represent challenges or feelings of mothers during that stage of pregnancy to serve as a trigger for discussion.
6. Ask peer counselors to reflect back on their own pregnancies or those of friends or family members. Ask them to recall some of the changes, thoughts, and feelings they experienced and discuss with their group.
7. Handout 9.1, Stages of Pregnancy, can be used to remind them of the instructions for the activity.
8. Ask peer counselors to record their answers on a flip chart sheet.

Module 9: Talking with Pregnant Women About Breastfeeding

9. Allow each group to report when you get to the slide dealing with that stage of pregnancy.
10. Invite peer counselors to use Handout 9.2, Conversation Starters During Pregnancy, to record the open-ended questions they hear from each group's reports.

Points for Discussion:

- What are the unique feelings that mothers have during each stage of pregnancy?

Take-away Points:

- Although each mother's experience is unique, there are common experiences that are often shared by many women in each stage of pregnancy.

126



Stages of Pregnancy

Key Talking Points:

- Our focus at WIC is a participant-centered approach, asking mothers what they feel is important, and meeting them where they are.
- One way we tailor our messages is to address certain topics at certain times. Some topics are best covered early in pregnancy to get mothers thinking about breastfeeding. Other topics are better to introduce later in the pregnancy when the mother is anticipating the arrival of her baby.
- No matter what a mother asks and when she asks it, we'll share information with her to answer her questions, even if she is concerned about something that is far off in the future.

Teaching Tip

Ask the group that worked on the 1st trimester of pregnancy to report their discussions and open-ended questions. Fill in with any of the ideas in the talking points below. Remind all peer counselors to write down the open-ended questions they hear from the groups on Handout 9.2, Conversation Starters During Pregnancy. This handout will be a useful tool as they begin making calls with new mothers.

127



EARLY PREGNANCY

Key Talking Points:

- The first three months of pregnancy can bring mixed feelings to the mother.
- As her hormone levels change, she may feel both excited and scared.
- Some mothers may not know they are pregnant in the first weeks.

Module 9: Talking with Pregnant Women About Breastfeeding

- The pregnancy may or may not have been planned.
- The baby may not seem real in this trimester.
- The mother may experience nausea and extreme fatigue.
- Her breasts will get larger and feel tenderer as they begin getting ready for breastfeeding.
- Women are often more focused on how they feel during this time, especially if they are still adjusting to the idea of being pregnant.

128



HEALTH CONCERNS MOTHERS MAY HAVE

Key Talking Points:

- In early pregnancy women are already thinking about health practices and concerns that might affect their unborn child. They may think that these practices will also be harmful if they breastfeed.
- Be prepared to discuss questions that may come up such as smoking, alcohol, medications, and drug use.
- Encourage mothers to know their HIV status, and yield to the WIC Designated Breastfeeding Expert if they are concerned.

Teaching Tip

Click on the **HEALTH PRACTICE** icon on your PowerPoint slide. This will take you to a **CHECKERBOARD** of common questions that mothers have about breastfeeding. This includes questions about medications, drugs, alcohol, smoking, HIV, hepatitis, illness, and other health concerns. As you discuss open-ended questions that could be asked to address health concerns, remind peer counselors to record questions they like on Handout 9.2, Conversation Starters During Pregnancy.

Points for Discussion:

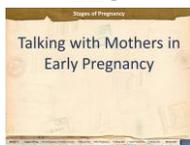
- Which of these topics might mothers worry about with regard to their health?
- What are some open questions that could be asked to determine what health concerns they might have?

Take-away Points:

- Asking mothers simple questions such as, “Tell me about any health concerns you are worried about during your pregnancy” or “What have you heard about breastfeeding and smoking?” can often bring up some of these issues.

Module 9: Talking with Pregnant Women About Breastfeeding

129



TALKING WITH MOTHERS IN EARLY PREGNANCY

Key Talking Points:

- During early pregnancy, questions about how she is feeling will be better than giving her detailed information about how to breastfeed.
- Early pregnancy is a good time to ask what she has heard about breastfeeding, and to help her address some of the barriers she feels might stand in the way.
- You can talk with her about how WIC supports breastfeeding, including the food packages and support offered at your clinic.
- Provide anticipatory guidance by telling mothers what to expect in early pregnancy:
 - Your body is going through many changes to help you prepare for your baby's arrival. Contact your doctor if you are worried about any of these changes.
 - Your breasts are growing larger because alveoli are being built so that you will be able to make milk.
 - It is normal for your breasts to feel a little tender. Some mothers do not feel that tenderness.
 - By the end of your pregnancy, your breasts will have grown a cup size or two.
 - WIC provides extra foods and support during pregnancy.
- The WIC breastfeeding counselor will contact you periodically throughout your pregnancy to check on you and make sure things are going okay.

Teaching Tip

Ask the group that worked on the 2nd trimester of pregnancy to report their discussions and open-ended questions. Fill in with any of the ideas in the talking points below. Remind all peer counselors to write down the open-ended questions they hear from the groups on Handout 9.2, Conversation Starters During Pregnancy. This handout will be a useful tool as they begin making calls with new mothers.

Module 9: Talking with Pregnant Women About Breastfeeding

130

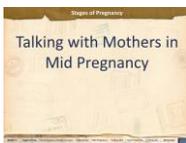


MID PREGNANCY

Key Talking Points:

- During midpregnancy, many women begin to feel a little better.
- Their clothes become tight and they may begin to wear maternity clothes.
- Many feel energetic or glowing during this period.
- They may begin feeling baby's first fluttering movements and begin to get excited.
- Midpregnancy is a great time to encourage mothers to attend a prenatal class, and to assess support as well as the mother's plans for after the baby is born.
- Mothers may be ready to explore concerns and consider options for working through them.

131



TALKING WITH MOTHERS IN MID PREGNANCY

Key Talking Points:

- During mid pregnancy, when women are feeling a little better and more open to breastfeeding messages, questions to assess their plans for the baby can be effective.
- Explain that mothers they can continue to breastfeed after they return to work or school, and the breast pump options WIC has. Remind them that breast pumps are not usually issued until after the baby is born, and in some cases not until breastfeeding is established.
- Refer mothers to any prenatal classes or mother's support group meetings offered in your community so they can begin to build if mothers have any questions or concerns, yield to your WIC Designated Breastfeeding Expert.
- Provide anticipatory guidance by telling mothers what to expect in mid pregnancy:
 - Your breasts are continuing to get ready so you can feed your baby.
 - By the end of your pregnancy, you will notice that the dark area behind your nipple gets darker, and little pimply bumps will begin to appear on the areola. These changes help your baby find the breast once he is born.
 - It is not necessary to "toughen" your nipples or prepare them in any way. Your body takes care of that for you!

Module 9: Talking with Pregnant Women About Breastfeeding

- You now have concentrated milk called “colostrum” in your breasts. Some women notice a little leaking and that is normal.
- Even if you deliver your baby very early, your breasts will be ready! Your colostrum is the perfect food. It is specially formulated for premature babies and is packed with nutrients and antibodies to help a tiny premature baby fight off infection.
- If you deliver early, be sure to let the hospital know you want to breastfeed so they can get you started using a breast pump to express your milk until your baby is able to feed on his own.
- Once your baby is born, one way WIC supports your intention to breastfeed is to protect your milk production by not giving formula during the first month. The more milk removed from your breasts, the more milk you will make. Giving her formula decreases your milk production.
- WIC has breastfeeding counselors and experts who can help you with your breastfeeding questions and any concerns that you might have.

Teaching Tip

Ask the group that worked on the 3rd trimester of pregnancy to report their discussions and open-ended questions. Fill in with any of the ideas in the talking points below. Remind all peer counselors to write down the open-ended questions they hear from the groups on Handout 9.2, Conversation Starters During Pregnancy. This handout will be a useful tool as they begin making calls with new mothers.

132



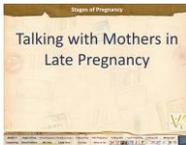
LATE PREGNANCY

Key Talking Points:

- As the baby grows, pregnancy often seems more real to mothers.
- The mother may be excited about preparing for her baby’s birth. She may be preoccupied with getting the nursery and the baby’s things prepared.
- Mothers can become very tired and uncomfortable, and have trouble sleeping at night.
- They may become very impatient waiting for their baby to be born.
- They may worry about labor and lifestyle changes they will need to make.
- Resist the temptation to share your detailed birth stories. Each woman has a different experience.

Module 9: Talking with Pregnant Women About Breastfeeding

133



TALKING WITH MOTHERS IN LATE PREGNANCY

Key Talking Points:

- By late pregnancy, mothers are often more interested in learning about breastfeeding and how to prepare.
- This is an excellent time to tell a mother about:
 - How her breast makes milk.
 - Preparing for her hospital experience.
 - The importance of the first hour after birth.
 - Skin-to-skin contact with her baby.
 - Tips for early breastfeeding.
- Refer mothers to prenatal classes or mother's support group meetings offered in your community so they can begin to build friendships with other pregnant and breastfeeding moms. Encourage them to bring family members to classes and group meetings so they can learn how to support her.
- Suggest the mother talk about her breastfeeding plans with her partner and other family members.
- Suggest the mother use the Texas WIC "My Breastfeeding Plan" (Handout 7.4) and discuss with her doctor.
- If mothers have any questions or concerns, yield to your WIC Designated Breastfeeding Expert.
- Provide anticipatory guidance by telling mothers what to expect in late pregnancy:
 - Your breasts are continuing to prepare you for feeding your baby.
 - The nipple is becoming more elastic so it can conform to the shape of your baby's mouth.
 - The dark area behind the nipple is getting darker and the little bumps are appearing to help your baby easily find the breast.
 - You can begin breastfeeding immediately after birth. The concentrated milk or "colostrum" is small in quantity and perfectly suited to what your baby's stomach can hold in the first few days.
 - Once your baby is born, one way WIC supports your intention to breastfeed is to protect your milk production by not giving formula during the first month. The more milk removed from your breasts, the more milk you will make. Giving your baby formula decreases your milk production.

Module 9: Talking with Pregnant Women About Breastfeeding

- WIC has breastfeeding counselors and experts who can help you with your breastfeeding questions and any concerns that you might have.
- Be sure to phone the WIC office or your peer counselor as soon as you deliver so we can provide you with the support you will need.

Teaching Tip

Discuss resources peer counselors could share with WIC mothers during pregnancy. These could include the *WIC Fathers Supporting Breastfeeding* and *Breastfeeding: A Magical Bond of Love* videos and materials, or other books, videos, and materials that have been developed by your State or local WIC agency.

134



Breast Care During Pregnancy

Key Talking Points:

- Proper breast care during pregnancy can help mothers prepare for breastfeeding.
- Although there is no need to toughen the breasts, there are some tips that can help mothers feel comfortable during pregnancy:
 - Avoid tight-fitting bras
 - She may need to purchase a larger bra since her breast size will grow. A bra that has good support without being too tight will help her feel more comfortable and will support the weight of her breast.
 - If she chooses to buy a nursing bra, wait until the last few weeks so she can find one that is loose fitting. Look for a nursing bra that pulls down easily over the breast, or can easily be unfastened with one hand.
 - Avoid lotions and other products that can break down sensitive skin.
 - If her breast skin is extremely dry, a small amount of pure anhydrous lanolin can help.
 - Avoid harsh soaps and alcohol that can dry out the breast skin.
- If she begins leaking, she can wear reusable cotton or disposable nursing pads inside her bra, and change them when they become damp.

Module 9: Talking with Pregnant Women About Breastfeeding

135

Empowering Mothers for Success



Key Talking Points:

- Giving mothers information to help with the first few important days of breastfeeding will help prevent many of the common issues that can arise.
- Keep your messages simple and focused on the most important tips for success:
 - Keep baby skin-to-skin right from birth.
 - Enjoy the first hour with your baby and your partner before visitors hold the baby. You and your baby have both waited a long time for this moment!
 - Keep baby near you so you can learn his signs of hunger and respond to his needs.
 - Talk with your health care providers about keeping your baby near you. Ask them to do routine procedures while you hold your baby skin-to-skin, when possible.
 - Feed the baby 8-12 times every 24 hours to build milk production.
 - Talk with your family about the support you will need, and things they can do to help you.
- Call for help if you are concerned that things are not going well.

136

Right Before Delivery



Key Talking Points:

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

Module 9: Talking with Pregnant Women About Breastfeeding

137

Promoting the WIC Food Packages

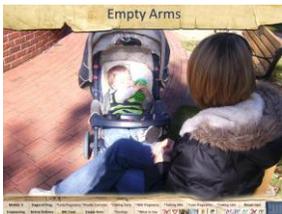


Key Talking Points:

- During the mother's pregnancy is an excellent time to begin sharing information about the WIC food packages that are available for mothers who fully breastfeed their infants.
- Refer to Handout 2.3, WIC Food Packages for Breastfeeding Mothers, and Babies, which describes the benefits of the WIC food packages for breastfeeding mothers.
- Advise mothers who plan to exclusively breastfeed to continue to come to WIC for their food vouchers after baby is born.

138

Empty Arms



Key Talking Points:

- The loss of a baby at any time during pregnancy is upsetting and can be challenging, especially if it the first time you talk to a mother.
- Thinking about how you might respond *now* will help you feel more prepared when you are faced with this situation.

139

DEALING WITH FEELINGS



Key Talking Points:

- Mothers respond to grief in many different ways.
- Many emotions are associated with loss. These emotions might be shock, denial, anger, and sadness.
- Often people go through each of these emotions at differing times through the grief process before finally coming to a place of acceptance.
- The amount of time to get from one emotion to the other varies from person to person.
- Some mothers might be relieved a miscarriage occurred if the pregnancy was unplanned.
- It is not your job to fix her feelings, whatever they may be, but to listen to her and let her know you care about her.
- Yield to her health professional and tell her about any pregnancy loss support groups available in your community. An online resource is www.compassionatefriends.org.

Module 9: Talking with Pregnant Women About Breastfeeding

140

WHAT TO SAY



Key Talking Points:

- Some things NOT to say to a mother who is grieving about the loss of a child:
 - *It's for the best.* (Nobody believes that, and if she is upset, it will only compound her sadness.)
 - *Be thankful you have other children.* (Of course she is thankful for other children, but she loved this baby, too.)
 - *I know how you feel.* (Don't say this unless you have lost a baby too. Remember that even if you have lost a baby, the way you felt may not be the same way she is feeling.)
 - *I lost a baby, too. Let me tell you about it.* (This is not the time to tell her your story.)
- What you CAN say to mothers:
 - Ask open-ended questions:
 - How do you feel about this?
 - What did your doctor tell you?
 - Affirm her feelings:
 - I am so sorry.
 - I lost a baby, too. I know how hard it is.
 - I can tell you are really hurting.
 - Information you can share:
 - Talk with other mothers she may know who have also lost a baby.
 - How to deal with any milk that may come in if she was further along in her pregnancy.
 - Who to contact for help.
 - Resources to help her cope, including local support groups.

Module 9: Talking with Pregnant Women About Breastfeeding

141



3-Step Practice

Key Talking Points:

- You are a great source of support to mothers during pregnancy.
- The 3-Step Counseling principles help you build a relationship with moms so you can help them address their barriers and prepare for breastfeeding.
- You also help educate the entire family during a mother's pregnancy.

Activity: 3-Step Practice: Pregnancy

Purpose: To help peer counselors practice counseling a pregnant mother.

