

California WIC Breastfeeding Peer Counseling Program

# Peer Counselor Handbook

*Mothers Helping Mothers!*



Developed by the California Department of Public Health  
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# Peer Counselor Handbook

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# PC Handbook Session:

# 1

# Session 1: Agenda

**1****Welcome, Warm-Up, Expectations**

- Welcome
- Introduction of Facilitator
- Housekeeping
- Warm-up
- Session Expectations

**2****What is a Breastfeeding Peer Counselor?****3****Agenda Review and Training Objectives**

- Respecting Our Differences
- A Little Bit About Me
- Tree Activity

**4****Anatomy of the Breast**

- Breast Anatomy
- Types of Nipples
- Breast Surgery/Trauma

**5****Milk Production**

- Hormones Involved with Milk Production
- Feedback Inhibitor of Lactation
- Breast Storage Capacity
- Stages of Milk Production
  - Colostrum
  - Changes During Early Milk Production
  - Mature Milk
- Milk Ejection Reflex
- Delayed Milk Ejection Reflex

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### **Best Start 3-Step Counseling Strategy**

- Best Start Overview
- The Three Steps
  - Step 1: Ask Open-Ended Questions/Get More Information
  - Step2: Affirm Her Feelings
  - Step 3: Educate
- Putting It All Together

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### **Closing Activity and Preview**

- Summary – Closing Activity
  - Preview of Next Session
  - Homework
-

# What is a Breastfeeding Peer Counselor?

## PEER COUNSELOR

Peer counselors help to increase breastfeeding success by providing mother-to-mother support. Peer counselors have both personal experience and training to help mothers breastfeed. Mothers who have a peer counselor often choose to breastfeed. They also fully breastfeed longer after having their baby.

### Peer counselors:

- Help pregnant women get ready to breastfeed
- Talk to mothers about their thoughts on breastfeeding
- Help new mothers get breastfeeding off to a good start
- Explain ways to prevent common breastfeeding problems
- Talk to mothers about ways to solve common breastfeeding problems
- Refer mothers to lactation specialists, health care providers and other services

Most peer counselors help mothers over the telephone, in person at WIC sites, or both. With experience, some peer counselors teach breastfeeding classes at WIC. Others provide home or hospital visits to new mothers. The type of duties peer counselors perform depends on the WIC agency. If you are chosen to be a peer counselor, your supervisor will let you know what your duties will be.

Keep in mind that peer counselors do not tell mothers what is medically wrong with them or their baby (diagnose). They also do not tell mothers how to solve medical problems. Only certain licensed professionals may do so. Practicing medicine without a license is against the law! A peer counselor's job is to help mothers by encouraging them to breastfeed and helping them to prevent common problems.

PEER COUNSELOR



SESSION 1 | PC HANDBOOK

*I love being a peer counselor. I know that I am making a difference in the world! Babies are healthier because I helped their moms breastfeed.*

# Respecting Our Differences

## PEER COUNSELOR

It is important to respect everyone's opinions and beliefs, even when they are not the same as our own. Many factors, especially culture and family, play a role in who we are. A mother's beliefs and family will affect how she feeds her baby more than anything else. Other factors that may influence whether we breastfeed or not include:

- Religion
- Age
- Education
- Income
- Where we live
- Length of time in the United States

Understanding and respecting a mother's beliefs and practices will help in gaining her trust and in beginning a positive relationship. Keep in mind that not every mother from the same group shares the same beliefs about breastfeeding and raising her children.

# Anatomy of the Breast

## Breast Anatomy

### PEER COUNSELOR

#### Breast Size

- Breast size is determined by the amount of fat in the breast. Breast size is not related to the mother's ability to make milk. Most mothers can make enough milk for their babies whether they have small breasts or large breasts.
- Most women have one breast that looks a little different than the other. This is normal.
- During pregnancy the breasts increase in size, the veins show more, and the area around the nipple darkens.

#### Areola

- The areola is the darker skin around the nipple and is a visual target that helps the baby find the breast. The size and color of the areola varies from woman to woman and becomes larger and darker during pregnancy.
- Montgomery glands are small bumps on the areola. They make an oily liquid that protects the nipple from dryness. They also give off a scent that also helps the baby find the breast.

#### Alveoli and Milk Ducts

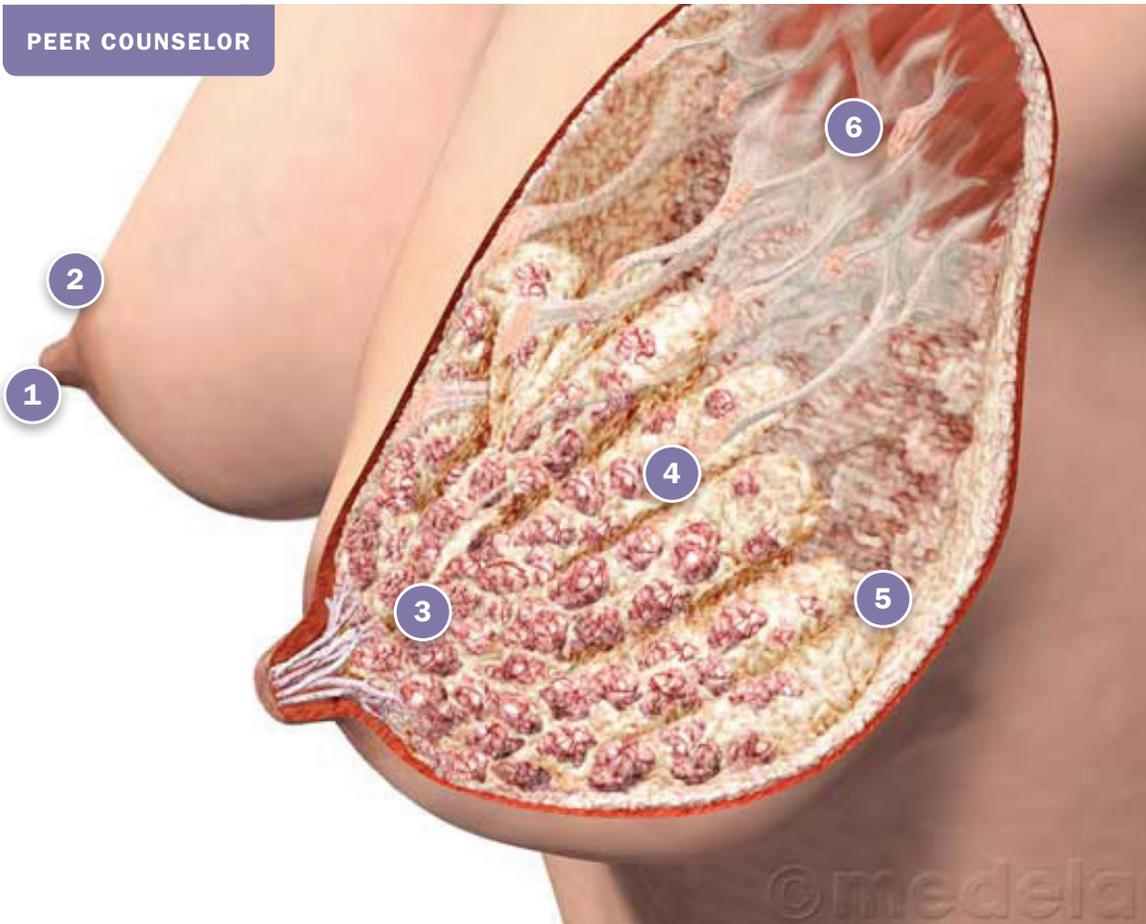
- The alveoli are grape-like clusters where milk is made.
- Milk ducts carry milk from the alveoli through the nipple.

#### Nipples

- Nipples are made of muscles and nerves. They contain 4–18 openings for the milk to flow from the breast.
- Nipples come in many sizes and shapes.
- Nipples may change during pregnancy and after childbirth.
- Most babies can latch onto their mother's breast no matter the size or the shape of the nipple.
- Mothers do not need to do anything to get their nipples ready to breastfeed.



*If a woman does not notice any breast changes during pregnancy, refer her to an lactation specialist and her health care provider.*



1

**Nipple**

2

**Areola**

the dark area around the nipple

3

**Milk Ducts**

tubes through which the milk travels (they branch out like limbs and branches on a tree)

4

**Alveoli**

grape-like clusters where the milk is made

5

**Fat**

some is mixed in between the alveoli and some fat is in a layer right under the skin

6

**Cooper's Ligaments**

provide support for the breast tissue

## Types of Nipples

### PEER COUNSELOR

#### Everted Nipple

- Sticks out slightly at rest
- Becomes erect when touched
- Most common type of nipple

#### Flat

- Flat at rest
- Remains flat despite being touched

#### Semi-Inverted

- Everted or flat at rest
- Draws in when touched

#### Inverted Nipple

- Drawn in at rest or “dimples”
- Remains drawn in despite being touched
- May evert after delivery

#### Wide or Non-stretchable Nipple

- May not reach the back of the baby's mouth
- May be hard for newborns to latch
- May need to provide a breast pump to express milk until baby learns to latch-on



*If a mother is worried about her nipples, suggest she contact a lactation specialist and/or her health care provider.*

## Breast Surgery or Trauma

### PEER COUNSELOR

Most mothers who have had surgery to make their breasts larger (augmentation) or smaller (breast reduction) are able to breastfeed at least partially, and often fully. Most mothers who have had other chest surgery or trauma are also able to breastfeed. Some breast or chest surgeries/traumas may limit the amount of milk a mother is able to make. Breast reduction tends to reduce milk production the most. Encourage mothers with a low milk supply to follow steps to maximize their milk supply.

Some mothers may need to supplement based on her individual ability to make milk and the needs of her baby.



*If a mother is worried about whether she can breastfeed because of surgery or trauma, suggest she talk to her health care provider or a lactation specialist.*

# Milk Production

## Hormones Involved with Milk Production

**PEER COUNSELOR**

Hormones play an important role in milk production. Also, many of the feelings mothers have when they breastfeed are caused by hormones.

**Progesterone**

- Produced by the placenta
- Prevents milk production during pregnancy
- After delivery, levels drop triggering milk production

**Prolactin**

- Tells the breast to make milk
- Makes mothers feel sleepy and calm
- Keeps mother’s periods (menstrual cycle) from coming back right away
- Causes motherly feelings

**Oxytocin**

- Makes milk flow out of the breast
- Makes mothers feel relaxed and sleepy
- Causes the uterus to squeeze (contract)
- Helps the uterus shrink back to its normal size
- Causes mothers to bleed less after birth
- Helps mothers have warm, loving feelings for their babies (mother-infant bonding)

**HORMONE CYCLE**

- Progesterone ----> Milk Production
- Prolactin -----> Milk Production
- Oxytocin -----> Milk Ejection (Let-Down)



## Feedback Inhibitor of Lactation (FIL)

### PEER COUNSELOR

Feedback Inhibitor of Lactation (FIL) is a substance that occurs naturally in breast milk. It decreases the rate of milk production when the breast is full. When FIL is absent from the breast, the rate of milk production increases. To summarize, when the breast is well drained, the rate of milk production will increase, if the breasts become full the rate of milk production slows down.

Think of an automatic ice maker in a freezer. There is usually a sensor that signals the ice to slow down when the bucket of ice is full. When the bucket of ice is full, the ice maker stops making ice, but when the bucket is low or empty, the ice making increases.

## Breast Storage Capacity

### PEER COUNSELOR

Have you ever wondered why one mother could feed her baby 7 times a day and have plenty of milk and another mother might need to feed her baby 9-10 times a day to keep her milk supply up?

The answer might be breast storage capacity. Breast storage capacity is related to the size of a woman's breasts but does not effect overall milk production. One woman might be able to store 90% of her baby's daily intake in both breasts, while another may only be able to store 20% of her baby's daily intake in both breasts. However, both women are able to make plenty of milk for their babies.

Women with the ability to store a lot of milk can feed less often because more milk is available for the baby at each feeding. Women with smaller storage capacities need to feed more often to maintain a good milk supply. She also might need to wake her baby more at night for feedings to ensure her baby is getting enough and to keep her supply up. Keep in mind that comparing breast storage capacity is not a good idea.

# Stages of Milk Production

## Colostrum — The First Milk

### PEER COUNSELOR

Colostrum is a thick, yellow milk made during the last 3 months of pregnancy. It is also made for several days after the baby is born. It is perfect for newborns and is often called their “first immunization” because it protects babies from illnesses.

Many mothers worry that the small amount of colostrum made is not enough for their baby in the first few days. On the first day of life, a baby only needs about 1 teaspoon of colostrum per feeding. This is because the baby’s stomach is small. On the second and third day of life, a baby receives about 1 tablespoon of colostrum per feeding. Most mothers make plenty of colostrum for their babies’ tiny stomachs.

A healthy, full-term baby is born with plenty of fluids in his or her body. Colostrum helps the baby stool (go poop). After the baby stools, he or she will get hungry. A healthy newborn does not need any other fluids, such as formula, water, or sugar water, unless there is a special problem. Breastmilk (colostrum) is the only food that healthy full-term (born near their due date) babies need.

## Changes During Early Milk Production

### PEER COUNSELOR

Sometime between the second and fifth day after birth, most mothers feel a change in their breasts. Extra fluid moves to the breast to help make milk. Mother’s breasts become fuller, heavier, more sensitive, and may feel warmer. This is a sign that her milk is changing from colostrum to mature milk. The milk made between colostrum and mature milk is often called transitional milk. This change from colostrum to mature milk usually takes about a week or two.