Materials Needed:

- Handout 9.4: 3-Step Practice: Pregnancy

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 9.4, 3-Step Practice: Pregnancy.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings of mothers who are pregnant?
- What affirmations help them feel confident they can breastfeed?

Take-away Points:

- Pregnant women have many conflicting emotions.
- Peer counselors can use our 3-Step Counseling skills to affirm those feelings and help mothers feel confident they can breastfeed.

Module 9: Talking with Pregnant Women About Breastfeeding

142



Yield!

Key Talking Points:

- If the mother has trouble latching her baby despite your suggestions, or if the tips you shared have not improved breastfeeding, always yield to the WIC Designated Breastfeeding Expert.
- Always yield to the WIC Designated Breastfeeding Expert if you or the mother feel uncomfortable with how the baby is doing. Newborns can get into trouble very quickly when they are underfed.
- Many things can go awry quickly in the early days of breastfeeding, so frequent follow-up and support will make the difference in keeping small issues from becoming big ones.

143



Contacting Mothers

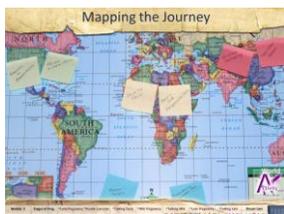
Key Talking Points:

- Refer to Handout 9.3, Contacting WIC Mothers.
- Regular contacts throughout the mother's pregnancy help you establish a positive relationship with her. This builds trust and opens the mother to education about breastfeeding when she is ready for it.
- Calling mothers monthly during pregnancy helps build rapport.
- Many mothers like knowing that someone from WIC cares enough to check on them, but not all mothers wish to be contacted. Follow the mother's lead and contact her at intervals she is comfortable with..
- Toward the end of the pregnancy, mothers may need more frequent contacts.
- Weekly contacts in the last month help you stay in touch with moms, provide information, and know when they are ready to deliver.
- Calling the mother the week before her due date gives you an opportunity to answer last-minute questions and offer a few reminders, such as calling you when her baby is born, and enrolling the baby on WIC.
- Mothers may need more frequent contacts toward the end of their pregnancy.

Module 9: Talking with Pregnant Women About Breastfeeding

144

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

Module 9: Talking with Pregnant Women About Breastfeeding

145

Learning More



Ongoing Enrichment:

- Read chapter 23, pages 169-181, in *Breastfeeding: A Parent's Guide to Breastfeeding*. Which of the questions discussed do you feel might be common ones of pregnant mothers?
- Read pages 20-26 in *The Womanly Art of Breastfeeding*.

146

Passport to Success



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you are making as you begin applying your 3-Step Counseling skills to help women on their own journey through pregnancy and being new moms.
- The support you provide new mothers will help them feel confident they can work this into their lives.
- You are not alone in this journey as the entire WIC circle of care will be there for both you and the mothers you serve when questions and concerns arise.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors' training accomplishments and chart their personal journey of building new skills.

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

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

Overview

The first month after birth is a critical period for helping new mothers establish milk production and adjust to breastfeeding. WIC mothers typically begin formula supplements and wean during the first month, and are extremely vulnerable to negative messages about breastfeeding. This module helps peer counselors understand the importance of support during the first month, with practical solutions to help make breastfeeding easier, including understanding the changes that occur in the mother's body, learning more about the baby, and where to turn for help when mothers have questions or experience challenges.

Topics Covered

- 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

Time: 1.5 hours

Core Competencies

- Promotes exclusive breastfeeding without formula supplementation.
- Describes practices that will protect milk production.
- Explains normal infant growth and behavior patterns in the first month.
- Explains the WIC food packages available for breastfeeding mothers and their infants.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Identify mothers' physical and emotional adjustments in the first month postpartum that may affect breastfeeding.
- Explain how mothers can evaluate infant intake and protect their milk production.
- Describe typical infant weight gain, growth spurts, stooling and sleep patterns.
- Identify strategies to help mothers manage a fussy baby.
- Explain the importance of exclusive breastfeeding.

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

Materials and Supplies

Handouts

- Handout 10.1: Baby Talk
- Handout 10.2: Secrets of Baby Behavior
- Handout 10.3: Conversation Starters in the First Month
- Handout 10.4: 3-Step Practice: Breastfeeding in the First Month
- Handout 9.3: Contacting WIC Mothers
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

General Training Materials

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

Training Materials by Activity

What to Expect?

- Set of children's alphabet building blocks

Baby Talk

- Handout 10.1: Baby Talk
- Velcro tabs

Lightening the Load

- Handout 10.3: Conversation Starters in the First Month
- Set of children's alphabet building blocks
- Set of 16 note cards, each with a 1st Month Scenario from the list below:
 - I've decided to do *both* so I can get some rest.
 - My breasts feel like bowling balls.
 - He's such a good baby – he sleeps all the time.
 - He never seems satisfied.
 - I don't want to breastfeed in front of all these visitors.
 - My mother says giving him some formula or cereal will help him sleep better.
 - He's using me as a pacifier.
 - Can't I just pump?
 - My mother-in-law says I'm spoiling her.
 - He is eating me alive today!
 - He prefers the bottle to my breast.
 - What's with all this leaking?

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

- He cries all the time.
- My doctor said he's probably allergic to my milk.
- I don't think my milk is rich enough.
- All I feel like doing is crying all the time.
- My breasts feel like bowling balls.

Activity: 3-Step Practice: Breastfeeding in the First Month

- Handout 10.4: 3-Step Practice: Breastfeed in the First Month

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

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

Facilitator Notes

147



Talking with Mothers About Breastfeeding in the First Month

Key Talking Points:

- The first month, and especially the first two weeks, is a critical period when mothers often begin formula supplements or wean. Once mothers are past this adjustment period, breastfeeding seems to get much easier for most mothers.
- Support is crucial during this period, as mothers face many changes and adjustments and can easily feel overwhelmed.
- The well-meaning advice from family and friends can seem attractive, even if it is not always evidence-based.
- By sharing what to expect during this period, peer counselors can ensure the mother will have the knowledge and confidence she needs for breastfeeding to go well.
- What to expect in this module:
 - We will focus on common feelings and challenges during the first month to learn how to empathize with what other new mothers might be going through as they adjust to breastfeeding.
 - We will also learn more about the secrets of baby behavior, how a mother's body changes in the first month, and breastfeeding practices that can help her establish a healthy milk production.

Activity: What to Expect?

Purpose: To help peer counselors identify common concerns and feelings new mothers may have in the early days.

Materials Needed:

- Set of children's alphabet building blocks

Time Needed: 10 minutes

Instructions:

1. Divide peer counselors into small groups. Any sized group works well for this activity.

For larger groups: small groups of 4-5 work well.

For smaller groups or one-on-one learning: conduct the activity with pairs or as a group discussion.

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

2. Give each pair or group a selection of five or six wooden blocks.
3. Ask pairs or groups to discuss physical or emotional issues new mothers might face in the first two weeks. Use the letters or pictures on the blocks to remind them of those common feelings and concerns. (Examples: embarrassment, fussy baby, pain, too many visitors, fatigue, baby blues, etc.)
4. As each group reports, ask them to take their blocks to the front and begin stacking them on a small table or flat surface near the front of the room.
5. Leave the tower or wall built with the blocks in front of the room throughout the module.

Points for Discussion:

- What do you notice about the pile of feelings and concerns?

Take-away Points:

- It is easy for a mother and her family members to believe that the feelings and concerns are a sign that breastfeeding is not working well.
- These stresses contribute to feeling less than confident and that may lead to early supplementation with formula.

148



Baby Is Home

Key Talking Points:

- Mothers often experience a wide range of emotions when they come home from the hospital.
- Parenting can seem like a wonderful, frustrating, confusing, glorious, exhausting, and exhilarating experience all at once.
- While having the baby home is exciting for mothers and their families, it is also a time of adjustment for everyone.
- Many mothers are surprised at the new reality they encounter with a baby in the home.
- Provide support to help mothers deal with situations that might otherwise sidetrack them from successfully breastfeeding.

Teaching Tip

1. Ask attendees to stand and imagine that there is a clock face on the ceiling.
2. Ask them to point to 12, then 3, then 6, then 9, and then back to 12. Continue circling the clock face.
3. Ask them to keep circling their finger around the clock and bring their finger down to shoulder level.
4. Ask them which way their finger is going. (Note: they will answer counter-clock-wise.) Ask them to try again.

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

Points for Discussion

- What changed?
- Did your finger change direction?

Take-away Points

- What changed was not the direction your finger was moving, but your perspective.
- At first you viewed your finger from below, and it was moving clockwise. When you shifted the way you looked at it by looking at it from above, your finger was going a totally different direction, counter-clockwise.
- When women enter motherhood, their perspective often shifts and they see things differently than they did before their baby was born. Setting realistic expectations becomes important as mothers learn to shift their perspective of what life with a new baby is like.
- As peer counselors, you too can learn to shift your perspective and view a mother in different ways. Kindness and understanding about the barriers and challenges mothers are facing can help us relate to them at their level and offer support that helps them adjust.

149

Dealing with Emotional Challenges



Key Talking Points:

- The gamut of emotions coupled with hormonal shifts, new responsibilities, and new ways of viewing her body can require creative thinking and lots of *Loving Support*®.
- So what's happening during those early days?
 - Recovery from childbirth and the normal maternal "brain fog" make it hard to focus.
 - Lack of sleep. Note that studies show breastfeeding mothers get an extra 30-45 minutes more sleep per night than mothers who formula feed, even if the mother's partner helps her feed the baby at night.¹
 - Rapid changes in the breasts, including a sudden fullness from extra fluids and milk, which rapidly go down around the same time the baby goes through the first growth spurt.
 - Lack of understanding of normal infant behavior in the early days that can easily be misinterpreted to mean breastfeeding is not working well.

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

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

- Use rapport-building principles of empathy to affirm the feelings new mothers might have.
- You are a valuable resource for new mothers by providing day-to-day encouragement and support during the critical weaning window of the first two weeks.

Teaching Tip

Instructions:

1. Click on the **CONCERNS** icon on this slide to bring up the **CHECKERBOARD** of common concerns that new mothers can face.
2. Ask peer counselors to think about any of the emotional concerns listed there that might be common for mothers in the first month and click on those buttons to bring up slides related to that concern.
3. Training facilitator notes for each concern are provided in Module 8.
4. If peer counselors do not bring it up on their own, click on the following buttons to address common emotional concerns that may arise in the first few weeks:
 - Baby transitions
 - Fussy baby
 - Lack of sleep
 - Overwhelmed
 - Baby blues

Points for Discussion

- What are some of the common emotional concerns of mothers in the early weeks?

Take-away Points

- Helping mothers know what to expect can help them feel confident in addressing some of these emotional concerns.
- Having access to a caring peer counselor who checks in with her regularly helps mothers feel empowered because they know they are not alone.

150



Take Time to Recover

Key Talking Points:

- The first few weeks are an important time for mother and baby to get to know one another and to get comfortable with breastfeeding and with their new life together.
- Many mother are surprised that they are so tired and don't feel like instantly doing everything they did before the baby was born.
- It is tempting for a mother to want to resume usual household tasks soon after delivery

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

- Urge her to enjoy the first few weeks as a time to allow her body to recover and to get in sync with her baby.
 - This is especially important if she delivered her baby by cesarean section.
- Affirm the mother's feeling:
 - I remember how exhausting it is during the first few weeks.
 - I can tell how tired you are right now.
 - What a good mom you are for taking such good care of your baby.
- Suggestions to help her take care of herself during this time:
 - Nap when the baby naps.
 - Try to limit visitors.
 - Let the housework go and accept offers of help.
 - Eat healthy foods and drink plenty of fluids to satisfy thirst.
- It is common for mothers to feel sadness or "baby blues."
 - This is often brought on by rapidly changing hormones.
 - This feeling is usually temporary.
 - Resting, taking care of herself, and getting support from family and friends will help.
 - Yield the mother to her health care provider if she says she continues to be sad after a few days, or if she feels extremely depressed.
- Yield mothers to their health care providers if they report any problems healing from childbirth, or if they are worried about themselves or their babies.

151



What's Happening to My Breasts?

Key Talking Points:

- Shortly after the mother comes home from the hospital, usually between days two and five, her breasts will become noticeably fuller as the volume of milk dramatically increases and additional fluids and nutrients needed for milk production are carried to the breast.
- These extra fluids cause swelling that will gradually subside.
- Delaying or missing feedings can take a mother past normal fullness to engorgement, particularly if the transition occurred during the night while she was asleep and baby did not wake for a while to breastfeed.
- Mothers may be very surprised at these changes, which increase the size of her breast and can make them feel uncomfortable.

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

- Be sure to help mothers know what to expect, and what to do if her breasts are uncomfortable or sore.
- The swelling from the extra fluids in her breasts gradually begins to subside, and by two weeks or so, they may not feel full any longer.
- This is about the same time the baby's first growth spurt occurs, when baby suddenly begins feeding very frequently over the course of a day or two.
- Mothers often assume that their milk has gone away, when actually, what went away was the initial swelling.
- Be sure to contact mothers around 10 days to help her know what to anticipate and to give her support.

152

Secrets of Baby Behavior



Key Talking Points:

- If only babies could talk!
- Babies have very few ways of communicating with their parents in the first year of life. Noises and body movements are the only ways they have!
- When babies fuss and cry, or do not sleep well, it can be overwhelming to new parents who are already stressed adjusting to the many changes in their life.
- Many moms who are breastfeeding misinterpret baby's fussing or crying to mean the baby is hungry, and therefore they must not be making enough milk to satisfy the baby.
- When parents understand their baby's unique language and receive coping solutions, they are more likely to feel confident continuing to breastfeed.
- Learn some of these secrets of baby behavior² and pass them along to new families. These tips can help mothers gain confidence as they get to know their baby, and reassure them that breastfeeding is going well.

² Heig J, Banuelos J, Goldbronn J & Kampp J. (2010). Secrets of Baby Behavior. USDA Special Project Grant. Available at the WIC Works Resource System at: http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm.

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

153

INFANT STATES



Key Talking Points:

- Babies use their own unique language of behavioral cues to tell parents what they are feeling and what needs they have.

Discussion

Click on the *SLIDE SHOW* of an infant demonstrating the various states. Show the first two slides and ask peer counselors to tell you what they think the baby is trying to communicate and how they can tell that. After they guess, click to bring up a statement that explains what the baby is saying.

Photo #1: Introducing dad and baby.

Photo #2: I need a break.

- Turns his head or whole body away from the parent
- Stiffens his body
- Fusses
- May yawn, rub his eyes, or give tired signs

What to do: parent can offer the baby a break or soothe him to calm him quickly.

Photo #3: I want to be near you.

- Baby's eyes are open and their face is relaxed
- Baby tries to reach toward the parent
- Baby lifts face and smiles (if they are old enough)

What to do: parent can engage with the baby, smile, make faces, and talk to the baby.

Next, click on the remaining photos to help peer counselors identify the six "states" that an infant moves through to communicate his needs. As you show each photo, ask peer counselors to tell you what they think the baby is communicating and the clues that tell you that.

Photo #4: Crying

- Tears
- Jerking motions
- Color changes
- Tight muscles

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

- Rapid breathing
- Responds slowly

Photo #5: Irritable

- Lots of body movement
- Facial movement
- Eyes open but may not want to interact
- Fussy
- Sensitive to what's going on inside and around them
- Common before feeding

Photo #6: Quiet Alert

- Little body movement
- Eyes open and wide
- Steady, regular breathing
- Highly responsive
- Wants to learn and play
- Can be tiring for young babies

Photo #7: Drowsy

- Variable movement
- Irregular breathing
- Opens and closes eyes
- Eyes glazed
- Takes time to react
- Easily startled

Photo #8: Active Sleep

- Moves a little every now and then
- Variable breathing
- Facial twitches
- Rapid eye movements (REM)
- Easy to wake

Photo #9: Quiet Sleep

- No body movement
- Rhythmic breathing
- Bursts of sucking
- Startles but does not wake
- Does not respond
- Hard to wake

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

Points for Discussion:

- What do you think these babies are trying to communicate? How can you tell that?

Take-away Points

- Babies give two main cues to parents: (1) they want to be near the parents and (2) they need a break or need to do something different.
- Babies have different “states” or patterns of behavior from crying to deep sleep.
- Their facial expressions can give parents “cues” as what state they are in.
- Helping parents understand the infant states will help them learn to read their baby better and gain confidence meeting their needs.

154

WHY BABIES CRY



Key Talking Points:

- Hearing a baby cry can be very stressful for everyone.
- Parents often find it easier to cope with crying when they understand *why* their baby is crying.
- Some of those reasons might be:
 - Dirty diaper.
 - Too hot or too cold.
 - Tired.
 - Too loud or bright in the room.
 - Wants to be near the parent.
 - Wants to do something different.
 - Hungry.
 - Lonely.
- How to know if baby is crying due to hunger:
 - Brings hands to his mouth.
 - Clenches his hands.
 - Flexes their arms and legs.
 - Roots and make sucking noises.
- Coping strategies:
 - Respond early to cues before the baby gets to the crying stage.
 - If the fussy baby is not showing hunger signs, investigate other reasons the baby may be crying.
 - Repetition often works (holding, rocking, speaking softly).

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

155



PERSISTENT CRYING

Key Talking Points:

- Some babies are only fussy at certain periods of the day, often in the evening when they have been over-stimulated. Calming them by nursing in a quiet area can be helpful.
- Other infants may cry persistently for many hours throughout the day.
- Reasons for this kind of intense crying:
 - Digestion problems (about 25-30%).
 - They may not be ready to handle the stimulation of being in a world full of sounds and sights they are not used to yet.
 - They cannot self-soothe or regulate their states yet.
 - Illness or injury.
- Mothers who report that their baby cries persistently, especially if the baby also has signs of illness, should be yielded to the baby's health care provider.

156



SLEEP

Key Talking Points:

- Mothers often believe babies wake because they are hungry.
- Mothers believe that babies will stay full longer if they are overfed.
- Mothers are often pressured by others to feed formula so the baby will sleep longer.
- Babies are not built to go all night without eating, and need the calories to grow and develop well.
- Normal ways babies sleep:
 - Newborn babies go through a cycle of sleep states that go from active sleep to quiet sleep to waking. This cycle lasts around an hour.
 - Babies fall asleep in active sleep. During this state, the baby dreams; this is important for brain development.
 - In quiet sleep the baby does not dream. During this time the baby's brain rests.
 - Unlike adults, newborns fall asleep in the active sleep state first. This means if a mom puts her baby down too quickly after he falls asleep, he may wake up.
 - When babies are older, they begin having longer periods of quiet sleep, and gradually begin falling asleep in the quiet sleep state first,

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

the way adults do. They also link several cycles together so they are able to sleep for longer stretches at a time.

- Help mothers understand how their baby sleeps so they can better understand their baby's needs.

Activity: Baby Talk

Purpose: To help peer counselors gain confidence understanding the unique language of babies.

Materials Needed:

- Handout 10.1: Baby Talk
- Velcro tabs

Time Needed: 15 minutes

Instructions:

1. Ask peer counselors to work individually or in small groups.
2. Use Handout 10.1, Baby Talk. Cut apart the text cards and the photos in the handout. Prepare a set for each small group.
For larger groups: provide a set of cards and photos to each small group.
For smaller groups or one-on-one learning: conduct as a group discussion, or use the handouts in the curriculum.
3. Optional: laminate the text pages and the photos. Apply Velcro tabs to the backs of each photo and text card. Place the felt side of the Velcro on the backs of the photos.
4. Ask peer counselors individually or in groups to read the story cards and match each story card with a photo that corresponds to it.

Points for Discussion:

- What did you learn?
- What recommendations would you give a mother who reports her baby is behaving like this?

Take-away Points:

- It can be exciting to learn the unique language of communication that babies use with their parents.
- Parents who communicate with their baby strengthen bonds that can last a lifetime.

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

Teaching Tip

1. Share the four handouts from the *Secrets of Baby Behavior* with peer counselors as a handy reference to assist mothers who have questions about their baby's crying or sleep states.
2. Consider teaching peer counselors the full *Secrets of Baby Behavior* training workshop as part of ongoing training after they have been working as a peer counselor for a while. Materials for the program are available at the WIC Works Resource System at:
http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm.

157

WIC Foods for Breastfeeding Moms



Key Talking Points:

- WIC has special food packages for mothers who fully breastfeed.
- Promote the food packages, and encourage mothers to continue breastfeeding so they can access these important food packages.
- Refer to Handout 2.3, WIC Food Packages for Breastfeeding Mothers, and Babies, to view the food packages for breastfeeding mothers.

158

SUPPORTING EXCLUSIVE BREASTFEEDING



Key Talking Points:

- For infants 6 months and older, this package provides twice the amount of baby food fruits and vegetables as the package for infants who receive infant formula, and also provides baby food meat, a good source of iron and zinc.
- WIC's Grand Deluxe food package has the largest quantity and variety of foods that WIC offers, and is only available to mothers who are fully breastfeeding and not getting infant formula from WIC.
- WIC does not routinely give formula to breastfeeding babies so the mother can build her milk foundation. Formula supplements during this time will cause her body to make less milk.
- This helps the mother give her baby the gift of her priceless milk for as long as she and her baby want to breastfeed.

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

159



SUPPORTING PARTIALLY BREASTFEEDING MOTHERS

Key Talking Points:

- Partially breastfeeding food packages are for mothers and their babies who mostly breastfeed but also receive some infant formula from WIC after the first month postpartum. Mothers and infants may receive this package until the infant is 12 months of age.
- For moms, this package provides extra quantities and varieties of foods – more than for moms who mostly formula feed, but not as much as for moms who are fully breastfeeding.
- For mothers who want to “do both,” suggest that the mother breastfeed exclusively at least for the first month. This allows her body to set a good foundation for milk production that will give her more options for doing both later on.
- Even if mothers want to use formula, they should be praised for wanting to give their baby a healthy start by also breastfeeding.
- Encourage and support the mother to feed as much breastmilk as possible.

160



SUPPORTING MOTHERS WHO WANT TO FORMULA FEED

Key Talking Points:

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

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

161



SUPPORTING MOTHERS WHO WANT TO RETURN TO BREASTFEEDING

Key Talking Points:

- Sometimes mothers decide to formula feed, and change their mind when their milk volume increases. Or perhaps they find their baby is not doing well on formula and they feel that breastfeeding would make a difference.
- Sometimes the journey takes some twists and turns along the way. Some mothers start out breastfeeding, wean partially or fully to formula, and then decide they want to go back to full breastfeeding again.
- In all of these cases, it is possible to breastfeed again.
- Yield the mother in these situations to the WIC Designated Breastfeeding Expert so she can be properly assessed and supported.
- While the mother is receiving help from an expert, you should continue to stay in contact with the mother to offer her encouragement and praise for her decision.

Activity: Lightening the Load

Purpose: To conclude the What to Expect activity at the beginning of this module by helping peer counselors see the power of their affirmation in helping mothers cope early challenges.

Materials Needed:

- Handout 10.3: Conversation Starters in the First Month
- Set of children's alphabet building blocks
- Set of 16 note cards, each with a 1st Month Scenario from the list below:
 - I've decided to do *both* so I can get some rest.
 - My breasts feel like bowling balls.
 - He's such a good baby – he sleeps all the time.
 - He never seems satisfied.
 - I don't want to breastfeed in front of all these visitors.
 - My mother says giving him some formula or cereal will help him sleep better.
 - He's using me as a pacifier.
 - Can't I just pump?
 - My mother-in-law says I'm spoiling her.
 - He is eating me alive today!

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

- He prefers the bottle to my breast.
- What's with all this leaking?
- He cries all the time.
- My doctor said he's probably allergic to my milk.
- I don't think my milk is rich enough.
- All I feel like doing is crying all the time.

Time Needed: 10 minutes

Instructions:

1. Divide peer counselors into pairs or small groups of 2-3 each.
For larger groups: add more people to small groups.
For smaller groups or one-on-one learning: conduct in pairs or as a general discussion.
2. Select cards that represent some of the most common concerns of WIC mothers in your agency.
3. Provide each pair or small group with one or more cards.
4. Ask peer counselors/groups to reflect on the statement on the card and what they feel the mother might be feeling. Come up with one or more affirming statement to say to her.
5. Jot down a question they might want to use to open the conversation with a mother regarding this topic. Record the conversation starters on Handout 10.3, Conversation Starters in the First Month.
6. Ask each group to report their conversation starters, and encourage peer counselors to jot down questions they like on their handout.
7. Remind peer counselors of the tower/wall of blocks that they built earlier in this module. As each peer counselor or group reports their affirming statement(s), ask someone from their group to remove one or two blocks as a visual symbol of the power or affirmation.

Points for Discussion:

- Which affirming statements that you heard do you feel would have been music to your ears as a new mom?

Take-away Points:

- Although many mothers believe formula is a solution to their concerns, when they are affirmed they are able to relax and listen to solutions that they may not have thought of.
- Affirmation gives mothers confidence in their own ability to cope, which builds empowerment.

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

162

3-Step Practice



Key Talking Points:

- You are a great source of support to mothers during the first month.
- The 3-Step Counseling principles can be used to identify the conflicting emotions and concerns during the first few weeks, and to help build confidence in new mothers.

Activity: 3-Step Practice: Breastfeeding in the First Month

Purpose: To help peer counselors practice counseling a mother in the early weeks of breastfeeding.

Materials Needed:

- Handout 10.4: 3-Step Practice: Breastfeeding in the First Month

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 10.4, 3-Step Practice: Breastfeeding in the First Month.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings of mothers who are first learning to adjust to breastfeeding?
- What affirmations help them feel reassured they can continue to breastfeed?

Take-away Points:

- In the first month mothers are adjusting to both breastfeeding and being a new parent.
- Breastfeeding can sometimes seem overwhelming.
- Peer counselors can use the 3-Step Counseling skills to affirm those feelings and help mothers feel confident they can make it through this adjustment period.

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

163

Yield!



Key Talking Points:

- Because so many issues can arise as breastfeeding is getting established and mother and baby are adjusting to their new world together, be alert to situations that may need immediate follow-up to the WIC Designated Breastfeeding Expert or the mother's health care providers.
- While medical and lactation experts are assisting the mother and baby with early challenges to breastfeeding, continue to journey with the mother to encourage her and support her.

164

Contacting Mothers



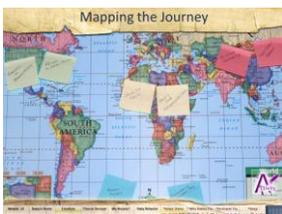
Key Talking Points:

- Refer to Handout 9.3, Contacting WIC mothers.
- New mothers will benefit from frequent contacts with you in the first month, and especially in the first two weeks.
- As mothers are faced with many new challenges (sometimes all in one day!) they gain confidence when they know they can rely on you to check on them and provide support.
- Make brief calls every day or two in the early days of breastfeeding, offering information in small amounts.
- Calls should taper off as the mother becomes more confident and things are going well.
- If a mother is experiencing challenges, follow up within 24 hours.
- Gauge the contact frequency according to how the mother is doing, how much support she has at home, and how receptive she is to your support.
- Remind mothers to keep appointments with WIC for herself and her baby, as well as appointments with the baby's doctor.

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

165

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

166

Learning More



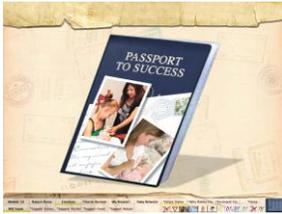
Ongoing Enrichment:

- Read Chapter 8, pages 59-64 in *Breastfeeding: A Parent's Guide to Breastfeeding*.
- Read Chapters 5, The First Few Days: Hello, Baby, Chapter 6, The First Two Weeks: Milk! and Chapter 7, Two to Six Weeks: Butterfly Smiles, pages 85-148 in *The Womanly Art of Breastfeeding*.

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

167

Passport to Success



Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- As you reflect on your own personal journey through breastfeeding through the adjustment period of the first few weeks, you can be proud that the information you have learned in this module will help you provide evidence-based solutions and support to new mothers who are just beginning their journey.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors' training accomplishments and chart their personal journey of building new skills.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Overview

Once a mother has breastfed exclusively to the first month, breastfeeding tends to get easier and her confidence grows. Even after breastfeeding is well established, however, most mothers continue to have questions about what to expect next with breastfeeding, how to sustain their milk production, whether baby is doing well, and how to work breastfeeding into their everyday life. This module provides peer counselors with the knowledge and skills they need to support breastfeeding mothers of babies beyond the first month.

Topics Covered

- Growth patterns and appetite spurts
- Fitting breastfeeding into a busy life
- Introducing solid foods to a breastfed baby
- Where baby sleeps
- Through teething and weaning
- Talking with mothers about WIC food packages

Time: 1 hour

Materials and Supplies

Handouts

- Handout 11.1: Sign It
- Handout 11.2: Conversation Starters as Baby Grows
- Handout 11.3: 3-Step Practice: As Baby Grows
- Handout 9.3: Contacting WIC Mothers
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success Skills Checklist

Core Competencies

- Encourages and supports mothers to continue breastfeeding through the first year of life.
- Supports mothers with breastfeeding through weaning.
- Yields to a WIC designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Identify ways to help mothers fit breastfeeding an older baby into their lives.
- Describe typical growth patterns for babies during the first year.
- Identify strategies to help mothers manage growth spurts, nursing strikes, and teething.
- Describe how to help mothers introduce solid foods while continuing to breastfeed.
- Explain how to assist mothers through the weaning process.
- Report how to document contacts.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

General Training Materials

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

Video Tools in the Video Section of the Presentation Platform

- Video Segment: *The Breastfeeding Journey*, found at *Support/Peer Support*, in the WIC Works Resource System at:
http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642, or through YouTube™ on the Internet.
- Video Segment: *Nursing is Normal*, available at *Support/Breastfeeding in Public*.
- Video Segment: *Babies and Solid Foods*, available at *Baby Grows/Solid Foods*.

Training Materials by Activity

Sign it!

- Handout 11.1: Sign It!
- Set of road signs, one for each small group of 6-8 (available in curriculum to print)

3-Step Practice: As Baby Grows

- Handout 11.3: 3-Step Practice: As Baby Grows

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Facilitator Notes

168



Talking with Mothers About Breastfeeding as Baby Grows

Key Talking Points:

- Beyond the first month is an exciting time for new mothers as they discover more about their baby and his or her new skills, and truly become a family.
- Mothers often grow in their confidence with breastfeeding once they reach the first month.
- As babies grow, each new day can be an adventure, and mothers often have questions about how baby is doing.
- *Loving Support*® from their peer counselor will help them remain confident they can work through any concerns that arise.
- What to expect in this module:
 - Remembering your own baby's journey through the first year of life will help you relate to the many questions mothers can have.
 - We will journey through the new adventures of working breastfeeding into everyday life, starting solid foods, and through the weaning process.