## Mature Milk

### PEER COUNSELOR

Usually, by the end of the second week, the breasts are making mature milk. Mature milk changes during a feeding. Usually, milk fed at the beginning of a feeding (when a mother has not breastfed for a few hours) is:

- bluish and watery
- high in milk sugar (lactose)
- low in fat
- often called foremilk

**Usually, milk fed at the end of a feeding is:**

- thicker
- whitish and not clear
- higher in fat and lower in milk sugar (lactose)
- higher in calories (energy)
- often called hindmilk

Babies need the higher fat and calories in hindmilk to grow well. Babies that receive too much foremilk may have gas and frothy, liquidy, yellow or green explosive stools and may not grow well.



*When a mother has not breastfed for a few hours, encourage her to let the baby finish one breast before feeding with the other breast to make sure the baby receives enough fat and calories.*

## Milk Ejection Reflex

### PEER COUNSELOR

Remember we learned that the hormone oxytocin causes milk to flow from the breast? This is called the milk ejection reflex or let-down reflex. Mothers may be having a milk ejection reflex if they see or feel the following:

- Uterine cramps
  - Tingling sensation in the breast\*
  - Milk dripping from the opposite breast
  - Milk appearing in the corner of the baby's mouth
  - Sounds of baby swallowing (an "uh" or "pah" sound)
  - A feeling of calmness and relaxation
- \* **Some mothers only have a tingling feeling once in a while and some do not have it at all. This is not a reason for concern.**

## Delayed Milk Ejection Reflex

### PEER COUNSELOR

A milk ejection reflex, may not happen right away for the following reasons:

- A lot of stress
- Negative remarks from others
- Feeling really tired
- Not enough privacy
- Not enough sucking
- Feelings, such as being embarrassed, angry, or frustrated
- Pain or fear of pain
- Too much caffeine (from coffee or sodas)
- Alcohol
- Smoking
- Drugs

# Best Start 3-Step Counseling Strategy

## Best Start Overview

### PEER COUNSELOR

Best Start is a group that has looked at a way to talk to mothers about breastfeeding. They found most mothers know that breastfeeding is better than formula feeding. So why do mothers choose not to breastfeed if they know it is better? Best Start found that many mothers feel the challenges of breastfeeding (such as embarrassment, time and pain) outweigh the benefits.

Best Start came up with ways to talk with mothers about breastfeeding to help them overcome these challenges. It is called the 3-Step Counseling Strategy. This strategy is also useful when talking with husbands, children, family members and friends.

### The 3 steps are:

1. Ask open-ended questions
2. Affirm her feelings
3. Educate

## Step 1: Ask Open-Ended Questions

### PEER COUNSELOR

The first step is to ask open-ended questions. An open-ended question is one that can have many answers. It is a good idea to ask mothers what they think about breastfeeding rather than if they plan to breastfeed.

Open-ended questions help you find out what the mother thinks. It helps start a conversation. Open-ended questions often start with “What” or “How”.

#### For example:

- “What have you heard about breastfeeding?”
- “What do you know about breastfeeding?”
- “What are your feelings about breastfeeding?”

Closed-ended questions get a yes, no or very short answers. When asked a closed-ended question, the mother will likely think that the right answer is “yes” and not share any real thoughts with you. Many times a closed-ended question will begin with “do”. For example, “Do you plan to breastfeed?” is a closed-ended question as the answer is either yes or no.

Write “**O**” beside the open-ended questions and “**C**” beside the closed-ended questions.

\_\_\_\_\_ “What does that feel like?”

\_\_\_\_\_ “Are you going to breastfeed?”

\_\_\_\_\_ “How do you feel about that?”

\_\_\_\_\_ “Are you going to work after the baby is born?”

\_\_\_\_\_ “Is your mother against breastfeeding?”

\_\_\_\_\_ “What is a good plan for you?”

Read the close-ended questions below. Change them to open-ended questions.

“Are you going to breastfeed?”

---

“Is your mother against breastfeeding?”

---

“Are you going to work after the baby is born?”

---

## Example Open-Ended Questions

*(Courtesy of Texas WIC’s Breastfeeding Peer Counselor Manual)*

### PEER COUNSELOR

#### During Pregnancy:

- What have you heard about feeding your baby?
  - What are your plans for feeding your baby?
  - What are some of the reasons you think women choose to breastfeed?
  - What do you think are some ways breastfeeding is good for your baby and for you?
  - What have you heard about the ways breastfeeding can help you and your baby?
  - How do you think breastfeeding will fit into your plans?
  - What concerns you most about breastfeeding?
  - What have you heard about breastfeeding that you’ve been wondering or worrying about?
- You seem a little uncertain about breastfeeding. Can you tell me why?
  - How does the baby’s father feel about breastfeeding?
  - What are your plans for going to work or going to school after the baby is born?

## Example Open-Ended Questions

*(Courtesy of Texas WIC's Breastfeeding Peer Counselor Manual)*

### PEER COUNSELOR

#### After the baby is born:

- What do you enjoy most about breastfeeding?
- How are things going at home?
- It sounds like you and your baby are doing well. What kinds of changes can you expect in the next few weeks?
- What happens when your baby cries?
- How does your baby let you know he/she is hungry?
- How often is he/she interested in eating?
- How are you feeling about that?
- How do your breasts feel when you are breastfeeding?
- How does the rest of the family feel about your breastfeeding?
- What are some of the ways your baby is letting you know he/she is getting enough to eat?

## Step 1: Getting More Information

### PEER COUNSELOR

After asking an open-ended question, you might need to ask another question or make a statement to better understand what the mother is thinking. Most people do not answer a question with enough information to say what they mean. Here are four ways to get more information to better understand what she is thinking:

**Extending questions** – Help you get more information

- Could you tell me a little more about that?
- What else can you tell me about breastfeeding?
- When you say breastfeeding hurts, could you tell me a little more about that?

**Clarifying questions** – Help you find out what the mother really means

- When you say that it would be uncomfortable for you, are you saying it would be uncomfortable for you, or for someone else who might see you?
- When you say breastfeeding hurts, are you saying it hurts the entire time you are breastfeeding?
- Are you saying you think your mother doesn't want you to breastfeed?

**Reflecting statements** – Let the mother know you understand what she said

- So you think your mother doesn't want you to breastfeed.
- So you feel uncomfortable breastfeeding in front of your family.
- So you feel your baby is still hungry after you feed her.

**Re-directing questions** – Help you find out about something else

- What other concerns do you have about breastfeeding?
- What other questions do you have?
- Can I help you in any other way?

Sometimes it is also a good idea to add extra words that sound kind. Using the mother's name, repeating her own words, and adding extra words helps when talking to other people. For example, "WHY NOT?!" may seem disrespectful. A nicer way to say this might be, "Anna, what can you tell me about why that's not a good idea?"

Think of questions you might ask or statements you could make to get more information after a mother says the following:

“My boyfriend does not want me to breastfeed.”

---

“I can’t take the baby with me everywhere I go.”

---

“Breastfeeding in public just isn’t for me.”

---

## Step 2: Affirm Her Feelings

### PEER COUNSELOR

After you have figured out what a mother may be worried about, the next step is to affirm her feelings. An affirmation can be a statement that lets a mom know that she is not alone in her experience. This will help her know that her feelings are normal or okay.

Here are some examples:

- “I’ve heard a lot of women say that.”
- “That’s a pretty common reaction or belief.”
- “I felt that way too.”
- “My mother told me the same thing.”
- “Most women go through a period like that after the baby is born.”

Another type of affirmation finds something positive about a person and gives her credit or acknowledgement. You don’t have to agree with everything someone says to affirm her. In these affirmations, we try to focus on something that we see as positive.

Here are some examples:

- “I can tell you are a concerned mom and want the best for your baby.”
- “With all that you have going on today, that’s great that you still made our appointment a priority.”
- “That’s a great idea! I like how simple and easy it is.”
- “Your baby is lucky to have a mom who loves her as much as you do.”
- “The way you look right into your baby’s eyes while you talk to him is so sweet.”

- “I’m so glad that you remembered to try what we talked about last time.”
- “Good job!”

Affirming a mother’s feelings is respectful and builds trust. Mothers who feel safe will be more likely to open up and listen to your ideas.

Read the statements below and write an affirming response.

“I don’t want my breasts to sag.”

---

“I’ve heard that if you breastfeed you have to be careful about eating good.”

---

“I don’t want my father to see me breastfeed.”

---

“I’m afraid I won’t be able to make enough milk.”

---

“My mother wants to feed my baby.”

---



*I really appreciate the help I get from my peer counselor, she is so understanding and caring*

## Step 3: Educate

### PEER COUNSELOR

In Step 1, you asked open-ended questions to find out what worries a mother may have about breastfeeding. In Step 2, you let her know her feelings are okay. Now, in Step 3, you share helpful information with her.

1. **Only share information that relates to her concerns or questions.** She will pay attention to you if you talk about something that is meaningful to her.
2. **Give information in small amounts.** Most new mothers are feeling overwhelmed and it is hard for them to remember a lot of information. If you give her too much information, she may think breastfeeding is too hard.
3. **Explore/Offer/Explore.** Anytime you offer information it is helpful to explore what the mother already knows about the topic or what experience she has had. After offering the information explore what she thinks and/or how she feels about it.
4. **Have repeated conversations.** Best Start found that the number of times breastfeeding is talked about is more important than the total amount of time spent talking about breastfeeding. This means it is a good idea to talk to mothers several times before and after the baby is born.

Read the statements below and write down information that you might share with mothers who have the following concerns. (without telling them what to do, e.g. “you should”)

“My sister’s milk looked like skim milk. I don’t think that is good.”

---

“I don’t feel anything when my milk is letting down. Does this mean my baby is not getting enough milk?”

---

“My breasts are too small to make enough milk.”

---

## Putting It All Together

### Sample Conversation:

#### PEER COUNSELOR

- Peer counselor: “What do you know about breastfeeding?”
- Emma: *“Well, I’ve seen mothers breastfeed before.”*
- Peer counselor: “What did you think when you saw mothers breastfeed?”
- Emma: *“Well, I don’t know. It seemed sorta okay. But it sorta embarrassed me.”*
- Peer counselor: “Could you tell me a little about what seemed embarrassing?”
- Emma: *“You know, just seeing somebody’s breast in a baby’s mouth. You don’t see that everyday.”*
- Peer counselor: “You said it seemed sorta okay. What about it seemed okay to you?”
- Emma: *“Well, the mother and the baby seemed so close. She got a real peaceful look on her face.”*
- Peer counselor: “And that seemed pretty good to you?”
- Emma: *“Yeah. I want to be close to my baby.”*
- Peer counselor: “Many women have these concerns before their baby arrives. But after they try it, a lot of them feel like it’s so good for the baby that they forget about feeling embarrassed. Also, there are ways to breastfeed without showing your breast. That bonding you talked about is real important. It makes mothers feel close to their babies. And it makes babies feel secure.”

PEER COUNSELOR



*Some mothers are all alone at home. I can tell they are glad when I call to see how they are doing.*

# PC Handbook Session:

# 2

# Session 2: Agenda

**1****Welcome Back and Warm-Up**

- Warm-Up Activity
- Review of Session 1
- Preview of Session 2

**2****Formula and Its Disadvantages**

- Introduction
- How Does Formula Compare to Breastmilk?
- Disadvantages of Formula

**3****Exclusive Breastfeeding / Fully Breastfeeding: The Gold Standard****4****Recognizing Baby's Cues**

- Feeding Cues
- Baby Behavior
- Feeding Patterns
- Sleepy Babies / Fussy or Colicky Babies
  - Ways to Wake a Sleepy Baby
  - Ways to Calm a Fussy Baby
- Breast Compression and Massage

**5****Getting Breastfeeding Off to a Good Start**

- Making Enough Milk
  - Suggestions to Help Increase Milk Supply
  - You Can Make Plenty of Breastmilk
- Skin to Skin Contact
- Positioning for a successful start to breastfeeding
  - Laid-back Position or Biological Nurturing
  - Cross-Cradle
  - Clutch
  - Cradle
  - Side-Lying
- Helping Mothers Position Their Babies
- Helping Mothers Over the Phone
- Four Steps to a Successful Latch
  - Signs of a Good Latch

6	<b>Signs that Breastfeeding is Going Well</b> <ul style="list-style-type: none"><li>• Weight Gain and Effective Feed</li><li>• Adequate Diaper Output</li><li>• The First Week of Breastfeeding</li><li>• Concerns about Low Milk Supply / Other Possible Explanations</li><li>• Reassuring Mothers</li><li>• Scenarios - Mothers with Concerns about Milk Supply</li></ul>
7	<b>Guest Speaker</b>
8	<b>Closing Activity and Preview</b> <ul style="list-style-type: none"><li>• Summary – Closing Activity</li><li>• Preview of Next Session</li><li>• Home Assignment</li></ul>

# Formula and Its Disadvantages

## Introduction

### PEER COUNSELOR

Humans are the only species that feed their babies milk they do not make themselves. Babies are meant to be breastfed.

Formula is made out of cow's milk or soy beans because these are cheap and easy to get. There are other animals whose milk is more like human milk, however getting it is not easy. For example, gorilla milk is more like human milk, but how do you milk a gorilla?

Even though formula has the "ingredients" needed for growth and development (such as protein, sugars, fat, water, vitamins, and minerals) it does not have substances found in breastmilk that are needed for optimal health. Breastmilk has over 200 ingredients that formula does not have. These

ingredients help protect against disease and promote the best growth and development.

Many people think formula is the same as breastmilk. This is not true. Formula companies add ingredients to formula as they learn more about breastmilk. They cannot make the ingredients that protect babies from many illnesses. A better name for formula may be "artificial baby milk", or ABM because it is an unnatural, man-made product.

**Babies are meant to be breastfed!**

## How Does Formula Compare to Breastmilk?

*See Appendix 1*

*Handout #1: "How Does Formula Compare to Breastmilk"*

# Disadvantages of Formula

## PEER COUNSELOR

Most people think of “the benefits or advantages of breastfeeding” instead of the “disadvantages of formula” when they are comparing breastfeeding and formula. Breastfeeding advocates want people to discuss the “disadvantages of formula” when counseling mothers about breastfeeding. As a peer counselor you can help. They want people to think of the

“disadvantages of formula” instead of the “benefits of breastfeeding”. When people understand the risks they are exposing their baby to by feeding with formula they are better able to make an informed decision.

**Babies are meant to be breastfed!**

1. The disadvantages of formula to **babies** are:
  - More illnesses, such as colds, ear infections, urinary tract infections, stomach illnesses, allergies, asthma, childhood cancers and diabetes
  - Greater chance of becoming obese
  - Potential for overfeeding
  - Potential for more spitting up
  - Greater chance of sudden infant death syndrome (SIDS)
  - Greater chance that mother will not hold her baby when feeding
  - Greater chance of dental caries (cavities)
  - Less bonding between baby and mother
  - Lower IQs (lower scores on tests that measure smartness)
  - Stools that are harder and smellier
  - Change in bacterial flora found in the baby’s gut (less friendly bacteria to help baby)
  - It may be contaminated with bacteria germs or harmful substances
  
2. The disadvantages of formula to **mothers** are:
  - Greater chance of getting breast, ovarian, and uterine cancers
  - Greater chance of getting rheumatoid arthritis
  - Greater chance of having bones that are not strong when older (osteoporosis)
  - Greater chance of increased bleeding after birth
  - Greater chance of getting pregnant sooner than planned
  - A harder time getting back to what they weighed before pregnancy
  - Less bonding with baby

3. The disadvantages of formula-feeding to **families** are:
  - Caregivers may not make it right causing the baby to not grow well
  - It may be missing key ingredients and need to be returned to the store (recalled)
  - It costs more (formula, bottle supplies, medical costs)
  - More time spent waiting in line at the pharmacy
  - It requires work to make and to clean up
  - It takes more time to get ready to leave the house and more supplies are needed
  - It is not always available in emergency situations
  - Family members miss more work or school to care for a sick baby
  - It can cause stains on clothes that do not come out with washing
  
4. The disadvantages of formula feeding to **society** (or the world) are:
  - There are more sick children so it costs more to care for them
  - It uses more of our money (tax dollars)
  - It makes more garbage for our landfills
  - It uses energy (fuel) to make, package and ship
  - It makes breastfeeding seem unimportant

# Exclusive Breastfeeding / Fully Breastfeeding: The Gold Standard

## PEER COUNSELOR

Breastmilk, only breastmilk, and nothing but breastmilk, is what a baby needs for the first 6 months! In California WIC, we refer to babies as “Fully Breastfed” or “Fully Breastfeeding” if they receive breastmilk only or breastmilk and solid foods. Fully breastfed babies do not get any formula.

### A couple of definitions:

**Exclusively breastfed** babies receive breastmilk only. They may take vitamins or medicine but not formula, water, or anything else.

**Fully breastfed** babies either receive breastmilk only or breastmilk and solid foods, but not formula. Most babies are ready to start solid foods at about six months of age.

So what happens if mother does not fully breastfeed her baby?

- The newborn gut is not completely developed. Harmful cow milk or soy proteins in formula can pass through the gut whole and cause allergies or even diabetes later in life.
- The high iron level and lower acidity found in formula encourages bad bacteria to grow. This can make babies sick more often. Fully breastfed babies have higher levels of “good” bacteria which help them fight off infections.
- Mothers who feed both breastmilk and formula will usually get their periods sooner than if they fully breastfeed. They will not be burning as many calories and this can make it harder to return to the weight they want.

Even if a mother decides to feed both breastmilk and formula, encourage her to breastfeed as much as possible. If a mother changes her mind, in most cases she can get back to fully breastfeeding. Refer her to a lactation specialist for help.

# Recognizing Baby's Cues

## Feeding Cues

### PEER COUNSELOR

Many new mothers wonder when they should breastfeed their babies. Babies should be fed when they show signs of hunger called “cues”. Mothers need to learn their baby’s hunger cues so they can breastfeed their babies before they cry or become too unhappy. When a baby is very unhappy, it is often harder to get the baby to eat. When possible, mothers should breastfeed when they see their baby’s early hunger signs.

New mothers also wonder when their babies are full. Healthy babies will stop eating when they have had enough. Babies show “cues” when they are full. Mothers need to learn how to tell if their baby is full so they know their baby is getting enough breastmilk.

### Baby's Cues

#### Baby's Early Hunger Cues

- Hands near face or mouth
- Turning to face mother
- Sucking movements/sounds
- Fussiness

#### Baby's Late Hunger Cues

- Fingers making a fist over chest, tummy, or face
- Stiff, straight arms and legs
- Crying

#### Baby's Full Cues

- Less sucking
- Hands opened and relaxed
- Arms relaxed over chest or tummy
- Legs relaxed
- Fingers relaxed
- Mouth lets go of the breast
- Baby is relaxed or falls asleep

## Baby Behavior

*See Appendix 2*

*Handout #2: “Babies Cry, Babies Sleep”*

# Feeding Patterns

## PEER COUNSELOR

Most newborns breastfeed 10-12 times or more in 24 hours. Often, babies breastfeed for different amounts of time in a 24 hour period. Sometimes a newborn will breastfeed for about an hour. Other times, the same newborn will just snack and eat for a shorter time. Some babies breastfeed slowly. Others breastfeed quickly. It is important not to watch the clock. Mothers need to feed their babies when they are hungry, usually every 2 to 3 hours. Because babies must feed often, they will not sleep for long periods of time. A mother may need to wake her newborn if it sleeps for longer periods of time (4 to 5 hours or more) to ensure 10-12 feedings in 24 hours.

Sometimes babies breastfeed several times within a short time. This is known as cluster feeding and is normal. Mothers often worry that something is wrong when their baby cluster feeds. Babies often cluster feed to

meet their needs for a long stretch of sleep or because they are getting ready for a growth spurt.

Some mothers worry that their babies spend too much time breastfeeding. Babies suck for reasons other than hunger. Babies breastfeed for closeness, comfort, and security as well as for food. Most healthy newborns will breastfeed for about 7 hours a day. It's important for mothers to know that their baby needs to breastfeed often.



*The important thing to remember is newborns need to breastfeed 10-12 times in 24 hours!*

## Sleepy Babies

### PEER COUNSELOR

Some babies are called “sleepy babies” or “very good babies” because they sleep for long periods of time or fall asleep after breastfeeding for only a short time. These babies may not get enough breastmilk. Mothers need to count the number of wet and dirty (poopy) diapers to make sure their baby is getting enough breastmilk (this will be discussed later in this session).

If a mother notices that her baby falls asleep a lot while breastfeeding and her breasts have not softened, she should try to wake

her baby. It is important for mothers to help their sleepy baby stay awake and breastfeed. Does this mean that babies cannot pause when eating? No, babies feed in a pattern that includes bursts of sucks and pauses. The pauses usually last five seconds or less. In a sleepy baby, these pauses may be longer than five seconds, even when the baby has not had enough milk. There are many ways a mother can wake her sleepy baby. Breast compression is a technique that can keep a sleepy baby nursing longer.

## Fussy or Colicky Babies

### PEER COUNSELOR

Babies are often fussy for a few hours in the late afternoon or evening in the first few months of life. Some babies have “colic” and get more upset. These babies may pull their legs towards their stomach and cry loudly. The cause of colic is unknown. This can be very stressful for a new mother. Often mothers of fussy or colicky babies think their milk isn’t satisfying baby. In most cases this is not true. Babies have a strong need to be held and comforted. Breastfeeding is one of the best things mothers can do to comfort a colicky baby. Luckily, colic usually lessens when the baby is about three months old.

When trying to calm the baby, it is common for mothers to give formula, herbal tea or solid foods. This does not help and may make the baby feel worse. There are other ways mothers can try to calm their fussy babies. It can take twenty minutes or longer to help a baby calm down, so mothers need to keep trying the same thing for several minutes before changing to another. Doing many different things in a quick amount of time can make the baby more upset.

## Ways to Wake a Sleepy Baby:

- Take off all of the baby's clothes except the diaper
- Hold the baby skin to skin with the mother's bra removed
- Talk to the baby changing your tone of voice
- Touch the baby in a variety of ways, such as stroking the baby from fingertips and toes toward the chest
- Rub the baby's hands, feet, legs, etc.
- Stroke the baby's cheeks, lips, and mouth
- Tickle under the baby's chin while breastfeeding
- Change the baby's diaper
- Walk your fingers up the baby's spine
- Burp the baby
- Switch to the other breast if the baby falls asleep during a feeding
- Breastfeed the baby in a more upright position
- When sucking slows down or the baby appears to be falling asleep while breastfeeding, massage the breast to encourage another milk ejection reflex and/or use breast compression to speed up the flow of milk

## Ways to Calm a Fussy Baby:

- Repeat a calming action over and over such as rocking the baby
- Burp the baby, if needed
- Change the baby's diaper
- Use deep, soothing sounds when talking to the baby
- Hold the baby upright and stroke the baby's back and head
- Let the baby suck on a clean finger
- Swaddle the baby
- Lie the baby tummy side down on your lap and gently pat.
- Carry the baby in a sling or front pack and go for a walk
- Take the baby for a stroller ride
- Take the baby into a quieter room
- Take a bath or shower together

# More Help with Babies Who Are Sleepy or Fussy at the Breast

## Breast Compression and Massage

### PEER COUNSELOR

Breast compression is a technique that may be helpful to a mother with a newborn. It does not replace a good latch and positioning, but it can help a sleepy baby have renewed interest in feeding. Newborns often drift off to sleep when the flow of milk is slow. With breast compression, a mother can make her milk flow faster. To do breast compression the mother should:

- Place her thumb above and fingers below her breast and give a gentle but firm squeeze while baby is actively nursing
- Pause her squeezing when baby pauses
- Rotate her hand around to empty other areas of the breast
- Observe baby for more frequent swallowing

- Continue with breast compressions until baby isn't swallowing, then switch to the other breast, and repeat the process. If baby is still hungry when done with the second breast, go back to the first!

Breast massage before and during a nursing session can also help the milk flow. To do breast massage the mother should:

- Use circular motions and/or strokes from the outer areas of the breast toward the nipple
- Include all areas of the breast even up into the arm pit area
- Use a washcloth soaked in warm water or a warm water bottle if needed

*None of my friends know anything about breastfeeding. I'm glad my peer counselor called.*



# Getting Breastfeeding Off to a Good Start

## Making Enough Milk

### PEER COUNSELOR

One of the most important things a breastfeeding mother can do for her baby is to make sure she makes enough milk. The first few days and weeks of breastfeeding will make a big difference in a mother's later milk supply. Here are eight helpful tips to get her milk production off to a good start:

1. **Have a natural birth, if possible.**  
Women who avoid medications (e.g. epidurals, IVs, etc.) and unnecessary procedures tend to have a much better breastfeeding experience. Learn all you can about the birth process before having a baby. Choose support people to be with you who are well-informed and can stand up for you. See Appendix 6 for a suggested birth plan.
2. **Breastfeed within the first hour after birth by placing your baby skin-to-skin:**  
Most newborns are awake for the first hour or two after birth and are ready to snuggle and breastfeed. The sooner the mother breastfeeds, the sooner she will start making more milk.
3. **Breastfeed often (10-12+ times in 24 hours):** Feeding often, especially in the first 3 days, will get her breasts to make more milk in future days and weeks. Feeding often will also help to keep baby's jaundice from becoming a problem.
4. **Stimulate both breasts:** Let the baby finish one breast before feeding with the other breast. Do not limit how long the baby feeds at each breast. It is okay if a baby only feeds from one breast at a feeding. The mother should begin the next feeding with the other breast.
5. **Exclusively breastfeed:** No other liquids (water, sugar water or formula) should be given to a newborn unless ordered by a doctor. Giving other liquids may cause the mother's breasts not to make enough milk and lead to early weaning.
6. **Avoid pacifiers and artificial nipples:**  
Pacifiers and artificial nipples (bottles) should not be used until breastfeeding is going well. When babies use pacifiers, the breasts make less milk because baby sucks less often at the breasts. Sometimes babies have trouble latching onto the breast once they have been given pacifiers or bottles. Nothing belongs in baby's mouth other than the breast, except in rare situations. Breastfeeding meets all of baby's sucking needs!

7. **Obtain breastfeeding help when needed, preferably by day 3:** Often mothers and babies leave the hospital before breastfeeding is going well. Getting breastfeeding support in the first few days after birth can help mothers feel more confident and prevent early problems. Mothers who get help early, often breastfeed for more than just the first few weeks after birth.
8. **Make sure that the baby is getting milk at each feeding.** Some babies can place their mouth on the breast and appear to be sucking, but if baby isn't swallowing, the latch and position need to be evaluated.

## Suggestions to Help Increase Milk Supply

Even if a mom doesn't get off to a great start, there are still many things she can do to improve her milk supply:

- Feed your baby more often
- Massage your breasts during breastfeeding
- Pump or hand express after breastfeeding
- Make sure you drink to thirst, eat when hungry, and rest when tired
- Spend time with your baby skin-to-skin
- If you start taking medications or birth control pills, ask your health care provider for options that will not lower your milk supply
- Talk to a lactation specialist

## You Can Make Plenty of Breastmilk

*See Appendix 2*

*Handout #3: "You Can Make Plenty of Breastmilk"*

# Skin-to-Skin Contact

## PEER COUNSELOR

Skin-to-skin contact is when a newborn baby is placed naked or with diaper only on the mother's bare chest. If the room is cold, both mother and baby can be covered with a warm blanket. Skin-to-skin contact helps babies to adjust to life outside of the mother's womb and helps prevent issues that might cause problems with breastfeeding. Most hospital procedures can be done with the baby resting on mom's chest, and anything else (like weighing the baby) can just wait! Babies who have skin-to-skin contact with their mothers immediately after birth (preferably for the first hour or two):

- Are more likely to latch on well to the breast
- Have more normal skin temperatures
- Have more normal heart rates and blood pressures
- Are less likely to have low blood sugars (hypoglycemia)
- Are less likely to cry
- Are more likely to breastfeed exclusively longer

Mothers who hold their babies skin-to-skin tend to have a better milk supply. Encourage prenatal mothers to hold their baby skin-to-skin immediately after delivery. Even if a mother has a c-section delivery it is still possible for her to hold her baby. The benefit of skin-to-skin contact doesn't end with the first day – it continues on for days and weeks. This not only will help with breastfeeding but will also encourage bonding between mother and baby.