Teaching Tip

Video Clip: Click on the **VIDEO** icon on this slide to show the video clip, *The Breastfeeding Journey*, found in the presentation platform under *Support/Peer Support*. The video features WIC mothers sharing their experience through the journey of breastfeeding, with support from their peer counselors.

169



Watch Baby Grow!

Key Talking Points:

- From 1 to 12 months and beyond, babies will grow through many periods of rapid growth.
- The normal standard for how babies should grow is breastfeeding.
- In the first three months, breastfed and formula fed babies tend to grow similarly. After then, breastfed babies tend to be leaner. The typical

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

higher rate of weight gain among formula feeding infants is sometimes due to overfeeding.¹

- Mothers often look at their baby's weight and growth to determine whether they have sufficient milk. They may compare their baby's growth with the growth of other babies who may or may not be breastfeeding.

GROWTH PATTERNS



Key Talking Points:

- Breastfed babies normally gain 4-7 ounces per week in the first six months.
- Babies should double the amount they weighed at birth by the time they are 4-6 months old, and triple their birth weight by the time they are a year old.
- However, each baby's growth is very different depending on his genetic makeup.
- For example, babies who have very petite parents may be smaller.
- Growth charts help health care providers keep track of the baby's growth.
- Mothers who are unsure about their baby's growth can be encouraged to bring their baby to the WIC clinic to be weighed.
- If a mother is worried that her baby is not growing well, yield her to the WIC Designated Breastfeeding Expert, the WIC nutritionist, or the baby's health care provider.

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

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

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

FEEDING PATTERNS



Key Talking Points:

- How often babies feed varies depending on the baby's age and size, the mother's milk storage capacity in her breast, and her baby's needs.
- In the early weeks most babies breastfeed 8 to 12 times or more every 24 hours. This helps babies grow and helps mothers establish and maintain a good amount of milk.
- As babies grow, they tend to become more efficient at breastfeeding, and may breastfeed less frequently or finish feeds more quickly.
- It is normal for some babies to cluster feed or group several feedings back-to-back, often in the evenings when they may be over-stimulated from the day and/or are preparing for longer sleep stretches at night. Mothers can be reassured that cluster feedings are normal, and often simply means her baby wants to be close to her.
- Some babies continue to wake at night to feed for a very long time. This is normal, too, and may help the mother keep her milk production strong since her body makes more prolactin at night.
- Remind mothers that to make plenty of milk they will want to breastfeed whenever her baby shows signs of being hungry, or at least 8-12 times every 24 hours.

STOOLING PATTERNS



Key Talking Points:

- The stooling patterns of a breastfed baby change as baby grows.
- Unlike the first month, when babies stool several times a day, breastfed babies may go several days or longer between bowel movements after the first month. This is normal.
- Once solid foods are introduced, the consistency of the baby's stools will change from loose to more solid.
- Yield to the WIC Designated Breastfeeding Expert if a mother is worried about her baby's stooling patterns.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

APPETITE/GROWTH SPURTS



Key Talking Points:

- Babies typically have periods of rapid growth where they want to breastfeed more frequently for a day or more. This is called a growth or appetite spurt.
- Babies have their own time to go through a growth spurt, but they typically occur around:
 - Two weeks.
 - Six weeks.
 - Three months.
 - Six months.
- Because babies are growing and may be uncomfortable and restless during this period, the extra nursing helps calm them and may even help with pain relief for the baby.
- Mothers may misinterpret this as a sign they are not making enough milk. They may receive negative messages or well-meaning advice during this time such as:
 - You're starving your baby.
 - He's ready for solid foods.
 - Your milk is not rich enough.
- Affirm her:
 - It can feel overwhelming when the baby wants to breastfeed nonstop.
 - I can tell how worried you are about your baby. It's obvious how much you love him.
- Suggestions you can share:
 - Keep your baby close during this mommy/baby time and feed as often as she wants.
 - Avoid supplements of infant formula. It can interfere with your ability to make milk.
 - Look for the high frequency feedings to subside after a couple of days.
- Yield the mother to the WIC Designated Breastfeeding Expert if a growth spurt seems to be lasting more than a few days.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

NURSING STRIKE



Key Talking Points:

- Occasionally a baby will suddenly refuse to breastfeed for a period of time lasting from several feedings to several days. This is called a nursing strike.
- A nursing strike can occur because of illness in the baby (such as an ear infection), stress, or overstimulation, but most often mothers never know what caused it.
- Mothers may feel:
 - Rejected because the baby has suddenly stopped wanting her breast.
 - Worried about the baby's well-being.
 - Stressed or frustrated trying to coax the baby back to the breast.
 - In pain if she becomes engorged.
- Showing a mom that her baby loves her will be important during this time.
- Affirm her concerns:
 - What a lucky baby to have a mom who is working so hard to make this work.
 - Many babies go through a period like this. What a great mom you are to continue working on this.
 - See how your baby is looking at you. He sure knows you're the mom!
- Suggestions you can share:
 - Minimize distractions. Dim the lights and decrease noise.
 - Try other positions to breastfeed the baby.
 - Continue to offer the breast, especially when he shows early signs of hunger or is nearly asleep. Sleepy babies can sometimes be more cooperative.
 - Hold the baby skin-to-skin and allow him to self-attach when he's ready.
 - Express the milk with your hand or a breast pump, and give the milk to the baby in a cup, spoon, or dropper until breastfeeding resumes.
- Yield to the WIC Designated Breastfeeding Expert if a nursing strike lasts more than 24 hours.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

170

Fitting Breastfeeding into a Busy Life



Key Talking Points:

- By the end of the first month after the baby is born, many mothers are interested in resuming normal activities.
- Some of their common questions revolve around maternal issues such as weight loss, exercise, and working breastfeeding into their daily routine.
- Refer to Handout 11.2: Conversation Starters as Baby Grows.

Activity: Sign It!

Purpose: To help peer counselors consider ongoing questions and challenges about breastfeeding in the first year.

Materials Needed:

- Handout 11.1: Sign It, with selection of road signs

Time Needed: 5 minutes

Instructions:

1. Print off Handout 11.1, Sign It, onto cardstock paper, and cut apart into separate signs. Make one set for each small group of peer counselors.
For larger groups: divide peer counselors into groups of 6-8 each.
For smaller groups or one-on-one learning: conduct as pairs or as a general group discussion.
2. Ask groups to look at the signs and select several that could represent the ongoing speed bumps that mothers might face after the first month of breastfeeding.
3. Examples of road signs to include: *Slow, Children Playing, Speed Limit, Deer Crossing, Exit, No Parking, School Zone.*
4. Ask groups to report their ideas.

Points for Discussion:

- What were some of the ongoing questions you remember having after you got past the initial month of breastfeeding?

Take-away Points:

- Road signs are powerful because they give us a heads-up on what is coming ahead.
- Peer counselors help show mothers the signs, or what to expect, in their own personal breastfeeding journey.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Teaching Tip

Refer peer counselors to Handout 11.2, Conversation Starters as Baby Grows. As you discuss each of the common concerns as mothers continue breastfeeding past the first month, invite peer counselors to jot down questions they could ask mothers to begin a conversation as their baby grows.

EXERCISE



Key Talking Points:

- Mothers often wonder if it is safe for them to exercise and breastfeed.
- Affirm the mother's desire to take care of herself.
- It's great that you are going to take care of yourself right now, too.
- Suggestions you can share:
 - In the early weeks after her baby is born, the mother's body is recovering from the changes of pregnancy and childbirth. It is best to take it slow at first.
 - Encourage her to talk with her doctor about when it is safe to begin physical activity, usually around 6 weeks.

LOSING WEIGHT



Key Talking Points:

- Often mothers want to lose the extra weight they gained during pregnancy and wonder if it is safe to do so while breastfeeding.
- Affirm the mother's desire to lose these extra pounds.
 - It's great that you are taking care of yourself right now, too.
- Suggestions you can share:
 - Remind moms that breastfeeding helps mothers lose the weight gained during pregnancy. Women who breastfeed exclusively for more than 6 months lose more weight than those who do not.²
 - Mothers who lose 1-2 pounds per week through an exercise/diet plan do not affect the growth of their baby.³

² Baker JL, Bamborg M, Heitmann BL & Lissner L. (2008). Breastfeeding reduces postpartum weight retention. *American J of Clinical Nutrition*, 88:1543-1551.

³ Lovelady CA, Garner KE, Moreno KL & Williams JP. (2000). The effect of weight loss in overweight lactating women on the growth of their infants. *New England Journal of Medicine*, 342(7):449-53.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

- Yield to a WIC nutritionist for the best advice on a weight loss plan for a mother's unique situation.

FOODS TO EAT



Key Talking Points:

- Many mothers worry that they will have to eat a special diet while breastfeeding.
- Affirm her concern about giving up her favorite foods.
 - A lot of mothers share your feelings. It's tough to think about making changes to the way you eat.
- Suggestions you can share:
 - WIC encourages mothers to eat a well-balanced diet to maintain their own health.
 - Most foods are fine to eat while breastfeeding.
 - If a mother is concerned that certain foods may bother the baby (such as milk products or eggs), she can talk to her WIC nutritionist about discontinuing that food for a period of time to see if the baby's fussiness improves.
 - Drink lots of fluids as the mother feels thirsty. Many mothers like to have a glass of water handy before they sit down to breastfeed the baby.
 - Moderate amounts of coffee or other caffeinated beverages (two to three per day) are generally okay. More than that can cause the baby to be very fussy.

GOING OUT IN PUBLIC



Key Talking Points:

- Mothers often worry about how they will feed the baby in public.
- Affirm her concerns about breastfeeding in front of others:
 - It is very normal to be worried about this. There are lots of ways to be discreet.
- Suggestions you can share:
 - Show her how to breastfeed by pulling her shirt up from the bottom, rather than from the top. This includes unbuttoning a blouse from the bottom, rather than the top.
 - Carry the baby in a sling, which allows the baby to be close in a discreet way.
 - Practice discreet breastfeeding in front of a mirror first.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

- Nursing tops can make it easier. These are available at many maternity department and discount stores.
- A blanket or shawl can help cover the baby when nursing in public.
- Look in another direction besides looking at the baby when nursing in public. Other people tend to look at what you are looking at.
- Pump milk in advance and feed it to the baby in a bottle when out in public.
- Tell mothers about stores and malls that provide private areas for breastfeeding. Department store dressing rooms work well!

Teaching Tip

Click on the **VIDEO** icon to view the video, *Nursing is Normal* (created by the Idaho Breastfeeding Coalition) and found in *Support/Breastfeeding in Public*. This video can be used as a springboard for discussion with peer counselors about breastfeeding advocacy, joining a local coalition, etc.

RETURNING TO WORK



Key Talking Points:

- Many WIC mothers return to work or school, either full-time or part-time, after the first month.
- Returning to work or school places unique demands on new mothers who are breastfeeding, and some mothers cut back on breastfeeding or wean altogether during this time.
- Affirm her worries:
 - It can seem overwhelming and hard to think about leaving your baby.
- Suggestions you can share:
 - Take as long a maternity leave as possible (at least six weeks).
 - Breastmilk can be pumped while at work or school and given to the baby by the childcare provider.
 - Plan ahead by talking with the supervisor and family members about your breastfeeding needs.
 - Help formulate a plan unique to the mother's workplace needs.
- WIC offers special support for mothers returning to work or school (including breast pumps in many agencies).
- Module 12, Talking with Mothers About Breastfeeding...When Mother and Baby Are Separated, provides suggestions for how to return to work and breastfeed, as well as ways to keep up milk production when a

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

mother is away from her baby.



RESUMING SEX

Key Talking Points:

- Mothers often have questions about how breastfeeding will interfere with sexual activity, though they may hesitate bringing it up.
- Ask open-ended questions about how she feels breastfeeding is going and how her partner feels about breastfeeding.
- Affirm the mother:
 - It's important to maintain your relationship with your partner. I can tell having a strong family is important to you.
- Suggestions you can share:
 - Discuss your feelings about sex with your partner. Many women find their desire for sex to be low for a while after their baby is born due to fatigue or feeling "touched out." This is normal. Others find they are more interested in sex due to hormonal changes, and this is also normal
 - Vaginal dryness is also normal for a breastfeeding mother. Using K-Y jelly or other products can make lovemaking more comfortable.
 - Many mothers find that breastfeeding before making love can help create a peaceful environment with a sleepy, satisfied baby and more comfortable breasts for mom.
- Many birth control options are available.
 - Estrogen-containing birth control methods can affect the mother's milk production. Birth control methods such as the IUD and cervical cap sometimes have added estrogen.
 - Progestin-only methods (available as injections, pills, or implants) can affect the mother's milk production if given before six weeks post-partum.
 - Barrier methods of birth control such as condoms and the IUD (if estrogen is not added) are considered safe for breastfeeding.
- Yield mothers with questions about birth control to the health care provider or your clinic's family planning specialist.

Teaching Tip

Invite the WIC nutritionist to teach this part of the module to help answer questions peer counselors might have about starting solid foods and weaning.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

171



Helping Baby Begin Solid Foods

Key Talking Points:

- The American Academy of Pediatrics recommends that babies be exclusively breastfed for about the first six months of life, with other foods added around that time.⁴
- Despite these recommendations, many mothers begin solid foods before then.
- Teaching mothers typical signs of readiness for solid foods will help them feel confident waiting until their baby is truly ready for them.
- Remind mothers that beginning solid foods too soon can trigger allergies in the baby since his digestive track is not fully developed until around 4-6 months.
- Breastmilk is all a baby needs until he is ready for solid foods.

Discussion

- Why do you think WIC mothers are anxious to begin solid foods early?
- What advice do mothers typically receive from friends and family members?
- How could you affirm a mother who is anxious about starting solid foods too early?

Examples:

- Many mothers have questions about starting solid foods.
- It's great you are concerned about the baby getting good nutrition.

Take-away Points

- The WIC staff can help mothers sort through the mixed messages they receive to offer solid foods appropriately to their baby.
- Peer counselors can consider bringing their own exclusively breastfeeding babies to classes and support group meetings to show mothers how well exclusively breastfeeding babies grow.

Teaching Tip

Refer click on the **VIDEO** icon to view the Baby GooRoo video, *Babies and Solid Foods*, found in the presentation platform under *Baby Grows/Solid Foods*.

⁴ American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2):496-506.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

READY FOR SOLIDS?



Key Talking Points:

- Teach mothers the developmental signs that a baby is ready for solid foods.⁵ These include:
 - The baby can sit alone or with support.
 - The baby can hold his head steady and straight.
 - The baby can keep his tongue low and flat to receive the spoon (his tongue thrust reflex has disappeared).
 - The baby can close his lips over a spoon and scrape food off as the spoon is removed from his mouth.
 - The baby can keep food in his mouth.
- Yield to a WIC nutritionist if a mother decides to introduce solids before four months of age.

WIC FOODS FOR BREASTFED INFANTS



Key Talking Points:

- WIC provides infant cereal and baby food fruits and vegetables to infants at 6 months of age.
- Fully breastfeeding babies receive the largest amount and variety of infant fruits and vegetables.
- They also receive baby food meats to help with their additional needs for iron and zinc around this age.
- Since breastmilk is flavored with the foods mothers eat, breastfeeding babies often do well accepting solid foods.
- When starting solids, breastfeed first to be sure baby gets enough milk and to keep up the mother's milk production.
- The baby's bowel movements will change in both color and consistency when solids are introduced.
- Mothers do not need to introduce solid foods in any particular order.
- Suggest that mothers wait a few days before offering a new food to be sure the baby does not have any signs of allergic reactions. They can gradually introduce other foods as the baby grows accustomed to the

⁵ USDA Infant Nutrition and Feeding Guide 2009

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

various foods and textures.

- Good oral health habits are important. Remind mothers to gently wipe the baby's gums and teeth after feedings.
- Yield mothers to the WIC nutritionist if she has further questions about solid foods.

SIGNS OF ALLERGIC REACTIONS



Key Talking Points:

- Some babies have allergic reactions to new foods they are given.
- While peer counselors do not treat food allergies, you can be aware of the signs of allergic reactions so you can refer the mothers for help.
- Signs of allergic reactions:
 - Diaper rash.
 - Hives on the baby's body.
 - Vomiting, diarrhea.
 - Wheezing, congestion.
 - Red, watery eyes.
- Constipation can be a sign the baby's system is being overwhelmed with new foods. Decreasing the amount of solid foods and increasing breastfeeding can relieve constipation.
- Yield mothers to the WIC nutritionist, Designated Breastfeeding Expert, or health care providers.



INTRODUCING A CUP

Key Talking Points:

- Around six months of age is a good time to introduce a cup to a baby.
- A mother's milk and water can both be given to the baby in a cup.

Teaching Tip

Ask a WIC nutritionist to teach peer counselors techniques for introducing a cup to a baby.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

CONTINUING TO BREASTFEED



Key Talking Points:

- Explain that solid food will complement breastmilk intake, but breastmilk will continue to provide most of baby's nutrition.
- Solid foods should not replace breastmilk feedings if the mother breastfeeds first and then gives the solid foods. After the baby is a year old, she can feed solids first and then breastfeed.
- Give mothers information about the WIC food packages for the older infant.
 - WIC provides infant cereal and baby food fruits and vegetables to infants at 6 months of age.
 - Fully breastfeeding infants receive the greatest quantity and variety of infant fruits and vegetables.
 - In addition to the fruits and vegetables, fully breastfeeding infants also receive infant (baby) food meats at 6 months of age.
- These extra meats have iron and zinc which are important nutrients for all healthy, full-term infants.

172



Where Should Baby Sleep?

Key Talking Points:

- Many parents have questions about where their baby can sleep safely.
- Affirm the mother's concerns:
 - I can tell what a good mom you are to be concerned about this.
- Suggestions you can share:
 - The American Academy of Pediatrics recommends that babies sleep in the same room as the mother.⁶
 - Some mothers place a bassinet or cradle near their bed. This helps mothers get more sleep, nighttime feedings are easier, and babies have less risk of sudden infant death syndrome (SIDS) when they are nearby.
 - Babies should sleep on their backs to lessen their risk of SIDS.
- Yield the mother to her health care provider or health care provider for information on ways to help baby sleep safely.

⁶ American Academy of Pediatrics. (2005). The changing concept of Sudden Infant Death Syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*, 116(5):1245-1255.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

173



Teething

Key Talking Points:

- Long before a baby's first teeth appear the mother may be concerned about those teeth and how they will affect her breasts.
- Many women assume they will need to wean when the baby teethes.
- Assure mothers that they can continue to breastfeed when the baby has teeth.
- Mothers are often exasperated dealing with the fussiness of teething that babies experience. Some babies will run a slight fever. For many breastfed babies, this is the first fever they will experience and it may alarm a new mom.
- Affirm the mother's concerns.
 - I can see why you'd be concerned about that!
 - Lots of breastfeeding mothers worry about that. I wondered about it, too.
- Suggestions you can offer:
 - Babies can continue to breastfeed while teething without causing pain to mom.
 - As teeth emerge, the baby will learn how to breastfeed without biting.
 - Encourage the mother to break suction and remove the baby from the breast if the baby bears down or chews while nursing.
 - Babies learn quickly not to bite down if the feeding is stopped.
- Oral health is important for all infants, including breastfed infants. Advise mothers to cleanse the gums and teeth after feedings.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

174

Weaning



Key Talking Points:

- Weaning begins whenever foods or liquids other than breastmilk are introduced to the baby.
- When other foods replace breastfeedings, the mother's breasts respond by making less and less milk until they completely stop making milk.
- WIC encourages mothers to continue breastfeeding at least through the first year of life.
- Mothers may be told they should wean for many reasons. Not all of these recommendations are valid reasons to discontinue breastfeeding.
- Find out what brings a mother to ask about weaning. Is it her own desire or pressure from others?
- Common reasons mothers may consider weaning:
 - Teething.
 - Better sleep for the baby.
 - Going back to work or school.
 - Nursing strike.
 - Pregnancy.
 - Illness.
 - Appetite spurts.
 - Medication.
- In most of these cases, breastfeeding can continue.
- The question of when to wean is a very personal decision, based on the needs of both the mother and the baby.
- Avoid judgmental statements about how long the mother is breastfeeding, or how soon she wants to wean. Instead, help her explore options for continuing breastfeeding and offer your support to meet her goals.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

FEELINGS ABOUT WEANING



Key Talking Points:

- Many mothers feel tremendous pressure to wean before the first birthday.
- Sometimes people are uncomfortable seeing an older baby breastfeeding, or feel the baby will do better on other foods.
- Explore the mother's feelings about continuing to breastfeed even a little. Even one feeding a day gives babies important immunity protection and comforts baby.
- Mothers may feel:
 - Anxious to wean the baby.
 - Embarrassed that her baby is still breastfeeding.
 - Sad at the thought of losing this special relationship with her baby.
 - Guilty about wanting more freedom for herself.
 - Conflicted about wanting to do what's best for her baby while also wanting to be less tied to the baby.
- Affirm the mother's feelings:
 - I can see you are feeling very conflicted about doing what's best for your baby and what's best for you.
 - I remember that feeling of sadness when this special time comes to an end.
 - You should be very proud that you breastfed. You have given your baby a special gift that will last his/her entire life.
- Give her suggestions on how to answer well-meaning advice from friends and family to wean.
 - My baby has grown well on my milk.
 - I'm not ready to quit yet.
 - Our baby has been so healthy. He or she still gets protection from illness from my milk.
 - Breastfeeding is so much easier for me!
 - My doctor recommends breastfeeding until the first birthday and beyond.
- The WIC Program recommends breastfeeding until at least the first birthday.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

WAYS TO WEAN



Key Talking Points:

- Weaning can be led by the baby or the mother.
 - Baby-led weaning: Babies gradually discontinue feedings on their own.
 - As babies grow, they typically rely less and less on breastmilk once solid foods begin and continue nursing for comfort, before bedtime, or when they are upset.
 - This is less stressful for babies and mothers and allows them to continue receiving the many benefits of breastmilk.
 - “Don’t offer, don’t refuse” is a good rule of thumb for older babies.
 - Mother-led weaning: the mother makes the decision to stop breastfeeding.
- To wean gradually:
 - Discontinue the feeding the baby is least interested in first.
 - After three or four days, drop another feeding.
 - Gradual weaning helps the mother to be more comfortable physically by allowing her breasts time to adjust to the dropped feedings.
- To wean abruptly for the mother:
 - Hand express or pump just enough milk to remain comfortable without draining the breast fully.
 - If the mother has to abruptly wean due to a medication condition or chemotherapy treatment, ask her to talk with her health care provider about whether the milk she collects is safe to give her baby.
 - Ice packs can be applied to her breasts.
 - Wear a firm, but non-binding bra for support.
- To wean abruptly for the baby:
 - Offer increased cuddle time.
 - Another adult may need to feed the baby for a while until he adjusts to a new way of feeding.
 - Babies younger than a year of age who are not breastfeeding will need to receive iron fortified infant formula.
- Affirm the mother’s feelings, which can be mixed. For example:
 - What a great mother you are to have breastfed this long.
 - Your baby is very lucky to have gotten your milk.
 - You seem a little unsure about weaning. This is hard for a lot of mothers.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

- You should be very proud you have breastfed your baby!
- Making the decision about weaning is difficult for many mothers. I can tell you really love your baby a lot.
- Yield to the WIC Designated Breastfeeding Expert for additional support as needed. Continue to support her through this uncomfortable time.

175



3-Step Practice

Key Talking Points:

- You are a great source of support to mothers as their baby grows.
- The 3-Step Counseling principles can be used to identify the often conflicted feelings mothers have throughout the first year of their baby's life and beyond, and to affirm their concerns.
- Practical solutions will help mothers continue the breastfeeding relationship for as long as they wish.

Activity: 3-Step Practice: As Baby Grows

Purpose: To help peer counselors practice counseling a mother beyond the first month of breastfeeding.

Materials Needed:

- Handout 11.3: 3-Step Practice: As Baby Grows

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 11.3, 3-Step Practice: As Baby Grows.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

Points for Discussion:

- What are some of the common feelings of mothers after their baby is past the early challenges in the first month?
- What affirmations help them feel reassured they can continue to breastfeed?

Take-away Points:

- Mothers receive lots of advice about feeding from well-meaning family members and friends.
- Even though mothers grow in their confidence with breastfeeding by the end of the first month, they continue to need support from peer counselors for as long as they are breastfeeding to address the many questions and challenges that can arise.

176



Yield!

Key Talking Points:

- In many of the situations described in this module, you will yield to the WIC Designated Breastfeeding Expert or to the mother's health care provider.
- While medical and lactation experts are assisting the mother and baby with often very complex medical conditions, continue to journey with the mother to encourage her and support her.

177



Contacting Mothers

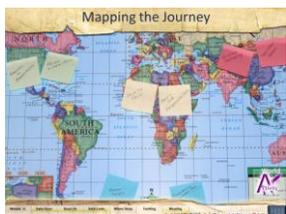
Key Talking Points:

- Refer to Handout 9.3, Contacting WIC Mothers.
- Continue to contact WIC mothers beyond the first month.
- Mothers should be contacted at least once per month.
- If the mother is returning to work or school, contact them shortly before their return to work and immediately after they return to provide support and suggestions for continuing to breastfeed.
- Be alert to any issues that arise and yield the mother for additional support if necessary.
- If mothers are experiencing challenges, contact them as needed until the problem resolves, and then go back to monthly contacts.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

178

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn everything needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

Module 11: Talking with Mothers About Breastfeeding As Baby Grows

179



Learning More

Ongoing Enrichment:

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

180



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- A mother's journey through the first year of her baby's life and beyond will be more meaningful when she travels with you.
- As a peer counselor, you too have made an important journey of learning how to help her with the questions that will no doubt arise during that year.
- The journey both you and the mother make together will continue as you both learn from each other.
- The WIC circle of care remains a support for both you and the mothers you serve as their babies grow.

Teaching Tip

Provide peer counselors with their Passport to Success and ask them to keep it with them throughout the training program. The passport can be printed on a copy machine on cardstock and folded to form the passport. A simple stamp from a craft store or department store can be used to stamp the passport as each new skill is learned. The Passport to Success will become a way to record peer counselors' training accomplishments and chart their personal journey of building new skills.

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

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

Overview

Keeping mothers and babies together helps them learn to breastfeed, get to know one another, and establish a good milk production. Unfortunately, the ideal is not always possible and mothers sometimes find themselves having to be apart from the baby. This module issues faced by breastfeeding mothers addresses barriers breastfeeding mothers face when they are separated from their babies, as well as strategies for helping them continue breastfeeding.

Topics Covered

- 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

Time: 1.5 hours

Materials and Supplies

Handouts

- Handout 12.1: When Mothers and Babies Are Separated
- Handout 12.2: Conversation Starters When Mother and Baby
- Handout 12.3: 3-Step Practice: When Baby Stays Behind
- Handout 9.3: Contacting WIC Mothers
- Handout 1.5: When to Yield
- Handout 1.6: Passport to Success

Core Competencies

- Supports mothers to continue to breastfeed when they must be away from the baby (i.e., returning to work or school).
- Assists mothers in maintaining their milk production and providing expressed milk.
- Yields to a WIC Designated Breastfeeding Expert appropriately.

Learning Objectives

Peer counselors will be able to:

- Identify strategies to help a mother continue breastfeeding when separated from her baby due to the mother's or baby's health.
- Identify strategies for continuing to breastfeed when returning to work or school, and for occasional outings.
- Describe the correct storage and management of expressed milk.

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

General Training Materials

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

Video Tools found in the Video Section of the Presentation Platform:

- Breastfeeding and Working from the Colorado Breastfeeding Coalition, found in the video section of the presentation platform under *Baby Grows/Working*, or online at <http://www.cobfc.org>.
- Video: *In Their Words*, available in *Support/Peer Support*.

Other Resources

- DVD or book, *Hold Your Premie*, by Dr. and Mrs. Nils Bergman. Available from www.geddesproduction.com.

Training Materials by Activity

Separation Scenarios

- Handout 12.1: When Mothers and Babies Are Separated

3-Step Practice

- Handout 12.3: 3-Step Practice: When Baby Stays Behind

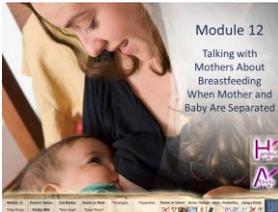
Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

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

Facilitator Notes

181



Talking with Mothers About Breastfeeding When Mother and Baby Are Separated

Key Talking Points:

- There are many reasons a baby and mother may experience separation.
- This can include:
 - Returning to work or school.
 - Hospitalization of the baby or mother.
 - Occasional outings.
- You can provide support for mothers by showing them how they can continue to breastfeed even when they must be away from their babies.
- What to expect in this module:
 - We will journey through the emotions that mothers might feel when they are separated from their baby.
 - We will learn practical ways to help them continue being connected to their baby through providing milk for their baby.

Activity: Supporting Mothers and Babies Who Are Separated

Purpose: To help peer counselors empathize with a mother's feelings when she must be separated from her baby.

Materials Needed:

- Flip chart sheets (with sticky tabs to hang on the wall) and markers
- OR
- Dry erase board and markers
 - Handout 12.1: When Mothers and Babies Are Separated
 - Handout 12.2: Conversation Starters: When Mother and Baby Are Separated

Time Needed: 10 minutes

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

Instructions:

1. Divide the group into small groups or pairs
For larger groups: it may be necessary to have more than one group doing one of the scenarios to keep the groups small. In this case, when the groups report, ask one group to report and then ask a second group that worked on the same scenario to add other thoughts.
For smaller groups or one-on-one learning: the activity can be done with each individual peer counselor thinking through a different situation, or conducting as a general group discussion.
2. Provide each group with a flip chart sheet and marker.
3. Assign the group to take one of the scenarios assigned to them from Handout 12.1, When Mothers and Babies Are Separated.
4. Ask each group to identify:
 - Feelings that a mother might experience in this situation
 - Reasons to continue breastfeeding
 - An affirming statement
 - To whom the peer counselor should yield
5. As each group reports, bring up the slides that correspond to that situation.
6. Ask peer counselors to record the ideas they hear from the various groups on their handout.
7. Peer counselors can also use Handout 12.2, “Conversation Starters: When Mother and Baby are Separated,” to record additional ideas that could be used to open the conversation with a mother who is separated from her baby.