# Positioning for a Successful Start to Breastfeeding

## PEER COUNSELOR

The most comfortable and successful position to start breastfeeding a newborn is:

- Laid-Back Position

There are two more positions that are popular for breastfeeding a new baby:

- Cross-Cradle Hold
- Clutch Hold

There are two other holds that are commonly used after breastfeeding is going well:

- Cradle Hold
- Side-lying hold

And by the time most babies are a couple months old and are good at breastfeeding, they choose their own favorite positions!

For all of these positions:

- While learning to breastfeed, mom and baby should be lightly clothed or skin-to-skin
- Mother and baby need to be comfortable and supported
- Baby's head is not turned to the side (ear, shoulder, and hip are in a straight line) so baby can swallow easily.

## Laid-Back Position or “Biological Nurturing”

### PEER COUNSELOR

When a mother and baby are first learning to breastfeed it is often easier if they use the laid-back position. This position encourages a good latch and good milk transfer. Mothers feel more confident when they see how much their baby wants to breastfeed and how easy it is for their baby to latch. This is not a position mothers need to use all the time, but it is the best way to help the baby show off the natural, inborn instincts that lead babies to breastfeed easily and comfortably for both.

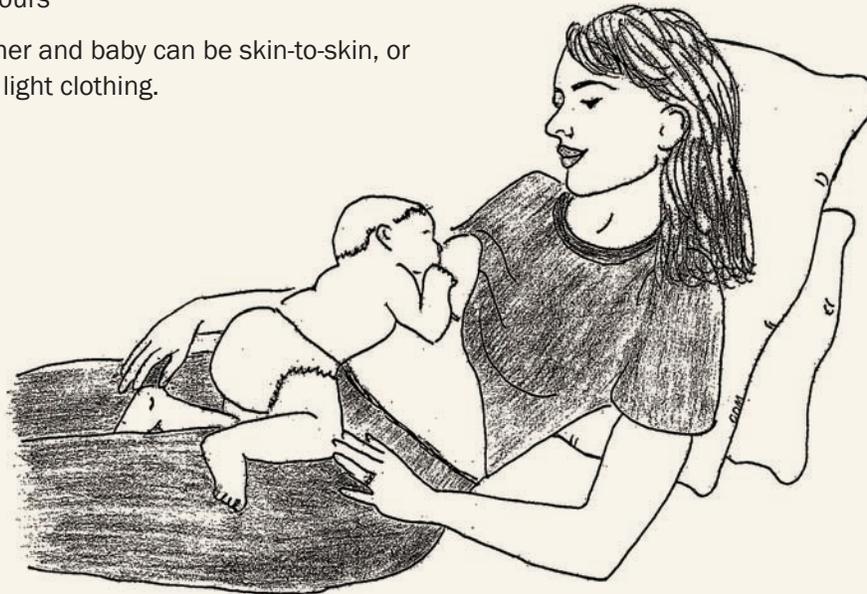
Getting started with the laid-back position:

- Mother is in a semi-reclined position with baby lying on top of her
- Every part of the mother’s body is supported, making her very comfortable
- Baby and mother are in close contact with the baby “molding” to the mother’s contours
- Mother and baby can be skin-to-skin, or with light clothing.

- Mother does not have to hold the baby because of gravity, so her hands are free to caress and enjoy her baby
- Baby has full access to the breast
- Baby’s hands don’t get in the way!

The laid-back or “Biological nurturing” position brings out baby’s instincts and mothers learn easily how to respond to them. A mother and baby can use this position as long as they would like, or they can move to other positions as baby grows and matures. Supporting mothers and encouraging them to enjoy their breastfeeding experience will help them breastfeed for a longer period of time.

For more information, see:  
[www.biologicalnurturing.com](http://www.biologicalnurturing.com)



Adapted by Carolyn Donohoe Mather from a sketch in *The Womanly Art of Breastfeeding*, 8th Edition, 2010



*Anytime you are trying to encourage someone to do something out of their normal experience, it's helpful if you are in the same culture or in the same age group. They are more likely to take to heart what you are saying.*

## Cross-Cradle Hold

This position is used in the early weeks while breastfeeding is getting started. The cross-cradle hold is often used when the baby's neck needs a little more support or when the mother needs to support her breast.

- Mother supports the baby's body and neck with her hand and forearm
- Mother brings baby across the front of her body so that baby's face, tummy and chest are facing her
- Mother wraps the baby's legs around her side
- Baby breastfeeds on the breast opposite mother's supporting arm
- Mother supports her breast using her free hand



## Clutch Hold (Football)

### PEER COUNSELOR

This position is a good choice for mothers who had a C-section. It puts less pressure on the mother's tummy. It is also a good position for premature infants, mothers with large breasts, and most newborns. Mothers can see their baby's mouth open wide and help them latch in this position.

- Mother holds the baby with the arm on the same side as the breast being offered
- Mother's hand supports the baby's shoulders and neck with the thumb just under one of the baby's ears and her index finger under the other ear
- Baby's body is supported by mother's forearm and baby's bottom rests on the chair or a pillow near the mother's elbow
- With the other hand, the mother supports her breast; if her breasts are large, she may use a folded washcloth or receiving blanket in a roll under her breast
- Pillows may be placed at the mother's side and back for support



## Cradle Hold

### PEER COUNSELOR

This is probably the most common position mothers use to breastfeed when the baby is older.

- The mother supports the baby's head on her forearm so the baby's nose is at the level of the nipple and the baby's chin is tilted away from his or her chest
- Mother's forearm supports the baby's body while her hand supports the baby's lower back or bottom, depending on length of the baby
- Mother's tummy and baby's tummy should be touching each other
- Baby's feet should be slightly lower than his or her head unless it causes the baby to pull on the nipple
- Baby's ear, shoulder and hip should be in a straight line to make swallowing easier.



## Side-Lying Hold

### PEER COUNSELOR

A mother often uses this position during night feedings or during the day when she wants to rest. Sometimes mothers find this position hard to learn. If that happens, suggest she sit at the side of the bed and get baby started using one of the other positions. Then she can slowly lower herself and the baby to a lying down position. The more she uses this position, the easier it will become.

- The mother lies on her side with her back supported by pillows, if needed
- The baby is placed on his or her side facing the mother's breasts
- A rolled blanket may be used next to the baby's back to hold the baby in place, but make sure the baby's head is free to move away from the mother
- When breastfeeding with the "bottom" breast, roll top leg back
- When breastfeeding with the "top" breast, roll top leg forward
- For safety, mothers should avoid breastfeeding in waterbeds or in beds with comforters or fluffy blankets



## Helping Mothers Position Their Babies

### PEER COUNSELOR

When helping mothers, remember to:

- Talk her through correct positioning.
- Let her position the baby by herself, as it will help her to learn.
- Talk to the mother about using the position that is best for the situation (e.g. football hold for a c-section). She does not need to learn all four breastfeeding positions.
- Always ask permission before touching the mother or baby. For example, “I would like to help you. Is it okay for me to touch you and your baby?”
- Put your hands over hers, if you need to help.
- If possible, have her position the baby and describe how she did it. You can write down these steps in her own words to give her.

## Helping Mothers Over the Phone

### PEER COUNSELOR

The following questions may be useful when helping mothers with positioning on the phone:

- Are you in a comfortable position with your back and arms supported?
- Are your shoulders relaxed?
- If you are sitting, are your knees level with your hips? Do you need a stool?
- Are the baby’s mouth and body facing your breast?
- Are the baby’s ear, shoulder and hips in a straight line?

## Four Steps to a Successful Latch

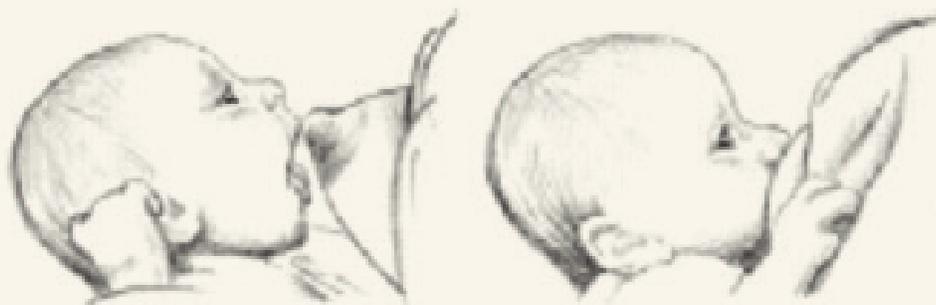
### PEER COUNSELOR

Latch-on is the way the baby attaches to the breast. A correct latch-on is important to:

- Make sure the baby gets enough milk
- Avoid sore nipples
- Encourage the breast to make more milk

Latch-on comes easily for many babies, but some need a little more help. Try the laid-back position first before using the following suggestions. Often the laid-back position alone will correct any latch-on problems with a newborn. If a mother needs suggestions for an older baby or other breastfeeding positions, the following guidelines may be helpful when talking to her:

1. Use one hand to “ridge” the breast (gently flatten the breast with your fingers as if it were a sandwich with one hand), keeping the fingers away from the areola.
2. Bring the baby’s nose toward the nipple, then let the baby’s head tilt back slightly by bringing baby’s chin toward the nipple.
3. With the baby’s mouth open wide and tongue down, bring the baby to breast making sure the baby’s lower lip touches the breast first. Make sure the mother’s palm is facing the breast and the baby’s body is in a straight line, snuggled in close to mom’s body.
4. Make sure the baby’s mouth takes in more of the underside of the areola and breast so that the nipple is far back in his mouth where the hard and soft palate meet. It is important to remember the baby is “breastfeeding” and not “nipple feeding.”



## Signs of a Good Latch

### PEER COUNSELOR

1. **Lack of constant nipple pain:** In the first few days, the mother may find it a little uncomfortable to latch the baby onto the breast. This discomfort only lasts a few seconds until the baby gets the breast far enough into the mouth. When the baby is latched correctly a mother should not feel pain, even if she has sore or damaged nipples! If she continues to have pain or discomfort, encourage her to talk to a lactation specialist.
2. **Lips curled outward:** The baby's lips should be curled outward (flanged). If the lower lip is curled inward, the mother may get sore nipples.
3. **Chin is touching breast:** The baby's chin should be touching the breast.
4. **Nostrils barely touch breast, if at all:** Watch the baby to see if he or she is having trouble breathing. If the nose is too close to the breast, tuck the baby's lower body (buttocks and legs) in closer to keep nostrils free. The nose should not be pressing into the breast. The mother should not need to hold or press her finger to keep her breast away from the baby's nose. Applying pressure to the breast pulls the nipple out causing pain and flattens the milk ducts, which can reduce milk supply or lead to other problems.
5. **Cheeks are rounded:** When latched properly, the baby's cheeks should not appear dimpled or sucked in. If the cheeks are dimpled or sucked in, the mother should remove the baby and try again.
6. **Nipple comes out longer but not pinched or discolored:** At the end of a feeding, the nipple may come out longer but should not be pinched or discolored (darker or white). The baby will usually breastfeed until satisfied and let go of the nipple on his or her own. If the baby does not let go or the mother must take her baby off the breast, she can insert her finger into the corner of the baby's mouth between the upper and lower gums to break the suction. Her finger should remain in this position until the baby is completely off the breast.
7. **Baby's swallows can be heard:** The mother should be able to hear an "uh" or "pah" sound when the baby swallows.
8. **Breast is softer and feels lighter after a feeding:** The mother should notice a change in her breasts after a feeding.

# Signs that Breastfeeding is Going Well

## Weight Gain and Effective Feed

### PEER COUNSELOR

The best sign that baby is getting enough milk is adequate weight gain. In the first few days after birth, most babies lose a little weight. Babies should stop losing weight when the transitional/mature milk comes in around 3-5 days and regain the weight they lost by the time they are 10–14 days old. Most babies gain 5 to 7 ounces a week for the first few months. For the next few months, babies usually gain 4 to 5 ounces a week. Most babies double their birth weight by 6 months and triple their weight by 1 year.

Mothers can also watch how their babies breastfeed for signs that it is going well.

During a good feeding she might see:

1. Obvious signs of milk transfer. Can hear or see baby swallowing at least every 2-3 sucks after milk ejection reflex occurs.
2. Baby is allowed to end the feeding on his own. Generally after 10-45 minutes. Can vary from feeding to feeding and baby to baby.
3. Baby is relaxed and appears satisfied after feeding.

Occasionally, babies increase the number of times or amount of time they breastfeed for 2 to 3 days. This increase in feeding is often thought to occur when the baby is

having a growth spurt. After a few days, the baby will go back to breastfeeding the same as before. Growth spurts can happen at any time, but often happen when babies are:

- 7-10 days old
- 2-3 weeks old
- 4-6 weeks old
- 3 months old
- Every couple of months after 3 months

Many mothers quit breastfeeding or begin giving formula when their babies are having a growth spurt. They worry that they are not making enough milk for their baby. Reassure mothers that their baby's increased desire to breastfeed will help her to make more milk and meet the needs of her baby. Let her know a growth spurt only lasts a few days and she will make all the milk her baby needs.



*Let mothers know that breastfeeding more at times is normal and she will make all the milk her baby needs. If a mother is worried about her baby's growth, encourage her to talk to her baby's health care provider or a lactation specialist.*

## Adequate Diaper Output

### PEER COUNSELOR

Another way for new mothers to tell if their baby is getting enough breastmilk is by counting the number of dirty (poopy) or wet diapers the baby has each day.