Points for Discussion:

- What are the common feelings from all of the groups who reported?
- Has anyone personally experienced separation from your baby due to any of these situations, or others? What feelings do you recall from that experience that you are willing to share?

Take-away Points:

- When mothers and babies are separated, no matter what the circumstances, strong emotions and feelings can be involved.
- Having someone to talk with about these feelings can help mothers think through workable plans to make breastfeeding work.
- Peer counselors can affirm the mother’s feelings, and encourage her to explore solutions for continuing to breastfeed, even if she must be apart from her baby.
- WIC offers many types of support for mothers who must be separated, including breast pumps.

Teaching Tip

1. Click on the **SEPARATION** button on this slide to bring up a section of slides dealing with situations when mothers and babies might be apart. As groups report, click on the appropriate button to bring up the slides

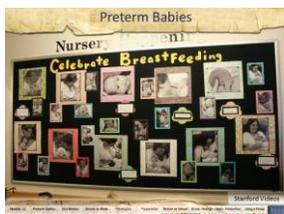
Module 12: Talking with Mothers About Breastfeeding When Mother and Baby Are Separated

in that section. To make the discussion more interactive, ask peer counselors which areas do they have most questions about and want to talk about first.

2. In this section, the peer counselors should be doing most of the talking. The training facilitator should simply be there to guide the conversation. The talking points for each of the separation slides are meant to merely fill in with any additional points that might be important to bring out.

Preterm baby	Sick or hospitalized baby	Sick or hospitalized mother	Returning to work	Returning to school	Occasional outings
--------------	---------------------------	-----------------------------	-------------------	---------------------	--------------------

182



Preterm Babies

Key Talking Points:

- Mothers of preterm or sick babies may believe that their tiny baby is too weak and fragile to breastfeed.
- Fact: a baby who is born prematurely needs his mother's milk even more to fight infections that are common among preemies.
- Mothers might feel:
 - Relief that her baby is being cared for by experts.
 - Anxious over all the medical equipment and tubes in her baby.
 - Worried about whether her baby is going to be okay.
 - Sad that she was unable to finish the pregnancy.
 - Tired of coming to the hospital to bring milk and see her baby.
- Reasons to continue breastfeeding:
 - Preterm breastmilk provides ingredients that full-term milk does not, including extra fat, protein, iron, and infection-fighting ingredients.
 - These infection-fighting ingredients mean the baby can use his energy to grow and develop rather than fighting infections.
 - Premature babies who receive their mother's milk:
 - Leave the hospital sooner.
 - Have greater brain development.
 - Are less likely to have dangerous infections common with preemies.
- Holding the baby skin-to-skin, also called Kangaroo Mother Care, is another way a breastfeeding mother can contribute to her baby's health.

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

- Skin-to-skin helps tiny preterm babies become more stable and develop better.
- Breastfeeding helps mothers feel:
 - They are doing something vital to her baby's survival and well-being, something no piece of expensive equipment can do!
 - In charge of her baby at a time when the NICU staff seem to be in charge of the baby.
- Ways to support mothers of preemies:
 - Encourage the mother to begin pumping right away.
 - Praise the mother for expressing her milk for her baby.
 - Remind mothers that often milk production drops or rises depending on how well her baby is doing. If the baby is having a crisis her milk production may temporarily dwindle and then production rebounds when the crisis is over. Hand expression after pumping can help increase production.
 - Encourage the mother to talk with the physician and nurses about her wishes to provide milk for her baby and to hold her baby skin-to-skin in the NICU when the baby is stable.
- Yield to the WIC Designated Breastfeeding Expert who can help the mother with pumping her milk and breastfeeding when the baby is ready.

Teaching Tip

Click on the **RESOURCES** icon to view videos on preterm babies and breastfeeding at www.stanford.edu/breastfeeding.

183

Sick or Hospitalized Mother



Key Talking Points:

- Mothers who are sick or hospitalized may not feel able to continue breastfeeding. Affirm mothers for any amount of breastfeeding they are able to do, and yield them to the WIC Designated Breastfeeding Expert.
- Mothers might feel:
 - Too ill to consider expressing milk.
 - Sad at the loss of control.
 - Worried that she will transfer her illness to the baby.

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

- Frustrated if she is admitted to an area of the hospital where the staff are not as familiar with how to support breastfeeding.
- Reasons to continue breastfeeding:
 - Breastfeeding keeps her breasts from becoming painfully full.
 - Baby can continue to receive the benefits of her milk, even though she is not physically present to feed the baby.
 - Expressing her milk can help her feel she is still able to do something important for her baby at a time when she may be feeling she is not in control of her baby.
- Ways to support hospitalized mothers:
 - Encourage the mother to speak about her breastfeeding or milk expression wishes with the physician and nurses, and with her family who may need to assist in transporting the milk to the baby's caregiver.
 - Praise the mother, even if she feels she cannot express milk during this time.
 - Support her with ways to keep her breasts comfortable while she is away from the baby.
 - Encourage her to contact the lactation consultant at the hospital if she cannot be with her baby.
- Yield to the WIC Designated Breastfeeding Expert to give the mother any specialized help she may need.

184



Returning to Work

Key Talking Points:

- Balancing motherhood with a job and a personal life can be challenging for any woman.
- WIC mothers who return to work may face even greater challenges.
- They often work in job settings where it is not easy to pump, where there may not be support, or where their work schedule may make it difficult to pump routinely.
- Mothers may feel:
 - Fulfilled at being able to be back at work again.
 - Sad or guilty for leaving their baby.
 - Exhausted juggling the demands of work and home.

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

- Frustrated over time demands that make pumping at work difficult or time consuming.
- Reasons to continue breastfeeding:
 - Mom can feel connected to her 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 to care for a sick child.
- It saves money for the family and the mother's employer.
- Expressing milk at work helps moms relax.

185

STRATEGIES FOR WORKING MOTHERS



Key Talking Points:

- Breastfeed exclusively during the first month, and throughout the entire maternity leave to build a strong foundation for milk production.
- Talk with her supervisor during pregnancy, if possible, about her needs for breastfeeding support, including a private place where she can express milk every two to three hours.
- The U.S. Patient Affordable Care Act of April 2010 requires that employers provide breastfeeding employees with support to continue breastfeeding, including:
 - A private, place that is not a bathroom to express milk.
 - Reasonable time to express milk during the workday.
- Talk with her supervisor about returning to work more slowly. Some ideas are:
 - Work part-time for a week or more before returning to work full-time.
 - Take off one day in the middle of the week to give her body time to boost milk production.
 - Return to work in the middle of the week rather than on Monday to give her body time to recover from the initial separation and boost her milk production over the weekend.
- Explore childcare options that have the baby as close to the mother's workplace as possible so she could possibly breastfeed during the day.

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

- Encourage the mother to breastfeed exclusively when she is home with the baby to keep milk production strong.
- If the mother is not able to express milk while she is at work, encourage her to breastfeed when she is with her baby.
- Encourage her to connect with other working moms who are breastfeeding for added support.
- Praise the mother for any amount of breastfeeding she is able to do, even if it's just once or twice a day.
- Yield to your WIC Designated Breastfeeding Expert if the mother notices a drop in her milk production or needs help with expressing her milk.

Teaching Tip

Click on the **VIDEO** icon to view the video segment from Colorado Breastfeeding Coalition, *Breastfeeding and Working*, available in the presentation platform under *Baby Grows/Working*, through YouTube™ or at the website of the Colorado Breastfeeding Coalition at <http://www.cobfc.org/>.

Points for Discussion:

- What are some of the common feelings you heard from the moms in this video?
- What solutions did they find were helpful to combine working and breastfeeding?

Take-away Points:

- Breastfeeding and employment *CAN* work.
- Support and options from peer counselors can make the difference.

186

PREPARING BABY FOR SEPARATION



Key Talking Points:

- Some mothers worry their baby will not take a bottle if they are breastfeeding.
- Most babies learn to take a bottle from the childcare provider or from someone else besides the mom.
- Babies often accept a bottle or cup if it is offered before six weeks, or two weeks before returning to work, whichever comes soonest.
- Moms can begin getting baby used to supplemental feedings by offering very small practice feedings of one ounce or so a day shortly before she returns to work. Babies do not need an entire bottle or feeding to practice and this will help her keep up her milk production.

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

- The mom may also want to do a trial run with childcare a few days before she returns to work.
- This allows both her and her baby time to adjust and helps her see how the baby responds to the childcare provider so any adjustments can be made before she returns to work.
- Mothers can feed their babies directly at the childcare center immediately before and after work and perhaps during the meal period to minimize the number of times she needs to express milk at work.
- Prepare mothers ahead of time that some babies reverse cycle feed and wait until the mother is home to feed. If the mother is aware this might happen, she won't doubt her milk production if the baby wakes up to feed more often at night, and she won't be frightened if her caregiver tells her that her baby "didn't eat all day."

187



Returning to School

Key Talking Points:

- Mothers returning to school can continue to breastfeed.
- Mothers may feel:
 - Proud of their decision to continue their education.
 - Envious of their friends and want to return to former activities.
 - Tired, especially if school policies do not allow for a long maternity leave.
 - Shy to talk about breastfeeding with male school officials.
 - Frustrated over the time demands of school and caring for a new baby.
- Reasons to continue breastfeeding:
 - Breastfeeding helps the mother recover from pregnancy faster. This is especially important if she is unable to take a long maternity leave.
 - It helps the mother feel more in charge of caring for her baby.
 - It can build a sense of responsibility in the mother.
 - Babies are healthier. This means mothers are less likely to have to miss classes to care for a sick baby.
- Ways to support mothers returning to school:
 - Encourage the mother to talk with a female teacher or counselor about her desire to breastfeed and express her milk while she is away from her baby.

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

- Help the mother explore options for expressing milk during the time she is at school.
- If she is unable to express milk at school, encourage her to breastfeed when she is with baby.
- Praise the mother for any amount of breastfeeding she is able to do.
- Yield to a WIC Designated Breastfeeding Expert if the mother notices a drop in her milk production or needs help expressing her milk.

188



Occasional Outings

Key Talking Points:

- There may be times when a mother may want or need to be away from her baby for a short period of time.
- Mothers may feel:
 - Excited at the chance to take a much-needed break.
 - Guilty over feeling the need for a break.
 - Worried over how the baby will do when she is away.
- Reasons to continue breastfeeding:
 - Breastfeeding can be very doable for short separations.
 - Breastfeeding is comforting for babies, so the re-connection after she returns to the baby is sweet.
- Ways to support mothers who are occasionally away from the baby:
 - Praise the mother for breastfeeding and assure her she is a good mother.
 - Assure the mother that breastfeeding can easily continue, even when the mother wants to be away for short periods of time.
 - Encourage the mother to express milk before leaving so the caregiver will have her milk to feed her baby.
 - If the mother will be away for longer than 2-3 hours, suggest she express her milk by hand or with a breast pump to keep her breasts from becoming too full.
 - Hand expression can be a very effective way to express milk for short separations.
- Follow your agency's guidelines for providing breast pumps to mothers who want to be away from the baby occasionally.

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

189



Maintaining Milk Production

Key Talking Points:

- No matter the reason for separation, mothers may need help maintaining milk production.
- Mothers who are separated from their baby often begin formula supplements because they feel their milk production has declined.
- A rule of thumb is to keep her “Magic” number constant.
 - Suggest that the mother keep track of the number of times she typically breastfeeds every 24 hours. The number will be different from mother to mother, depending on the size of the storage capacity in her breasts.
 - This is the mother’s magic number.
 - She will want to use this guide for the number of times she needs to either breastfeed the baby or remove milk by hand or with a breast pump every 24 hours.
 - If she has a day when she misses a feeding or milk expression time, she can try to get back to her magic number as soon as she can.
- If moms have a supply of milk in their freezer, urge them to be careful about using this without *also* feeding the baby or expressing milk. Using stored milk in place of feedings or milk expression will reduce milk production.

190



Using a Breast Pump

Key Talking Points:

- Follow the guidelines of your State or local WIC agency regarding the various types of breast pumps that may be available for mothers who are separated from their babies.
- Praise the mother for wanting to give her milk to her baby. This shows what a good mother she is.
- When to remove milk:
 - For moms who are separated from the baby immediately from birth, pumping should begin as soon as possible, preferably within six hours.
 - Mothers who are separated day and night from their baby should express milk 8-12 times every 24 hours, the same number of times baby would ordinarily have been feeding. Include at least one pumping

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

session at night when prolactin levels are highest.

- A mother returning to work or school who will be separated for only short periods can begin practicing pumping around two weeks after the baby is born, whenever her breasts feel overly full.
- Some mothers find that breastfeeding on one breast and pumping the other breast at the same time helps to release more milk.
- Many mothers like to pump early in the morning when their breasts are fuller and they seem to have more milk than the baby can take.
- Pumping at the same intervals each day will help signal the mother's body to continue making milk during that time.
- Tips for success with pumping:
 - When using a breast pump, always wash hands and pump parts before and afterwards.
 - Practice relaxation techniques or listen to soft music to release oxytocin and help milk flow.
 - Apply a warm compress to the breast.
 - Massage the breasts gently.
 - Activate your senses to release oxytocin. For example, look at a photo of the baby, watch a video of your baby making baby noises or fussing, feel and smell something that has the baby's scent on it such as a baby blanket or baby's shirt, or listen to soothing lullaby music.
 - Remember that pumping takes practice! Most mothers get very little milk the first few tries.

191

MOTHERS WHO JUST WANT TO PUMP



Key Talking Points:

- Some WIC women prefer to just pump their milk and *never* actually put the baby to their breast. There could be many reasons, including:
 - The mother is embarrassed about breastfeeding and feels this will allow her to be more private.
 - The mother has been sexually abused and has a hard time thinking of a baby being attached to a part of her body that has been violated.
 - The mother feels it will be easier to be away from the baby.
 - The mother likes gadgets and feels this will be more socially acceptable.
 - The mother had many troubles breastfeeding and feels this will be easier.

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

- Mothers who want to pump exclusively may have more trouble maintaining milk production since a baby always removes more milk than a pump.
- A mother who chooses only to pump may soon find it is tiring as she is doubling her work. Not only does the mother go through the effort to express her milk, store it, and clean pump parts; she also then has to take the time to feed her milk to her baby.
- Yield the mother to the WIC Designated Breastfeeding Expert for help with identifying the reasons for the mother wanting to pump exclusively.

192



How to Store Human Milk

Key Talking Points:

- Another common question of mothers is how to handle the milk they express.
- Suggest that mothers freeze their milk in small quantities to eliminate waste.
- For healthy full-term babies, milk can be stored in 2-4 ounce quantities. For preterm babies, they can store their milk in even smaller quantities.
- Place the milk in hard plastic containers that are unbreakable, in polyethylene disposable milk storage bags such as snack-sized zip bags, or any container that is safe for storing food.
- Label all milk with the baby's name and the date the milk was collected, and use the oldest milk first.
- Ask mothers to store their milk in a refrigerator or freezer after expressing. Place milk to be frozen in the center of the freezer, not in the door where temperatures change when the door is opened.
- If adding new milk to a container of frozen milk, chill the milk first before adding to avoid thawing any of the frozen milk.
- Milk should be kept cool while transporting it.
 - Milk that will be transported from work or to and from the childcare provider can be placed in an insulated lunch bag with dry ice to keep it cool. It should be placed in a refrigerator when you arrive at your destination.
 - If mothers are transporting milk to and from the hospital for a sick or premature baby, talk with the NICU nurse about how they would like that milk to be brought in.

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

193

HOW LONG TO STORE HUMAN MILK



Key Talking Points:

- The AAP's *Pediatric Nutrition Handbook*, 6th edition, 2009 recommends that if milk will not be fed within 72 hours, it should be frozen.
- Milk can be stored in the freezer for 3-6 months.

194

HOW TO THAW FROZEN MILK



Key Talking Points:

- Thaw frozen milk under warm water or in a bottle warmer. Never microwave breastmilk.
- Milk that has been warmed must be used immediately and only for that feeding.
- Milk that has been thawed should not be refrozen.

Teaching Tip

Have examples of different types of storage containers for peer counselors to see the various ways milk can be safely stored.

195

3-Step Practice



Key Talking Points:

- You are a great source of support to mothers when they must be away from their baby.
- The 3-Step Counseling principles can be used to identify the often strong feelings that mothers have when they are separated from their babies, and to affirm their concerns.
- Appropriate education will help mothers see workable solutions to help them remain connected to their baby even though they are apart.

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

Activity: 3-Step Practice: When Baby Stays Behind

Purpose: To help peer counselors practice counseling a mother who is separated from her baby.

Materials Needed:

- Handout 12.3: 3-Step Practice: When Baby Stays Behind

Time Needed: 10 minutes

Instructions:

1. Provide peer counselors with Handout 12.3, 3-Step Practice: When Baby Stays Behind.
For larger groups: ask peer counselors to work in small groups of 3-4, or they can work independently.
For smaller groups or one-on-one learning: suggest that peer counselors work independently to complete the practice, or use it for a general group discussion.
2. Ask peer counselors to read the scenario and answer the questions, using their 3-Step Counseling skills.
3. Ask the individuals or groups to report their answers.
4. Use lots of affirmation to model 3-Step principles as you praise the peer counselors for their responses.

Points for Discussion:

- What are some of the common feelings of mothers who must be separated from their baby?
- What affirmations help them feel reassured they can continue to breastfeed?

Take-away Points:

- Mothers who must be separated from their baby often have many strong feelings and emotions. These emotions can sometimes make it difficult to see solutions.
- Peer counselors can use the 3-Step Counseling skills to affirm those feelings and help mothers feel confident they can breastfeed or express their milk even when they must be away from the baby.

196



Yield!

Key Talking Points:

- In many of the situations described in this module, you will yield to the WIC Designated Breastfeeding Expert or to the mother's health care provider.
- While medical and lactation experts are assisting the mother and baby with often very complex medical conditions, continue to journey with the mother to encourage her and support her.

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

197



Contacting Mothers

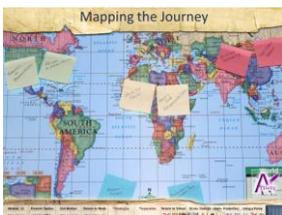
Key Talking Points:

- Refer to Handout 9.3, Contacting WIC Mothers.
- Follow good standards for etiquette and show sensitivity to the situation of the mother and her family. This includes:
 - Agreeing in advance with the mother or her family members on designated days/times to check on her.
 - Respecting the needs of the family for privacy and minimal disruptions.
 - Working closely with her WIC Designated Breastfeeding Expert to be sure it is appropriate for her to make contacts with the mother.
 - Following contact policies and protocols of the WIC local agency.
 - Honoring the mother's desire for no contacts if she is overwhelmed with her situation and requests that you not contact her during this time.
- General suggestions for contacting mothers who are separated from their babies, when the mother agrees, are:
 - The mother of a premature baby – weekly calls to check on her and her baby throughout the time she is away from baby.
 - The mother of a sick or hospitalized baby – every two to three days while the baby is being treated until any breastfeeding issues are resolved.
 - The mother who is sick or hospitalized – every two to three days while the mother is being treated until any breastfeeding issues are resolved.
 - The mother returning to work or school – around two weeks before she is scheduled to return to work or school, a few days before she returns, and a day or two after she returns. Weekly contacts during the first month can give you an opportunity to help her deal with the changes in her breasts and her baby.
- Reinforce the support the mother receives from her team of health care professionals by reassuring her that she is a good mother and affirming her efforts to continue breastfeeding.
- Always support other health care professionals by never contradicting the advice they give a mother. They know what is best for dealing with a mother's and baby's medical situation.

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

198

Mapping the Journey



Key Talking Points:

- Think back to the topics addressed in this module.
- Add new blue sticky notes to the map to represent new topics that come to mind during the training
- Discussion:
 - Are there still some things you are unsure about?
 - What other topics would you like to learn more about?

Teaching Tip: Mapping the Journey

1. Ask peer counselors to reflect on what they have learned in this module.
2. Invite peer counselors to walk to the world map on the wall. If there are any sticky notes related to topics in that module that they feel they can move to a new location, move them now. For instance, they may want to move a topic in Africa (signifying they knew nothing about the topic) to Asia (to signify they now feel they know a little more about it).
3. Suggest that peer counselors add sticky notes to the map as new topics come to mind during the training.

Points for Discussion:

- What topics addressed in this module do you still have questions about?

Take-away Points:

- Learning is a lifelong process.
- While it is not possible to learn *everything* needed to be an effective peer counselor in the initial training, your journey of learning will continue with many people who have been there traveling alongside you to help you along the way.

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

199



Learning More

Ongoing Enrichment:

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

200



Passport to Success

Key Talking Points:

- See Handout 1.6, Passport to Success.
- Use the peer counselor's Passport to Success to record the skills you gained through this module. Your supervisor will "stamp" your passport when you accomplish each new skill.
- You can be proud of the journey you have made through this training program.
- You have learned many valuable new skills that will make a difference in the lives of WIC mothers in our community.
- You are not alone in this journey as the entire WIC Circle of Care will be there for both you and the mothers you serve when new barriers and concerns arise.

Closing the Training

Show the music DVD, *In Their Words: Advice From WIC Peer Counselors*, available in the **video** section of the presentation platform under **Support/Peer Support**. This DVD features photos of peer counselors from WIC agencies across the United States sharing their advice for new peer counselors. This video is a celebration of the power of peer counseling in making a difference in the lives of women everywhere.

Take-away Points

- You have now completed the main part of your training as a WIC peer counselor.
- WIC is very proud of the journey you have already made in these short days/weeks to come to this place where you are ready to begin contacting new mothers.
- Your journey of learning will continue through observing others in action and through each new mother you will meet.
- WIC staff will continue to stand by you and travel with you to the many new destinations in store!

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

This page intentionally blank

SECTION V – Optional Modules

Loving Support© Through Peer Counseling:
A Journey Together
For Training WIC Peer Counselors

SECTION V – Optional Module

Module 13: Providing Peer Counselor Services in Other Settings

SECTION V – Optional Modules

Module 13: Providing Peer Counselor Services in Other Settings

Module 13: Providing Peer Counselor Services in Other Settings

Overview

Many WIC agencies use peer counselors in other settings beyond the traditional options of a WIC clinic and telephoning from home. This can include home visits, hospital visits, and assisting with support group meetings and group classes. Most agencies ask peer counselors to wait until they have been working up to 6 months or so before providing hospital and home visits. Even seasoned peer counselors may need guidance for working in these settings. This module can be used whenever peer counselors are deemed by their supervisors to be ready to take on additional responsibilities in settings beyond the usual WIC clinic and home-based settings.

Topics Covered

- Being a professional at the local hospital
- Making home visits
- Strategies for making support group meetings inviting and fun

Time: 1 hour

Core Competencies

- Supports and encourages mothers appropriately in the hospital and in mothers' homes.
- Participates in breastfeeding classes and support group meetings.

Learning Objectives

Peer counselors will be able to:

- Describe locations outside the clinic to support breastfeeding women.
- Explain the policy and procedure for making home visits.
- Identify effective methods for leading classes and support group meetings.
- Describe the peer counselor's role in the hospital relative to policies, staff, services and documentation.

Module 13: Providing Peer Counselor Services in Other Settings

Materials and Supplies

Handouts

- Handout 1.1: Mapping the Journey: Peer Counselor Learning Topics
- Handout 13.1: Job Description: WIC Peer Counselor in the Hospital
- Handout 13.2: Typical Hospital Encounter with New Moms

General Training Materials

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

Videos found in the Video Section of the Presentation Platform

- Video: *The First 24 Hours*, found in *Early Days/Skin-to-Skin*

Training Materials by Activity

Getting to Know You

- Flip chart easel
- Flip chart paper
- Flip chart markers

Audio Visual Equipment

- Projection screen or flat, blank wall
- LCD (liquid crystal display) projector for PowerPoint
- Computer with Microsoft PowerPoint 2007 or 2010
- Wireless or wired mouse for the computer [See Facilitator Training Guide for options for effective presentation mouse technology]
- Laptop speakers or audio sound system

Module 13: Providing Peer Counselor Services in Other Settings

Facilitator Notes

201



Providing Peer Counselor Services in Other Settings

Key Talking Points:

- Being available to WIC mothers beyond the usual WIC clinic setting and hours is important in helping mothers access support when they need it most.
- Whether a peer counselor is working from home or in the clinic, is seeing mothers in their homes or in the hospital, Loving Support© can help mothers feel confident in their breastfeeding journey.
- What to expect in this module: We will journey through many different settings to meet mothers where they are in their breastfeeding journey.

202



Peer Counselors: Lifeline Beyond WIC Walls

Key Talking Points:

- We know from research that being available to moms when they need it most helps them continue breastfeeding, especially if they experience problems or need extra support.
- Mothers do not just experience concerns or have questions during daylight business hours or when they are in the WIC clinic.
- As a peer counselor, you become a lifeline of support for moms beyond the usual WIC clinic hours and settings where moms need help most.
- This can include the hospital, the mother's home, and classes and support group meetings in community locations.

Teaching Tip

1. Ask peer counselors to think back to their own breastfeeding experience and those of mothers they are following.
2. Other than the WIC clinic, what are some locations where mothers are in the early days and weeks after the baby is born?
3. How could peer counselors reach mothers in some of these settings?

Module 13: Providing Peer Counselor Services in Other Settings

203



Supporting Moms in the Hospital

Key Talking Points:

- Many WIC agencies have established a relationship with the local hospital to allow peer counselors to visit new moms after they deliver. This support can mean the difference for new moms in the critical first few days when breastfeeding is just beginning.
- Even the most confident and prepared moms can lose confidence once they have a real baby in their arms, especially if breastfeeding is not going well or if they do not have support from their family.
- Having a peer counselor there to affirm them and answer their questions can help moms feel more positive about continuing to breastfeed.
- This also benefits hospital staff who may be short staffed and may not have the time to devote to assisting moms with breastfeeding.
- Your supervisor will let you know the terms that have been worked out for peer counselor visits with new moms in your local hospital, and your specific role and job duties.
- Hospitals often report that peer counselors are a tremendous asset because of being able to build the important relationships with moms that can sometimes be more difficult for busy staff.
- WIC mothers appreciate having you there because it helps you have a more intimate relationship during a crucial time in their lives.

Teaching Tip

Click on the **VIDEO** icon on this slide to show the video clip, *The First 24 Hours*, found in *Early Days/Skin-to-Skin*. The video features a WIC mother telling about her experience in the hospital after giving birth, and how her peer counselor helped.

Click on the **Picture Story** on to hear and see "Melody's Story," which describes some early obstacles she faced as a breastfeeding mother and her feelings as she overcame them.

Module 13: Providing Peer Counselor Services in Other Settings

204

JOB DUTIES FOR HOSPITAL VISITS



Key Talking Points:

- Handout 13.1: Job Description: WIC Peer Counselor in the Hospital.
- Peer counselors working in the hospital setting provide basic education and encouragement to new moms. This includes:
 - Introducing yourself to new moms.
 - Answering their questions about breastfeeding.
 - Helping them position and latch their baby (if this has been agreed upon by the hospital).
 - Respecting each mother by keeping her information confidential.
 - Making referrals to the appropriate hospital staff and the WIC Designated Breastfeeding Expert.
 - Arranging follow-up contacts with the mother, if agreeable to her.
- In some hospitals peer counselors make daily “rounds” to visit with most, if not all, WIC moms who have delivered. In other hospitals, peer counselors may only come to the hospital if a mom has asked for a peer counselor or the hospital makes a referral to you or your agency. Always follow the agreement your agency has set up with the hospital.

205

TYPICAL DAY



Key Talking Points:

- Peer counselors in the Alameda County WIC agency in Oakland, California visit new moms in the hospital.
- Their WIC agency signed a formal agreement with the Highland Hospital so that everyone knows the role of the peer counselors.
- They attend the hospital volunteer program to learn about hospital protocols and policies.
- They are also trained by their supervisor so they are well prepared.

Module 13: Providing Peer Counselor Services in Other Settings



Peer counselors “shadow” the lactation consultant at the hospital so they will learn more about helping mothers. This also builds a sense of trust between the lactation consultant and the peer counselors to keep communication flowing well.



Peer counselors always check in with the IBCLC team leader, which is usually the hospital lactation consultant, each time they arrive. They greet the nursing staff so everyone knows they are on the floor.



They check a log book of breastfeeding moms kept by the hospital staff. This log book records any major issues they want other staff to be aware of. All staff refer to the log book when they encounter patients having breastfeeding difficulties and set priorities. Moms who are about to be discharged from the hospital are the highest priority.

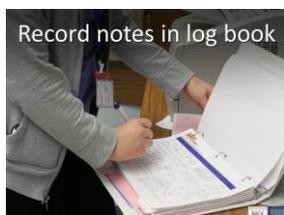


If peer counselors have questions or need more details, they discuss the patient’s situation with the lactation consultant or medical professionals.



Peer counselors first visit the moms who are the highest priority, and visit other moms as they have time. Some peer counselors in the agency visit with all WIC moms, even if they are not breastfeeding. Some mothers decide to breastfeed after such a visit.

Module 13: Providing Peer Counselor Services in Other Settings



Peer counselors report any other issues to the IBCLC team leader, and add their notes to the log book for other staff to see. The experience has been so positive for staff, for mothers, and for peer counselors, that many other hospitals now ask for peer counselors to assist their moms, too.

206

HELPING MOMS IN THE HOSPITAL



Key Talking Points:

- Your role will be to encourage moms with breastfeeding using your 3-Step Counseling skills.
- You may be able to help mothers position and latch their babies and answer questions about how to get off to a good start.
- You will also want to discuss milk production with new moms and discuss the importance of the early “concentrated milk” (colostrum) and why the small volume is so important.
- You can let mothers know what to expect when their milk volume increases and when they are home from the hospital.
- Mothers who are experiencing any medical concerns or breastfeeding problems beyond your training should be yielded to the hospital lactation consultant or nurse assigned to their care. You will also want to alert the WIC Designated Breastfeeding Expert so moms will receive good follow-up when they are discharged.
- Share WIC resources with new moms, using only materials that have been approved by your WIC agency or the hospital.
- Remind moms to return to the WIC clinic to certify themselves and their baby.
- Tell them about the support WIC provides to breastfeeding moms.
- Always leave your contact information so moms can call you if they have questions or concerns after you leave.