On day 1, babies should have 1 thick, dark, tarry stool. On day 2, babies should have 2 dark, tarry stools. By day 3, babies should have 3 stools that are greenish-yellow in color. By day 5, babies should have at least 3 to 5 mustard-yellow, seedy, thinner stools. It is important to let mothers know that these changes in stools are normal and a sign that baby is getting enough breastmilk. Also, let mothers know that in the first few weeks it is normal for some babies to stool

almost every time they breastfeed. After the first month to six weeks, babies stool less often, but in greater amounts.

It is less important to count wet diapers than dirty (poopy) diapers, because babies generally wet when they stool. Even so, mothers want to know what to expect with wet diapers too. For the first 5 days of life, babies will have 1 wet diaper for each day of life. So on day 1, babies should have 1 wet diaper. On day 2, babies usually have 2 wet diapers and by day 5, babies have 5 wet diapers. After day 5, babies should have at least 6 to 8 diapers each day.

## The First Week of Breastfeeding

*See Appendix 4*

*Handout #4: "What to Expect in the First Week of Breastfeeding"*

## Concerns About Having a Low Milk Supply:

### PEER COUNSELOR

Concerns	Other Possible Explanations:
Baby cries.	<i>Babies cry for many reasons, not just because they are hungry.</i>
Baby doesn't sleep through the night.	<i>Waking at night keeps babies safe and healthy.</i>
Baby wakes up when caregiver tries to put baby down.	<i>Newborns are light sleepers, especially for the first 20 minutes after falling asleep. Encourage mother to wait a bit longer after baby falls asleep to put him or her down.</i>
Baby is breastfeeding more.	<i>Baby might be having a growth spurt. Baby might need more comforting.</i>
Baby will take a bottle of formula after breastfeeding.	<i>Baby may just want to suck. Breastfeeding is more than food to a baby. It is also comfort and security.</i>
Breastfeeding is taking too long.	<i>Baby is learning how to breastfeed. Some babies take longer than others to breastfeed. Some babies may spend at least 20 minutes on each breast. As the baby gets older, breastfeeding will get faster.</i>
Mother cannot express milk after breastfeeding her baby.	<i>This is normal if baby is gaining weight, sounds of swallowing can be heard and milk can be seen. The amount of milk a mother is able to express after a feeding depends on the type of pump she is using and how well the baby empties the breast.</i>
Mother's breasts are smaller and softer than they were in the beginning.	<i>This is normal. After the first couple of weeks, the breasts are making the amount of milk the baby needs.</i>
Mother doesn't feel a milk ejection reflex.	<i>Some mothers do not feel the milk ejection reflex. There are other signs that the MER has occurred such as sounds of swallowing, seeing milk around the baby's mouth, and the baby is gaining enough weight.</i>
Mother's breasts do not leak.	<i>Some mother's breasts do not leak. Leaking is not related to the amount of milk a mother makes.</i>

## Reassuring Mothers

### PEER COUNSELOR

Let mothers know that if the baby is gaining enough weight and has enough dirty and wet diapers she is making enough milk. If she is worried, encourage her to talk to a lactation specialist and her baby's health care provider.

# Scenarios - Mothers with Concerns about Milk Supply

## PEER COUNSELOR

1. A pregnant mother tells you she is worried she will not have enough milk for her baby because she did not have enough for her last baby.
2. A mother of a 2-week-old calls and is worried that her baby is not getting enough milk. She states that “my baby doesn’t sleep through the night yet” and “cries a lot.”
3. A mother of a 6-week-old baby tells you that she needs formula now because she is not making enough milk anymore. Her baby is “breastfeeding all the time and was not doing this last week”.



# PC Handbook Session:

# 3

# Session 3: Agenda

1

## Welcome Back and Warm-Up

- Warm-Up Activity
- Review of Session 2
- Preview of Session 3

2

## Early Breastfeeding Problems

- Sore Nipples
- Breast Shells and Nipple Shields
- Normal Fullness vs. Engorgement
- Plugged Ducts
- Mastitis
- Thrush
- Jaundice
- Spitting up
- Slow Weight Gain
- Failure-to-Thrive
- Babies that Refuse to Breastfeed
- Counseling Mothers with Early Breastfeeding Problems

3

## Medications and Herbal Remedies

- Medications
- Common Herbal Remedies

4

## Birth Control Methods

- Choosing a Form of Birth Control
- Non-hormonal Methods
- Hormonal Methods that Cause Fewer Problems with Breastfeeding
- Hormonal Methods that are More Likely to Cause Problems with Breastfeeding
- Counseling Mothers with Concerns about Birth Control

5

**Unhealthy Environments**

- Cigarettes
- Alcohol
- Illegal drugs

6

**Closing Activity and Preview**

- Summary – Closing Activity
- Preview of Next Session
- Home Assignment

## “When You Counsel”

Nigerian counseling song\* (to the tune of Frère Jacques):

“When you counsel  
When you counsel  
Never judge  
Never judge  
Praise mother and baby  
Praise mother and baby  
Don’t command  
Do suggest”

\*Credit to Adenike Grange, Medical Officer MCH, WHO Lagos, Nigeria

# Early Breastfeeding Problems

## PEER COUNSELOR

Early breastfeeding problems are discouraging to a new mother and can be a cause of early weaning. With education, most can be prevented. If they do occur, early and consistent help can solve problems while they are still small.

## Sore Nipples

### PEER COUNSELOR

A small amount of nipple tenderness in the beginning is normal, but breastfeeding should not hurt! It is not normal to have cracked, bruised, bleeding or blistered nipples. The most common causes of sore nipples are incorrect positioning and latch. In as little as one day, a mother's nipples can become sore and injured. Often mothers feel relief right away once positioning and latch are corrected.

Other causes of sore nipples include:

- Not breaking the suction before taking the baby off the breast
- Baby's tongue is not positioned correctly
- Baby's tongue does not come out far enough
- Incorrect breast pump use
- Mother has skin problems such as an infection or a rash

Most mothers can keep breastfeeding while their nipples heal.

Encourage mothers to:

- Correct position and latch
- Apply a few drops of breast milk on their sore nipples to help with healing
- Avoid using soap or alcohol on their nipples as these can harm the nipple
- Use different positions (clutch, cradle, cross-cradle, lying down) - this way the baby is not breastfeeding on the same spot of the breast every time
- Talk to a lactation specialist or her health care provider, if sore nipples continue after helping with positioning and latch-on

## Breast Shells and Nipple Shields

### PEER COUNSELOR

Some health care providers or lactation specialists suggest mothers use breast shells or nipple shields when they get sore nipples. Breast shells are worn in the bra between feedings. They protect a mother's sore nipples from sticking to her bra. Nipple shields are used while breastfeeding to help babies latch more easily. Not everyone

agrees with using nipple shields to treat sore nipples. Only a health care provider or lactation specialist should suggest the use of a nipple shield. If a mother is using a nipple shield, a lactation specialist should follow-up with her to see that breastfeeding is going well.



*It makes me feel good to be able to help other moms give their babies the best... their breastmilk!*

## Normal Fullness verses Engorgement

**PEER COUNSELOR**

Sometime between the 2nd and 4th day after a baby is born, most mothers will notice that their breasts are beginning to feel heavier and fuller. Mothers may also notice that their breasts appear larger. This is a normal sign that the mother’s milk is in the process of changing to mature milk. It is not normal for breasts to become engorged.

Engorged breasts are hard, red, and painful. Engorgement usually occurs when the mother has not breastfed enough and too much fluid and milk builds up in the breast. Engorgement can lead to sore nipples if the baby is only latching onto the end of the nipple.

Normal Breast Fullness	Engorged Breasts
Mild discomfort	Very painful
Baby can latch easily	Baby cannot latch easily
Softer after feeding	Still firm after feeding
Skin normal	Skin tight and shiny
Firm and full	Hard and lumpy
Warm	Hot
Good milk flow	Poor milk flow

## Common causes of Engorgement:

1. Delayed breastfeeding or missed breastfeeding sessions: If a mother does not breastfeed at least 10-12 times in 24 hours, her breasts may become engorged.
2. Incorrect positioning and latch-on: When the baby is not positioned well or the latch is poor, the baby may not be able to get enough milk from the breast.
3. Restricted and/or scheduled feedings:
  - When mothers limit feedings to a certain amount of time such as 10–15 minutes on each breast, it may not be long enough for the baby to get enough milk out of the breast.
  - When mothers breastfeed on a schedule such as every three to four hours instead of feeding whenever baby shows signs of hunger, the baby will not feed often enough so the breasts will not drain well.
4. Use of formula, water or pacifiers: When the baby sucks on something other than the breast, the baby may not suck enough at the breast and remove enough milk. They also may latch differently.
5. Baby feeding ineffectively: Some babies do not breastfeed well in the first few days. These babies may have a health problem, had a difficult birth, or the mother had medication during childbirth. These babies may sleep more and suck poorly.
6. Use of IV fluids during labor: A mother who is given too much IV fluid during or after labor may have too much fluid in her breasts (edema). IV fluids are usually given in labor to prevent dehydration. They are also given with pain medications, such as epidurals, and when labor is induced (started) using certain medications.
7. Sudden weaning: If a mother suddenly stops breastfeeding, her breasts will continue to make milk and may become engorged.
8. Pumping that does not drain breasts enough: If a mother is not able to breastfeed and her breast pump does not work well, her breasts may still be full of milk and can become engorged.
9. Breast surgery: If the ducts, nerves, or blood supply were cut, this may make breastfeeding more difficult. Mother's breasts can become engorged if the milk is not able to flow well.

## Helping Mothers with Engorgement

### PEER COUNSELOR

If the breasts are so full that the baby has problems latching on, encourage the mother to:

- Lightly massage and apply heat just before breastfeeding if the mother is leaking or able to express milk. If the mother is not able to express any milk, apply cold compresses such as a very cold washcloth or a frozen bag of peas to reduce swelling and seek help. Remember: if the milk is flowing, apply heat. If the milk is not flowing, apply cold.
- Lean her breasts into a bowl of warm water and lightly massage breasts to encourage milk flow
- Apply pressure around the nipple to help extra fluids move away from the nipple
- Hand express or pump a small amount of breastmilk to soften the breast for an easier latch
- Breastfeed often: 10-12 times in 24 hours
- Apply cold cloths often between feedings to get the swelling to go down and help with pain
- Talk to a lactation specialist, if she has tried all the above and her baby is still having problems latching on

## Scenarios: Helping a Mother Engorgement

### PEER COUNSELOR

1. A mother of a 5 day old newborn comes to see you and tells you that her breasts are very full and uncomfortable. She tells you that she is trying to get her baby to only breastfeed every 3-4 hours because that is what her mother (who formula fed) did with her babies. While she is with you she breastfeeds by latching the baby well and you hear swallows. She also tells you, that her baby is crying a lot and not sleeping through the night “yet”.
2. A mother of a 4 day old newborn calls and tells you her breasts are very full, hot and painful. She tells you about a difficult labor and delivery experience and that she doesn't think the baby is getting much milk out of her breasts. She says her nipples are very sore.
3. You call to check on one of your prenatal participants to find that she has had her baby!! He is 4 days old today. She describes her labor as long and difficult and she eventually had a C-Section. She tells you that her milk must be in because her breasts are hard, hot and painful. She states that her nurse that sent her home told her she might be engorged because of all the IV fluid they gave her.

# Plugged Ducts

## PEER COUNSELOR

A plugged duct:

- Is a tender spot and/or lump in the breast caused by the duct getting blocked with dried milk
- Happens slowly
- May not let milk drain, causing milk to build up and the duct to become swollen

Plugged ducts may happen from missed feedings or anything that places too much pressure on the breast including:

- Bras that are too tight
- Pulling up a bra rather than loosening it to breastfeed
- Straps on front baby carriers, diaper bags, or purses
- Mother sleeping on her stomach
- Applying pressure to breast with fingers while breastfeeding
- Mother having more milk than her baby needs

Mothers with plugged ducts feel okay and usually do not have a fever. If not treated, a plugged duct may cause a mother to make less milk or get a breast infection.

Encourage mothers with plugged ducts to:

- Breastfeed frequently, at least every 2 hours

- Begin each feeding on the side with the plugged duct
- If possible, orient the baby's chin towards the area with the plugged duct. The motion of the tongue in milking the breast will help empty that area more.
- Gently massage the breast from above the plugged duct toward the nipple while breastfeeding
- Apply heat for 15 to 20 minutes to the breast that has the plugged duct before feedings and sometimes between feedings
- Wear loose, unrestrictive clothing



*If a mother has symptoms for more than a few days or starts to have a fever encourage her to talk to her health care provider and a lactation specialist.*

# Mastitis

## PEER COUNSELOR

### Mastitis:

- Is an infection in the breast
- Can happen at any time but often between the first and third month after delivery
- Happens quickly
- Sometimes happens after a plugged duct
- Is treated with antibiotics

When a mother gets mastitis she will feel like she has the flu and may have a temperature of 101° F or higher. Her breast becomes swollen, tender, and red in a small area. The pain is usually in one spot, intense and described as “red and hot”. A mother with mastitis needs to be seen by her health care provider.



*Encourage a mother with mastitis to:*

- *Breastfeed often (her milk is not infected and still good!)*
- *See her health care provider and follow instructions*
- *Get plenty of rest by lying down often. Drink plenty of fluids (even when not thirsty)*
- *Again - Breastfeed often!*

# Thrush

## PEER COUNSELOR

### Thrush:

- Is a yeast infection
- May pass back and forth between mother and baby while breastfeeding
- Can occur at anytime
- May happen after breastfeeding is going well

### Signs and symptoms of thrush in the baby:

- White patches in mouth (tongue, inner cheek, or lips) which may be mistaken for milk
- Diaper rash that does not respond to treatment

- Fussiness while attempting to breastfeed
- Frequent latching on and letting go while breastfeeding

### Signs and symptoms of thrush in the mother:

- Pink, red shiny or cracked nipples
- Burning or itching sensation in the breast between feedings
- Small white patches on or around nipples after feeding

## Helping Mothers and Babies Experiencing Thrush

### PEER COUNSELOR

A health care provider will treat both mother and baby, and maybe the mother's partner too. There is no reason to stop breastfeeding while being treated for thrush.

When a health care provider has told a mother that she or her baby has thrush, encourage her to:

- Continue the medication for as long as the health care provider says even if symptoms are gone
- Use clean breast pads after each feeding. Do not use pads with waterproof backings
- Rinse nipples with plain water after each feeding and let dry
- Wash toys or anything baby puts in mouth with hot soapy water and let air-dry
- Boil parts of pumping kits that come in contact with milk once a day for 20 minutes, if she is pumping
- Boil pacifiers, bottle nipples and teethers once a day for 20 minutes and throw away after one week of treatment
- Let mothers know that freezing does not kill what causes thrush. Milk pumped during this time can re-introduce the thrush. When mom and baby are no longer infected she needs to discard any milk pumped while infected.

All of these efforts will help mothers and babies keep from getting thrush again.



*If breastfeeding hurts, encourage her to talk to a lactation specialist or her health care provider.*

# Jaundice

## PEER COUNSELOR

### Jaundice:

- Is caused by a build-up of bilirubin, a yellow substance that is found in blood
- Causes the skin or whites of the eyes to become yellow
- Is common in newborn infants

All babies have red blood cells that break down after they are born. As these red blood cells break down, bilirubin builds up in the baby. If the baby does not stool (poop) enough in the first few days, the level of bilirubin will go up higher and the baby will become jaundiced. When the baby gets a lot of colostrum, it causes the baby to stool. This helps remove bilirubin. The best way to prevent jaundice from becoming a problem is to breastfeed at least 10 to 12 times a day and to begin breastfeeding as soon after birth as possible!

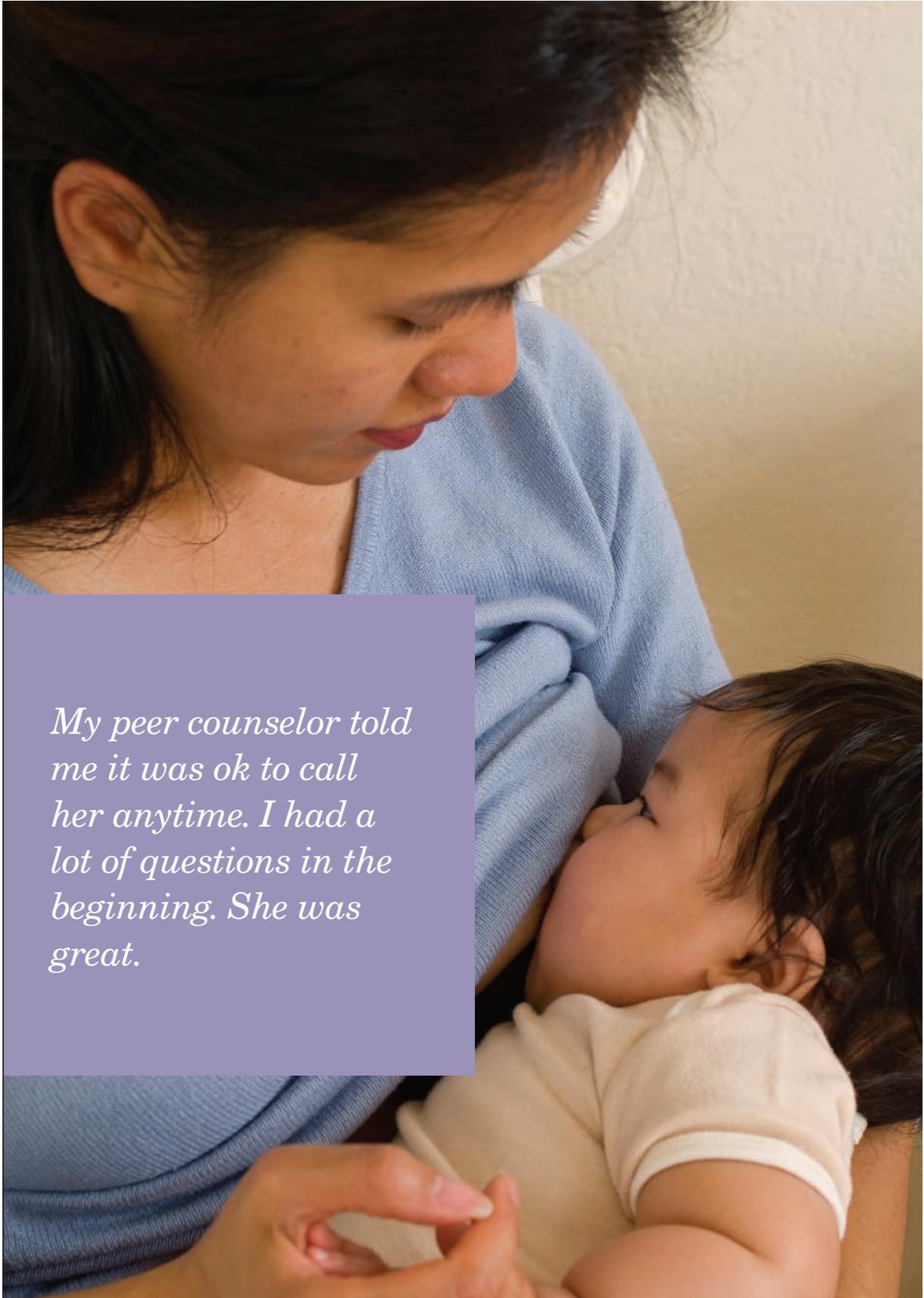
Jaundice may cause a baby to be too sleepy to breastfeed enough. Some health care providers want mothers to give formula

to help babies stool and to get bilirubin levels to drop faster. However, the American Academy of Pediatrics recommends mothers keep breastfeeding often, as long as the baby is getting enough breastmilk.

If a newborn is not stooling enough and the skin or eyes are yellow, let the mother know that she needs to get her baby to a health care provider as soon as possible. While jaundice is usually not serious, severe jaundice can harm the baby's brain.



*If a mother is told to stop breastfeeding, talk to her about using a breast pump to help keep up her milk supply and encourage her to talk to a lactation specialist.*



*My peer counselor told me it was ok to call her anytime. I had a lot of questions in the beginning. She was great.*

# Spitting Up

## PEER COUNSELOR

Babies spit up for many reasons including:

- Mother might have a strong milk ejection reflex
- Allergy to some formulas (if giving)
- Illness
- Taking too much breastmilk at a feeding
- Taking formula before or after a breastfeeding
- A strong gag reflex (urge to throw up)
- Take the baby off the breast for a minute or two if the baby is gulping or choking. Try to burp baby; then put back on the same breast.
- Breastfeed on one side at each feeding, if the mother thinks baby is getting too much milk
- Recommend not giving formula after breastfeeding.
- Mothers can talk to a health care provider about removing dairy or other allergy causing food from her diet

Most babies outgrow spitting up by the time they are four to six months old.

When a mother is concerned about her baby spitting up, the following suggestions may help:

- Keep the baby in a semi-reclined position with the head higher than the stomach after a feeding

When babies do not gain enough weight because they are spitting up too much, they may have gastroesophageal reflux disease (GERD), also known as reflux. This can be a serious health problem. Most babies with GERD can continue to breastfeed. If a mother seems worried about her baby's spitting up, encourage her to talk to the baby's health care provider.

## Slow Weight Gain

### PEER COUNSELOR

Babies with slow weight gain do not gain as much weight as expected. Slow weight gain can be caused by:

- Not feeding often enough
- Limiting the length of feedings
- A weak milk ejection reflex
- Mother not making enough milk
- Baby is not able to get enough milk
- Baby is sick

If a mother is worried that her baby is not gaining enough weight, encourage her to talk to the baby's health care provider and a lactation specialist. They will first check to see if the baby's weight gain really is slow, or if mom is worrying for another reason. They can do a "test weigh" and see how much milk the baby is getting during a feeding. During a "test weigh", a baby is weighed before and after a feeding with a very sensitive scale.

If mom really does have a low milk supply, explain that pumping and giving the baby formula may be needed, but usually only for a short time. Most mothers are able to improve their milk supply and meet their baby's needs!



*When helping a mother, whose baby has slow weight gain, listen to her fears about her baby's growth. Let her know that she should be able to continue breastfeeding with the help of a lactation specialist and her baby's health care provider.*

# Failure-to-Thrive

## PEER COUNSELOR

Babies who do not regain the weight they lost after birth by 2 weeks of age or are still losing weight after 7 days may have failure-to-thrive. This is serious! Failure-to-thrive can only be diagnosed by a health care provider. These babies must be followed by a health care provider and lactation specialist. Failure-to-thrive can also happen after the first few weeks.

There are many reasons for failure-to-thrive, including:

- Health problems in the infant
- Health problems in the mother
- Not feeding often enough
- Limiting the length of feedings
- Mother not making enough milk
- Baby is not able to get enough milk
- Poor bonding between mother and baby

This can be a very stressful time for the mother and family. A health care provider may suggest the mother give her baby formula. Let her know that in most cases she should be able to continue to breastfeed even though the baby is receiving formula. Encourage her to discuss her worries with a lactation specialist and her baby's health care provider.



*Babies that do not regain their birth weight by 2 weeks of age should be referred to a lactation specialist and their health care provider.*

# Babies that Refuse to Breastfeed

## PEER COUNSELOR

Sometimes a baby may not want to breastfeed after breastfeeding has been going well. A mother may worry that she does not have enough milk or think something is wrong with her milk. She may have hurt feelings when her baby does not want to breastfeed. There are two main reasons babies may refuse to breastfeed:

**Bottle Nipple Preference:** This is also called “nipple confusion”. Giving bottles and/or pacifiers too soon may cause the baby to get used to sucking on an artificial nipple, which is different from the breast. The flow of milk from a bottle is usually faster than from the breast. This makes it easier for the baby to get milk, and many babies prefer this. To avoid bottle nipple preference, encourage mothers not to use bottles and pacifiers until the baby is at least 4 to 6 weeks old.

**Nursing Strikes:** These happen when a baby suddenly refuses to breastfeed for no clear reason. A nursing strike is the baby’s way of telling the mother there is a problem. Nursing strikes rarely last longer than a couple of days.

Common causes of nursing strikes include:

- Return of the mother’s period (menstrual cycle)
- Pregnancy
- Change in soap, perfume, or deodorant used by the mother
- Change in the mother’s diet
- Baby has an earache or cold
- Baby has other health problems
- Baby is teething
- Baby recently separated from mother (e.g. returning to work, school).



*If a baby refuses to breastfeed for longer than 24 hours, encourage the mother to talk to a lactation specialist and health care provider.*

## Counseling Mothers with Early Breastfeeding Problems

When a baby refuses to breastfeed, encourage the mother to:

- Express milk to prevent engorgement and keep up her milk supply
- Feed baby expressed milk
- Continue to try to breastfeed
- Stay calm
- Give baby a lot of love and attention
- Talk to a lactation specialist or baby's health care provider if baby refuses to breastfeed for more than 24 hours

## Scenarios: Mothers with Early Breastfeeding Problems

### PEER COUNSELOR

1. You have called a mother of a 2-week-old baby. She says her nipples are cracked and bleeding and breastfeeding hurts too much. She wants to stop breastfeeding.
2. You have called a mother of a 4-week-old baby and she says her breasts have gotten very big and painful. She says she has not been able to breastfeed her daughter today. She thought the break would help, but the pain has gotten worse. She just tried to get her daughter to breastfeed, but the baby couldn't latch-on.
3. You have called a mother and she complains that her left breast has a spot that is swollen, lumpy, and a little sore. She says she had similar feelings in her right breast but that went away after a thick, stringy mass came out of her right nipple yesterday. She's worried that something is wrong.
4. You have called a mother and she says she's been sick and has a fever and chills. She also says her left breast is red and hurts a lot. She wants to know if she should stop breastfeeding until she gets better.



*The training was great. I just couldn't call a mom without practicing first*

# Medications and Herbal Remedies

## Medications

### PEER COUNSELOR

For most illnesses, there are medicines that mothers can take when breastfeeding.

Rarely, mothers must stop breastfeeding because they need to take a medicine that is not safe for breastfeeding. Mothers can pump and throw out their milk until they can safely breastfeed again. A mother will need to pump as often as her baby breastfeeds. This will help to keep up her milk supply.

A common over-the-counter cold medication, Sudafed, (pseudoephedrine) should not be used by breastfeeding mothers because it may reduce milk supply.

## Common Herbal Remedies

### PEER COUNSELOR

In some cultures, herbs are used to treat illnesses and conditions in both mothers and babies. While most herbs are not harmful to the mother or baby, some are very dangerous. Some herbs may increase or decrease a mother's milk supply. Also, feeding a baby herbal teas can decrease a mother's milk supply because the baby will breastfeed less. Encourage mothers to check with a lactation specialist before using any herbs.

**STRONG** mint (found in Altoids) and sage can reduce milk supply.

# Birth Control Methods

## Choosing a Form of Birth Control

### PEER COUNSELOR

There are a number of birth control options for breastfeeding mothers. The method a mother uses will depend upon her culture, religion, and lifestyle. Some work with breastfeeding and some do not. Health care providers can help mothers choose the type of birth control that is best for them.



*Encourage mothers to talk to their health care provider about birth control before the baby is born. This way she can choose a method that will work with breastfeeding.*

## Non-Hormonal Methods

### PEER COUNSELOR

Barrier methods work by keeping the sperm from reaching the egg.