Teaching Tip

Refer peer counselors to Handout 13.2, *Typical Hospital Encounter with a New Mom*. As you discuss the guidelines for making a hospital visit with a new mother, invite peer counselors to jot down questions they have and worries or concerns they have about visiting with mothers in the hospital setting.

Module 13: Providing Peer Counselor Services in Other Settings

207

COUNSELING MOMS IN THE HOSPITAL



Key Talking Points:

- Mothers who have just had a baby often are overwhelmed and exhausted while at the same time full of joy over the birth of their baby.
- If they had labor drugs or a cesarean delivery, they may be especially exhausted recovering from the effects of anesthesia or drugs, and may be in pain.
- They often have forgotten even the most basic information you shared during their pregnancy and may need to be reminded about important tips for breastfeeding success.
- When counseling mothers in the hospital, take time to ask about their birth experience. Often mothers are not ready to talk about breastfeeding until they have been given a chance to talk about the birth, especially if it was not the experience they expected.
- Keep information short and simple. Praise mothers and affirm their decisions.
- Respect other family members and friends who may be there to support a mother. This is a great time to show the people important in her life how they can support her and the baby with breastfeeding.
- One way to discreetly clear the room if there are a lot of visitors is to let them know you are here to help her with breastfeeding. That can be a signal for them to slip out of the room if the mother is not comfortable breastfeeding in front of an audience.

208

TYPICAL BABY BEHAVIORS



Key Talking Points:

- The first hour after birth is the best time for babies to learn to breastfeed as their sucking reflexes are strong and their senses are alerted.
- After the first hour, many newborns become very sleepy. Assure moms this is normal.
- They can continue to offer the breast and hold the baby skin to skin as much as possible in the early days to give babies many opportunities to get to know mom and practice breastfeeding.
- If baby is excessively sleepy, moms can unwrap the baby, change the diaper, hold the baby skin-to-skin, and touch the baby's lips and nose.

Module 13: Providing Peer Counselor Services in Other Settings

- Many babies are happiest when they are held in their mother's arms. Remind family members that this is not spoiling the baby; it is helping baby feel warm and secure.

Teaching Tip

Review the **SLIDE SHOW** "Baby's Senses" on the way newborns use their senses in the first hours after birth to learn to breastfeed.

209



HELPING MOM BREASTFEED

Key Talking Points:

- If the agreement between your WIC agency and the hospital allows you to assist moms directly with basic breastfeeding positioning and latch, always ask the mother first if she would like you to observe her feeding the baby.
- Help mom get comfortable. Always check in with her first to find out what she feels will make her most comfortable.
- Ask if she would like to use the restroom before trying to breastfeed.
- Help her recline for "laid back breastfeeding," holding her baby skin to skin. Ask permission before lowering or raising her bed.
- Watch for signs the baby is latched well and transferring milk.
- Ask how her breasts feel. If the latch hurts, suggest she gently break the suction and reattach the baby.
- Praise the mother for breastfeeding and show her what she is doing well.
- Remind her to count her baby's wet and dirty diapers, and to avoid bottles, pacifier, and infant formula unless medically indicated.
- If formula is medically needed, remind her she can continue to breastfeed.
- Help her anticipate what the next few days will be like.

Teaching Tip

Suggest that peer counselors break into pairs to conduct a simple role play. Ask one peer counselor to play the part of a new mother, and the other person play the role of the peer counselor. Offer several different

Module 13: Providing Peer Counselor Services in Other Settings

scenarios and ask them to act out what they would say to this mom if they were seeing her in the hospital. Or, discuss possible strategies as a group. Possible scenarios:

1. Mom who delivered her first child by cesarean section.
2. Mom who has many friends and family visiting her and is somewhat tentative about breastfeeding.
3. New mom is very worried about her baby because he has lost more weight than normal and she is afraid the hospital will tell her to start using formula.
4. New mom got a rough start with breastfeeding and baby does not latch on well.

Points for Discussion:

- What are common concerns you feel many new mothers have in the early day or two?
- What words of affirmation would help new moms to feel confident with breastfeeding?

Take-away Points

- New mothers often feel worried and afraid when they are in the hospital setting.
- Affirm them by listening to their birth story and acknowledging their concerns.
- Yield mothers who have medical or complex problems beyond your scope to the WIC Designated Breastfeeding Expert.

210

BEING A TEAM PLAYER



Key Talking Points:

- Texas WIC has had peer counselors in the hospitals for many years. They have several tips important to a successful relationship with the hospital.
- Personal appearance
 - Always have a professional appearance. Wear whatever special clothing the hospital requests.
 - Wear your WIC name badge so mothers know you are there in an official capacity.
 - Always be well groomed.
- Work habits:
 - Arrive ready to work from the moment you walk into the hospital.
 - Be positive and ready to help moms.
 - Always check in with the nursing staff so they know you are there.
- Always wash your hands when you enter and leave every room.
- Respect mothers.
 - Respect their privacy. Lightly knock before walking into a patient room.
 - Avoid touching the mother's breasts, and always ask permission before you help her.

Module 13: Providing Peer Counselor Services in Other Settings

- Respect mothers of different cultural backgrounds and beliefs, especially since family may be present.
- Respect other hospital staff:
 - Be a team player by supporting the other hospital staff.
 - Never contradict the advice another health professional at the hospital has given a mom. Remember that you do not always have the entire picture.
 - Do not diagnose or attempt to treat medical situations.
 - Avoid discussing other topics that are not related to breastfeeding.
 - Make referrals when you meet mothers with medical situations.
- Practice:
 - Practice within the scope that your agency and hospital agreed upon. For instance, the agreement may only be for you to greet mothers and answer questions, even though you are trained and skilled in helping mothers position and latch their babies.
 - Only give information that you have been trained on.
 - Document your hospital visits in your WIC documentation log.
 - Yield any mothers experiencing difficulties to your WIC Designated Breastfeeding Expert so mothers can continue to receive timely follow-up after they are discharged from the hospital.

“I love being with moms when they have their babies. It’s the perfect time to have face-to-face time with them and catch them as breastfeeding is beginning. It just doesn’t get any better than this!”

Alameda County Peer Counselor

211

Supporting Moms in Their Homes



Key Talking Points:

- Most breastfeeding concerns that occur can be handled through telephone calls to new moms to answer questions and reassure them.
- Sometimes it is necessary to see the mother breastfeeding, especially if she complains that breastfeeding is painful.
- Usually this can be accomplished by asking the mother to bring her baby to the WIC clinic so a peer counselor or WIC staff person can observe her breastfeeding and offer suggestions.
- In some situations, a mother cannot get to the WIC clinic due to

Module 13: Providing Peer Counselor Services in Other Settings

transportation problems, because she is physically unable to, or because her problem occurs after WIC clinic hours or over the weekend.

- Because home visits take more time, your State or local WIC agency will determine if funding is available for peer counselors to make home visits.
- Home visits can be reassuring to new moms who are experiencing concerns. Sometimes just knowing someone *can* come to their home is all a mom needs to feel confident she can continue breastfeeding.

212

OPTIONS FOR HOME VISITS



Key Talking Points:

- Sometimes peer counselors go on home visits with other health professionals such as home visiting nurses or dietitians. The health professional handles the mother's more complicated health issues while you address things such as basic breastfeeding technique.
- In some States, peer counselors who are more experienced are able to make home visits on an as-needed basis. Usually mothers are first encouraged to come to the WIC clinic before offering a home visit.
- In the Michigan State University Cooperative Extension Program, peer counselors make both prenatal and postpartum home visits.
 - Prenatal visits help peer counselors establish a one-on-one relationship with moms.
 - Postpartum home visits help peer counselors check the baby's positioning and latch.
- Home visits are a great way to educate the entire family and show them how they can support the new mom.
- Home visits are also a way to get a better feel for home situations that may impact breastfeeding.
- Home visits should not usually last more than an hour or two. If more time than that is needed, or if the mother has concerns beyond your scope of practice, contact your WIC Designated Breastfeeding Expert.

213

SAFETY TIPS



Key Talking Points:

- Making home visits can be a positive experience for both you and the family.
- If you are visiting a mother in her home that you have not met before, exercise common sense to be sure you are safe and to show respect for the mother and her family.

Module 13: Providing Peer Counselor Services in Other Settings

- Make contact with the mother beforehand. Never just show up.
- Set a time that works best for the mom. Plan for unexpected diversions such as traffic so that you arrive when you say you will.
- Dress appropriately.
- Ask about any pets she may have and ask that they be secured during your visit.
- Take hand sanitizer to minimize exposure to bacterial or viruses.
- Take your WIC educational resources, business cards, and referral forms. Do not take documentation forms for other WIC moms you are following to protect their confidentiality.
- Notify your supervisor of your plans, including the time you are leaving. Notify your supervisor when you have returned.
- Travel in pairs when possible. Another peer counselor, a home visiting nurse, or a WIC staff member can be asked to accompany you.
- Leave jewelry and other valuables at home and lock personal items in your trunk before you leave to see the mother.
- Check your driving directions carefully when you plan your route so you do not get lost.
- Carry a fully charged cell phone for emergencies with emergency numbers keyed into the “speed dial” function.
- Park in well-lit, heavily traveled areas.
- Be alert to your surroundings. Trust your instincts!
- Leave immediately if you feel uncomfortable any time during the visit.
- Avoid visits after dark or to homes in unsafe neighborhoods.

Teaching Tip

Review the home visiting protocols in Section 5 of the curriculum for managers, *Loving Support*® Through Peer Counseling: For WIC Managers.

214

COUNSELING MOMS AT HOME



Key Talking Points:

- When you are visiting a mom in her home, you are her guest. Always show respect for her and her family.
- Introduce yourself to other family members who may be present. Explain your purpose for the visit.
- Wear your WIC identification badge.

Module 13: Providing Peer Counselor Services in Other Settings

- Call the mother and her baby by name.
- Be sensitive to cultural practices that may be different from your own.
- Ask where she would be comfortable breastfeeding with you observing.
- Ask her to describe the concerns she is facing and her goals for breastfeeding.
- Affirm her frequently, remembering that mothers who are experiencing problems often feel they are failing.
- Ask her what she has already tried.
- Include other family members in the conversation when possible, and show them ways they can support the mother.
- Share WIC-approved resources and numbers of people she can contact for additional help.
- Thank the mother and discuss a follow-up plan.
- Document information about the home visit, and contact the WIC Designated Breastfeeding Expert if the mother needs more specialized help.

215



Moms' Groups

Key Talking Points:

- Think back to the last time you called a friend about a situation you were facing with your children. Women tend to seek out other people who are experiencing similar things.
- In many WIC clinics peer counselors lead mother's meetings to bring moms together to share common experiences and to build lifelong connections.
- They also help enable moms to gain support as they work through challenges.
- These mother's groups often meet at the WIC clinic or at another central location in the community such as the local library.
- Consider calling your group something other than "support groups" since many mothers do not think they need support or have negative connotations about them. For example:
 - Mother's Group
 - Mommy & Me
 - Beautiful Babies
 - Between Us Moms
 - Baby Time
- Mom's groups can be held weekly or monthly depending on the needs in

Module 13: Providing Peer Counselor Services in Other Settings

your community.

- Many WIC agencies who host moms' groups at their clinic also use the meeting as a time for moms to weigh their babies. Certificates to show them how much the baby weighed can be positive reinforcement that their baby is growing well on their milk.

216

SISTAH CONNECTION



Key Talking Points:

- The Riverside County Local WIC Agency in California has a successful mother's group for African American moms called the "Sistah Connection."
- The "Sistah Connection" has grown to more than 30 active groups meeting monthly in 9 WIC clinics.
- Breastfeeding rates have risen among African Americans who attend the group because the moms encourage each other.

217

WHY IT WORKS



Key Talking Points:

- The secret to the group's success is that moms stay together each month.
- After certification, mothers meet with other women for group education. The peer counselors lead the groups and form relationships with the moms.
- Since WIC issues vouchers monthly, the moms return the same day and time the following month so they can continue to meet with the new friends they have made.
- Moms with older babies serve as role models for those with younger babies.
- Peer counselors have a 10-part lesson plan series they follow based on the book, *How to Raise Emotionally Healthy Children* from The Children's Project, a nonprofit organization.

218

TIPS FOR LEADING MOMS' GROUPS

Module 13: Providing Peer Counselor Services in Other Settings



Key Talking Points:

- Help all moms feel welcomed. Greet them as they arrive and call them and their babies by name.
- Explain that the moms' meeting is a safe place and they can trust that what they share in that room will stay there.
- Remember that people like to know they have been heard and that their experience has been validated. Rather than doing all the talking, ask lots of questions and invite moms to tell their stories. Listen and affirm their experiences.
 - Pick a "hot topic" question and ask the moms to share their feelings.
 - Ask about challenges they are facing with breastfeeding and what they have done to overcome them.
 - Ask moms to share something good that happened the previous month, or something about their baby that makes them smile.
- Invite quieter moms to have a turn sharing if others are doing more of the talking. Ex: "Mary, you've been a little quiet. What do you think about that?"
- Ask moms what *they* would like to talk about. Be prepared the next meeting with any resources or handouts that moms might find interesting.
- Encourage moms to breastfeed while in the group to grow their confidence breastfeeding in front of others.
- Invite moms to share their favorite recipes, photos of their children, etc. to continue to connect them together.
- Encourage moms to exchange phone numbers or email addresses if they wish.
- From time to time schedule meetings in fun locations such as a local park if your local agency polices allow, or hold a potluck meal. Invite other family members and children to attend.

219

BREASTFEEDING CLASSES



Key Talking Points:

- Breastfeeding classes are often similar to moms' groups, though sometimes they have more structure to address specific breastfeeding topics.
- Breastfeeding classes can be offered for moms before or after their baby is born.
- Remember that mothers are easily overwhelmed by information. Rather than trying to teach everything you feel a mom should know, pick 2 or 3

Module 13: Providing Peer Counselor Services in Other Settings

key education points you feel moms may be most interested in.

- For example:
 - How to be sure baby is going to get enough breastmilk
 - How to get support from family members
 - How to have a life even when breastfeeding
 - How to get off to a good start
- WIC agencies have found that facilitated discussions are more effective with WIC mothers than classes with formal agendas and a “script” of information. Traditional classes can cause moms to feel they are back in school again.

220



CLASSES AT MIAMI-DADE WIC

Key Talking Points:

- The Miami-Dade WIC Program in Florida serves a large population of more than 90,000 WIC moms. It does most of its nutrition education through group classes in the WIC clinics. Peer counselors are an important part of these classes.
- The classes are held with mothers of similar status (for example, pregnant women, breastfeeding women, etc.). When moms come to the clinic to be recertified, they join other mothers like them for classes.
- WIC nutrition staff provide nutrition information. Peer counselors share breastfeeding tips and strategies for getting a good start with breastfeeding.
 - This gives them the chance to build relationships with new moms.
 - If a mom needs more personalized information, the peer counselor can see her privately.

Special thanks to the following WIC agencies who assisted with policies, training materials, and resources for this section of the curriculum:

Supporting Moms in the Hospital: Texas WIC, Alameda County WIC Program, Houston Local Agency, and Albany (NY) WIC Program.

Supporting Moms in their Homes: Michigan State University Cooperative Extension Program.

Moms' Groups: California-Riverside County Local WIC Agency.

Breastfeeding Classes: Miami-Dade WIC Program.