The most common methods used are the condom and diaphragm.

Spermicides work by killing the sperm before they reach the egg and are usually used together with a barrier method.

IUDs work by keeping the fertilized egg from attaching to the uterus. (Some IUDs have hormones, and some don't. The ones with hormones will be discussed in the next section.)

LAM (Lactational Amenorrhea Method) is a method that can be used by mothers who are:

1. exclusively breastfeeding,
2. have not resumed their periods,
3. have a baby that is less than 6 months old and
4. still breastfeeding at night.

All of these four things must be present to lower the chance of pregnancy. If all are not happening, mothers who do not want to get pregnant should use another form of birth control.

Natural Family Planning is a method that works by not having sexual intercourse during certain times of the month. Both partners must be taught how and want to use this method. Mothers must watch their temperature, vaginal mucous, and the number of days since their last period in order to know when they can get pregnant. Classes are available to learn more about this method.

Sterilization is the most lasting form of birth control and should be used only when no more children are wanted. During sterilization, surgery is performed on the tubes that carry the sperm or the egg. The man has a vasectomy or the woman has a tubal ligation.

The rhythm method (counting the number of days since the woman's last period) and withdrawal (removing the penis before ejaculation) do not work well as forms of birth control.

## Hormonal Methods that Cause Fewer Problems with Breastfeeding

### PEER COUNSELOR

Birth control methods that have only Progestin usually can be used when breastfeeding. A mother may make less milk if the doses are too high, if she does not have a good milk supply or if the methods below are started before the baby is 6 weeks old:

The Mini-pill (Birth Control Pills) must be taken at the same time each day for it to prevent pregnancy.

Depo-Provera and Lunelle are shots, which are given every three months to prevent pregnancy.

Progestin IUDs does not allow the fertilized egg to attach to the uterus.

The Morning After Pill is given to a woman after having sex. It works by preventing the release of the egg or by keeping the egg from attaching to the uterus.

Before 6 weeks postpartum, the breasts respond differently to the hormones in these medications and will tend to decrease milk production significantly more than if they are used after 6 weeks postpartum. It is not recommended that any of these medications be given before the mother's 6-week check-up.

## Hormonal Methods that are More Likely to Cause Problems with Breastfeeding

### PEER COUNSELOR

Breastfeeding mothers should not use the following hormonal methods containing estrogen until the baby is at least 6 months old. Estrogen often reduces a mother's milk supply.

The Pill (Birth Control Pills) has both estrogen and Progestin. It must be taken every day. There are many different types.

The Patch has both estrogen and Progestin. It can be worn at different spots on the body and must be changed weekly.

Vaginal Contraceptive Ring has both estrogen and Progestin. It is put in the vagina by the woman. It is left in for 3 weeks and removed for 1 week.

## Scenarios: Mothers with Concerns about Birth Control

### PEER COUNSELOR

1. You call a pregnant mother who is planning to breastfeed. She tells you she is going to get a shot of Depo-Provera before she leaves the hospital like she did with her last baby.
2. You call a breastfeeding mother who has a 4-week old baby. She tells you she does not want to get pregnant and is going to start taking her old birth control pills because she still has enough to last for a couple of months.
3. You call a breastfeeding mother who has a one month old baby and has heard that breastfeeding prevents pregnancy. She wants to know if this is true.

# Unhealthy Environments

## Cigarettes

### PEER COUNSELOR

Mothers who smoke should still breastfeed their babies, but it is best if they quit or at least cut back. Breastmilk helps protect babies from the harm caused by nicotine and second hand smoke. Second hand smoke or environmental tobacco smoke, may cause the baby to get colds, ear infections, and asthma. Second hand smoke also places the baby at a higher risk of dying from Sudden Infant Death Syndrome (SIDS).

#### Encourage mothers who smoke to:

- Quit or cut back as much as they can
- Smoke right after breastfeeding to lower the amount of nicotine her baby receives from breastmilk
- Smoke outside (not around the baby or other family members or in the car)
- Wear an extra layer of clothes when smoking and take off the outer layer before having contact with her baby and other family members
- Not smoke in bed

If a mother wants to quit smoking, she should be referred to a program that will help her. If she is not able or willing to stop smoking talk to her about cutting down on the amount she smokes each day.

# Alcohol

## PEER COUNSELOR

Alcohol gets into breastmilk if a mother drinks beer, wine, or hard liquor. It may interfere with the milk ejection reflex. The more alcohol in breastmilk, the more the baby gets. The amount of alcohol in breastmilk is about the same as the amount in the mother's blood. The alcohol in breastmilk may make baby sleepy and suck poorly. Alcohol can also affect the way a mother cares for her baby. She may not breastfeed often enough and may not take good care of her baby. Regular use and abuse of alcohol by a breastfeeding mother can cause a baby to gain weight slowly or have failure-to-thrive. Talk to mothers who abuse alcohol about getting treatment and not breastfeeding.

If a breastfeeding mother drinks alcohol, she should have no more than 1 drink per day. According to the California Department of Motor Vehicles, a drink is 5 ounces of wine, one 12-ounce can of beer, or 1.5 ounces of 80 proof liquor (rum, whiskey, gin, vodka, etc.).

### **You can offer the following suggestions to mothers who have an occasional drink:**

- Breastfeed first, then wait 2 to 3 hours after her drink before breastfeeding again. This will keep her baby from getting too much alcohol.
- Don't breastfeed while under the influence of alcohol. The alcohol will leave her breastmilk as the levels go down in her blood. If she waits, she will be able to breastfeed safely after her head is clear.
- The highest alcohol level in milk is likely to occur about 1 hour after a drink. Remember, it takes time to eliminate alcohol. Exercising, taking caffeine or drinking more water do not help to make the process any faster.
- If the baby gets hungry while mom is under the influence, mom should give him stored breastmilk. Pumping ahead of time is a responsible way to ensure that baby can be fed without relying on formula.
- If she becomes engorged while she is under the influence, she can pump her breasts to feel better and discard the milk

## Illegal Drugs

### PEER COUNSELOR

Mothers who use illegal drugs should not breastfeed. Illegal drugs can hurt both mother and baby. Illegal drugs often have other drugs mixed in and can be made with poisons. Many mothers don't realize that if she uses drugs and breastfeeds, her baby's urine can test positive for drugs. Mothers who use these drugs might not be able to take care of their children and could get their children taken away from them.

The following is a list of common illegal drugs:

- Marijuana (“Pot”, “Weed”, “Bomb”, “Maui-Waui”, “Purple Cush”, “White Rhino”, “That Fire”, “Dink”)
- Methamphetamines (“Speed”, “Crank”)
- Hallucinogenic Amphetamines (“E”, “Ecstasy”, “X”)
- Cocaine (“Crack”, “Blow”, “White Candy”, “Dust Berry”, “Flour”)
- PCP (“Angel Dust”)
- Heroin (“Black Tar”)
- LSD (“Acid”)

If a mother tells you she is using an illegal drug, encourage her to stop breastfeeding and you should inform your supervisor of your conversation.

## Scenarios: Mothers with Concerns about Smoking, Alcohol or Drugs

### PEER COUNSELOR

1. “I was really good and didn't drink at all during my pregnancy. I am going to a party on Saturday night. Would it be okay if I have a couple of beers?”
2. You are talking with a breastfeeding mom and she admits to having “smoked a joint” last weekend. She asks you if you think that it could hurt her baby.
3. There is a mom in your WIC clinic who just gave birth. You note in her history that she was in jail before for methamphetamine use. You suspect that she is using at least occasionally. She asks if she should breastfeed or formula feed her infant.

# PC Handbook Session:

# 4

# Session 4: Agenda

**1****Welcome Back and Warm-Up**

- Warm-Up Activity
- Review of Session 3
- Preview of Session 4

**2****Helping Mothers with Special Challenges**

- Overview
- Twins
- Premature Babies
- Babies who are Sick or in the Hospital
- Mothers with Diabetes
- Mothers who are Ill or in the Hospital
  - Mothers with Minor Illnesses
  - Mothers Who Need to be in the Hospital
  - Mothers with Tuberculosis
  - Mothers with Hepatitis
  - Mothers with Sexually Transmitted Infections (STIs)
  - Mothers Who Should Not Breastfeed
- Practice Counseling Mothers with Special Challenges

**3****Mothers Who are Grieving or Depressed**

- Helping a Grieving Mother
- Postpartum Depression

**4****Expressing Milk**

- Expressing Milk
- Methods of Expressing Milk
  - Expressing Milk by Hand
  - Manual and Battery Operated Pumps
  - Electric Pumps
  - Helpful Tips for Pumping
- Pumping, Handling, Storing and Using Breastmilk

**5****Weaning**

6	<b>Cultural Awareness</b>
7	<b>Closing Activity and Preview</b> <ul style="list-style-type: none"><li>• Closing Activity</li><li>• Preview of Session 5</li><li>• Home Assignment</li></ul>

# Helping Mothers with Special Challenges

## Overview

### PEER COUNSELOR

Once in a while you will talk to a mother with a special situation that may make breastfeeding more challenging. She may have a premature baby, or twins, or premature baby twins! She may have a baby that is sick or that was born with a special problem that may make breastfeeding harder. Mothers who are sick or have diabetes may also have special challenges with breastfeeding.

The following are some things you can do to help these mothers:

- Be a good listener—let her talk about her feelings
- Encourage mothers to talk to a lactation specialist if they have trouble breastfeeding or have been told to stop breastfeeding
- Talk to mothers about letting their health care provider know how important breastfeeding is to them
- Encourage mothers to ask their health care provider and lactation specialist for ways to treat their problem so they can continue to breastfeed

Remember your support can make a difference when helping these mothers!

# Twins

## PEER COUNSELOR

In the beginning, many mothers of twins often worry about taking care of two babies and making enough milk for both babies. Most mothers make plenty of milk for twins! Nature made it possible for more than one baby to breastfeed at the same time. Mothers of twins usually find that breastfeeding is easier and takes less time than preparing bottles and formula for two babies.

You can help the mother by offering the following suggestions:

1. When getting started with breastfeeding, try feeding the babies one at a time.
2. After she's comfortable with positioning and latch, suggest she breastfeed both babies at the same time. This saves time and boosts her prolactin level, which helps her make more milk. It is not always easy at first, but most mothers and babies catch-on quickly.
3. If one baby has a weaker suck than the other, suggest the baby with the stronger suck start feeding at a different breast

each time. This will help make sure milk is removed from each breast and keep the mother from getting engorged. Switching breasts will also help her have a good milk supply.

4. Let babies sleep together. (They are used to sleeping together!)
5. Ask friends and family to help with shopping, cooking and cleaning.
6. Have friends and family help bathe, diaper and comfort babies.
7. Keep snacks nearby so she can eat and drink often.
8. Rest when possible; sleep when babies sleep.
9. Join a twin or multiple support group.

Most of these suggestions will also work for mothers with more than two babies!

## Positions for Breastfeeding Two Babies at the Same Time

### PEER COUNSELOR

**Combination Cradle and Clutch Hold** — One baby is in the cradle hold. The other baby is in the clutch hold with his head on his twin's tummy.

**Criss-Cross Hold** — Both babies are in the cradle hold, criss-crossed on her lap.

**Double Clutch Hold** — Both babies are in the clutch hold. Some mothers use pillows or folded towels at her sides to support her babies. This position may be helpful for a mother who has had a c-section. In this position, the babies do not rest on her incision.

Mothers should use the positions that work best for them! If the mother is having problems with positioning the babies, talk to her about getting a special pillow for supporting the babies. Also, encourage her to talk to a lactation specialist if she has any worries.



# Premature Babies

## PEER COUNSELOR

A premature baby is born at 37 weeks of pregnancy or earlier. These babies may be tiny and weak, born months too soon, or healthy babies born just a few weeks early. Some premature babies cannot breastfeed in the beginning, but they still need their mother's milk. Mothers may need to pump their breasts until the baby is able to breastfeed. This may take a few days to a few months. The mother of a premature baby makes special milk that meets her baby's needs.

### Doctors Recommend Breastmilk

Doctors often prescribe breastmilk for premature babies because of its protective factors. Sometimes doctors add extra calories, vitamins and minerals to breastmilk to help baby grow faster. Let mothers know that these added ingredients do not replace her breastmilk. Her milk is still the best food and medicine for her baby!

Premature babies fed breastmilk score better on IQ tests because breastmilk helps the baby's brain develop better. These babies also get sick less when they are fed breastmilk. Premature babies fed formula are more likely to get necrotizing enterocolitis (NEC). This is a serious problem that causes the baby's intestines to bleed. Breastfeeding protects against NEC.

### What You Can Do to Help

1. Let mothers know they are doing something special by giving their babies their breastmilk – no one else can do that.
2. Let mothers know that breastfeeding usually gets easier as baby grows.
3. If the mother is discharged from the hospital, you can help her get a hospital grade electric pump to express her milk from WIC. If the baby is still in the hospital, the hospital staff may give special instructions for pumping, storing, and labeling her breastmilk.
4. Refer the mother to a lactation specialist if she is having problems establishing a good milk supply.
5. Provide extra help and support. Be a good listener!

Your help and support is very important for this mother and baby!



*Encourage mothers to spend their first days at home doing nothing but breastfeeding and/or pumping, and taking care of her baby.*



*My peer counselor told me that lots of skin-to-skin time would help my preemie baby grow better. I'm so thankful for the special time together!*

# Babies Who are Sick or in the Hospital

## PEER COUNSELOR

### Sick Babies

Most of the time, babies who are sick or in the hospital get better faster if they are fed breastmilk. Breastmilk has antibodies that fight baby's illness. If a baby is throwing up or has diarrhea, breastfeeding can keep the baby from becoming dehydrated.

Sometimes sick babies want to breastfeed more and are comforted by breastfeeding. Sometimes sick babies are too weak or not interested in breastfeeding. When this happens, talk to the mother about pumping to keep up her milk supply. Suggest she also call the baby's health care provider or a lactation specialist.

Some older babies, when they get sick, will not eat and will only want to breastfeed. This is OK. Breastfeeding will help the baby get better and may make the mother feel better too.

### Babies in the Hospital

If a baby is in the hospital, encourage the mother to spend as much time as she can with the baby. Talk to her about breastfeeding as soon as possible after any test or surgery.



*If the baby cannot breastfeed, encourage her to pump as often as she would breastfeed her baby. If she does not have a pump, help her get one from WIC if possible.*



*My baby is so precious I want to give her my best by breastfeeding for her first year. I know I can always call my peer counselor for advice*

## Mothers with Diabetes

### PEER COUNSELOR

People with diabetes have a hard time controlling the amount of sugar in their blood unless they eat right, exercise, and in some cases, take medications. When blood sugar levels are not controlled, people with diabetes can get heart and kidney disease and can become blind.

Mothers with diabetes can breastfeed their babies just like other mothers. Breastfeeding improves the health of all mothers, including mothers with diabetes. Some mothers with diabetes will not need as much medication as long as they are breastfeeding.

Breastfeeding may protect their babies from getting diabetes as children.

While most medications for diabetes are okay to take while breastfeeding, a few are not. Suggest mothers with diabetes talk to their health care providers about breastfeeding before the baby is born. This way they can find a medication that will work with breastfeeding.

Some mothers have diabetes only while they are pregnant. This is called gestational diabetes. Mothers who had gestational diabetes are more likely to have diabetes later in life. Breastfeeding reduces the risk of diabetes for both mother and baby.

## Mothers Who are Ill or in the Hospital

### Mothers with Minor Illnesses

### PEER COUNSELOR

Most of the time a mother does not need to stop breastfeeding when she is sick or has a fever. Mothers do not pass illnesses such as colds or flu to their babies through breastmilk. By the time the mother knows she is sick, her baby has already been exposed to her illness. If she keeps breastfeeding, she passes her antibodies to her baby! This helps keep the baby from getting sick or if the baby does get sick, the baby will get better faster.

Remember, babies get sick when a person who is ill touches, kisses, coughs or sneezes on them. People who are sick, including mothers, should always wash their hands before touching the baby.

## Mothers Who Need to be in the Hospital

### PEER COUNSELOR

If a mother tells you she needs to be in the hospital, talk with her about the following:

- Can the baby stay with her in the hospital?
- Will the hospital let someone bring the baby to her to breastfeed?
- Is there someone that can bring the baby to her to breastfeed and stay with her and the baby?
- Will the hospital let her use their electric breast pump or does she need to bring her own?
- If she is not able to pump on her own, is there someone that can help her? A nurse? A family member?
- Where can she store her milk at the hospital?
- Does she have time before she goes to the hospital to pump and store breastmilk?

If a mother has been told not to breastfeed due to an illness or a treatment, talk to her about the following:

- Can she ask her health care provider if there is a different medicine she can take?
- Can she pump and throw away her breastmilk to keep up her milk supply until she is able to breastfeed again?
- Has she talked to a lactation specialist?
- Can she get breastmilk from the human milk bank for her baby?

## Mothers with Tuberculosis

### PEER COUNSELOR

Tuberculosis (TB) is a lung disease that can be treated in most cases. It is caught by having close contact (kissing, coughing) with a person who has active TB. A mother with active TB can breastfeed if she has been taking medications for 2 weeks and her health care provider tells her it is okay.

A mother who has a positive skin test for TB but does not have active TB can breastfeed. If she continues to have questions, suggest she talk to her health care provider or a lactation specialist.

## Mothers with Hepatitis

### PEER COUNSELOR

Hepatitis is an infection of the liver. There are three common types of hepatitis:

#### **Hepatitis A**

Hepatitis A is a virus often passed by infected people who prepare food and do not wash their hands after using the restroom. Mothers with Hepatitis A can breastfeed. Her milk protects the baby.

#### **Hepatitis B**

Hepatitis B is a virus spread through needles, blood and sexual contact. Babies now get vaccines against Hepatitis B, and even before the vaccine was available, there was never any reported case of a baby getting Hepatitis B from breastmilk.

#### **Hepatitis C**

Hepatitis C is a virus spread through needles, blood and sexual contact. There is no evidence that breastfeeding spreads Hepatitis C. If a mother has Hepatitis C, she may breastfeed, as long as she does not have bleeding nipples. No one knows if breastfeeding a baby with bleeding nipples increases the risk of passing Hepatitis C. To be safe, current recommendations say that if a mother with Hepatitis C has nipples that are cracked and bleeding she should pump and discard.

## Mothers with Sexually Transmitted Infections (STIs)

### PEER COUNSELOR

Most mothers being treated for sexually transmitted infections can breastfeed. Most medications are safe for the mother and baby. A mother with herpes or syphilis may breastfeed, unless she has open sores on her breast that can touch the baby's mouth. If the sore is on the nipple or areola, she

should pump on that side until it is healed. If any part of the pump kit touches a sore, the milk should be thrown out. Encourage the mother to talk to a lactation specialist and her health care provider if she has a STI with an open sore on her breast.

## Mothers Who Should Not Breastfeed

### PEER COUNSELOR

In the United States, mothers who have HIV should not breastfeed because the virus can pass into breastmilk. Formula is a safe alternative in the US. In poorer countries, however, mothers who have HIV are told they should breastfeed because formula feeding is not safe. The water supply in poorer countries is often contaminated leading to diarrhea and sometimes death. The most risky situation is when a mother with HIV both breastfeeds and gives formula. The formula takes away some of the protection that breastmilk alone would give, allowing the HIV virus more of a chance to infect baby.

Mothers who have the Human T-Cell Leukemia Virus should not breastfeed because it passes into breastmilk. Babies with this virus may get cancer (leukemia) and die when they grow up.

Mothers being treated for cancer with chemotherapy should not breastfeed. The chemotherapy drugs get in breastmilk and may hurt the baby.

Mothers who have a baby with galactosemia will not be able to breastfeed because babies who have this rare disorder can not process the sugar that is in milk. There are specialized formulas for these babies.

## Scenarios: Mothers with Special Challenges

### PEER COUNSELOR

1. You call a mother and she tells you she has a fever and is throwing up. She thinks she has the stomach flu. Her mother thinks she shouldn't breastfeed and has offered to take the baby to her house so the baby won't get sick. She wants to know what she should do.
2. You call a mother and she tells you she will be having surgery in 2 weeks. She wants to keep breastfeeding her 3-month-old baby and does not want him to get any formula while she will be in the hospital for 3 days. She doesn't know what to do.
3. You call a mother who tells you she had a positive skin test for TB but her healthcare provider told her she does not have active TB. She's not sure whether she should breastfeed.



*My family is proud of me for breastfeeding.  
I want to help other moms breastfeed too!*



# Mothers Who are Grieving or Depressed

## Helping a Grieving Mother

### PEER COUNSELOR

One of the most difficult challenges when working as a peer counselor is talking to a mother who is experiencing grief. Mothers who are experiencing grief feel extreme sadness due to a loss. Sometimes it is hard to tell when a mother is grieving. Some mothers will be quiet and not want to talk. Others will want to share their feelings or just need a shoulder to cry on. Some will be angry or depressed and others will be in denial that anything is wrong. Some mothers need more time than others to adjust to a loss. It is important to remember that there is no right or wrong way to grieve. Everyone grieves in his or her own way.

#### Reasons a Mother Might Be Grieving

- A death or illness in the family
- The death of her baby or child
- A prior miscarriage or abortion
- An unexpected pregnancy or delivery outcome, such as
  - Diabetes
  - Bedrest
  - Illness

- Caesarean Section
- Difficult Labor
- Difficult Recovery
- A past breastfeeding experience that didn't go as planned
- A current breastfeeding problem
- Separation of mother or baby
- Baby born with an illness or physical problem
- Family issues such separation, divorce or domestic violence
- Past history of sexual abuse

The best way to help a mother who is grieving is to be a good listener and be understanding. It is important to let the mother talk about her feelings. Remember her grief is her own. Just listening and being supportive is the best way to help her cope during a difficult time. When appropriate, you can recommend a support group and let the lactation specialist know if the mother needs help with breastfeeding or weaning.

# Postpartum Depression

## PEER COUNSELOR

Many women get the “baby blues” for a short time after giving birth. The new mother may have feelings of anxiety, irritation, tearfulness and restlessness. This usually occurs in the first few weeks after pregnancy and goes away without treatment.

Postpartum depression is a more serious condition. It is usually necessary to seek medical attention for treatment. In extreme cases, a mother may not be able to care for her baby or she may need medications that are not safe to take while breastfeeding. In all other cases, it is best for her to breastfeed. The hormones that are produced during breastfeeding actually help her mood.

(See Session 1 for more on the hormones, prolactin and oxytocin.) Even if a mother is not able to continue breastfeeding, it is not recommended that she stop suddenly because this can make the depression much worse. She can gradually reduce her milk supply by pumping a little less each day.

Make sure to refer a mother who is depressed to a health care professional who is trained to give her help.

# Expressing Milk

## PEER COUNSELOR

Expressing milk can help a mother start or keep up her milk supply. Mothers express milk when their babies cannot breastfeed or when they are away from their babies.

There are many ways to express milk:

- Hand expression
- Manual pumps
- Battery operated pumps
- Semiautomatic pumps
- Personal use electric pumps
- Hospital grade electric pumps

Mothers should talk to a lactation specialist (or someone familiar with different pumps) about which pump is best for their own situation.

# Methods of Expressing Milk

## Expressing Milk by Hand

### PEER COUNSELOR

Many mothers find hand expression easy to learn. Some mothers like hand expression better than using a pump. To hand express:

- Gently massage the breast (as if doing a breast self exam).
  - Place your thumb above the nipple and your index finger at the edge of the areola away from the nipple. The other fingers will rest underneath the breast.
  - Press your thumb and fingers (index and middle) into the breast towards your chest area.
  - Gently bring the thumb and fingers together and roll toward the nipple. Be careful not to rub, pinch, or squeeze the breast or nipple.
  - Repeat in a rhythmical pattern until milk flow slows from that area. It may help to say: “back, roll, release... back, roll, release...” etc.
  - Rotate the position of the thumb and fingers and repeat the process until all the breast has been expressed.
- Repeat the process on the other breast.
  - Massage and express each breast again.

When a mother is learning to hand express suggest she:

- Hand express while the baby is breastfeeding on the other breast
- Find a quiet, relaxing place to express
- Look at a picture of her baby or think about her baby
- Expect only a small amount of milk in the beginning
- Be patient - learning takes time and practice
- Talk to a lactation specialist if she needs help

## Manual and Battery Operated Pumps

### PEER COUNSELOR

Manual pumps do not cost a lot and are used by mothers who will not be pumping very often. There are three kinds of manual pumps:

1. Cylinder pumps, such as the Medela manual pump – These pumps have two cylinders that work to create suction to remove milk from the breast. Local WIC agencies have these pumps. Some cylinder pumps have a very strong suction that can hurt the breast. Mothers need to be taught how to use them correctly.
2. Trigger pumps – Mothers create suction by squeezing and letting go of the pump handle. These pumps can be used with one hand. If two are used, mothers can pump both breasts at the same time.
3. Rubber bulb (bicycle horn) pumps – These pumps should not be used. These pumps pull milk into the bulb. Because they are hard to clean, milk can become contaminated. These pumps can also hurt the breast because the suction is too strong.
4. Battery Operated Pumps – These pumps have small motors that last about 150 hours. They also require batteries that need to be changed often. Most need the mother to press a button to control the suction. These pumps can work for mothers who only pump a few times a week. Used battery operated pumps often do not work well because the motor has worn out.

Mothers should not share any of the pumps listed above with other mothers



## Electric Pumps

### PEER COUNSELOR

Mothers who need to express milk several times during the day may need an electric breast pump. When using an electric pump, pumping both breasts at the same time is usually best. This helps the mother make more milk and it takes less time.

1. **Semiautomatic Electric Pumps** – Mothers need to cover and uncover a hole or press a button to control the suction. The Bailey Nurture III pump is an example of a semiautomatic electric pump. Some WIC agencies purchase these pumps because they are inexpensive, last a long time, and can be shared with other mothers. They are good for mothers who already have a good milk supply.
2. **Personal Use Electric Pumps** – These pumps automatically create suction. The mother controls the rate and level of suction (how often and how much suction is created). These pumps are best for mothers who have a good milk supply and need to pump often. These pumps should not be shared.
3. **Hospital Grade Electric Pumps** – These work like the above pumps but can help mothers build up their milk supply. It's best for mothers to set the suction as high as is comfortable. Most if not all WIC agencies have some hospital grade electric pumps to loan to WIC participants.



## Helpful Tips for Pumping

### PEER COUNSELOR

When talking to a mother about expressing milk, let her know:

- It is normal for one breast to give more milk than the other.
- It is normal to have milk that changes color depending on what the mother eats or medications or vitamins she is taking.
- To continue pumping after the first milk ejection reflex is over. There will be pauses when no milk flows, then another milk ejection reflex will occur and more milk will flow.



## Pumping, Handling, Storing and Using Breastmilk

*See Appendix 5*

*Handout #5: "Pumping and Storing Breastmilk for Your Baby"*

# Weaning

## PEER COUNSELOR

Weaning begins when the baby is fed anything other than breastmilk. In the United States, weaning often begins before the baby leaves the hospital! Most mothers think of weaning as the time when they stop breastfeeding completely. Sadly, once mothers of healthy, term babies start to give formula, they tend to breastfeed less and stop breastfeeding sooner than mothers who do not use formula.

Around the world, most mothers breastfeed until the baby is about 3 years old. In the United States, most mothers start to wean their babies before the baby is 4 months old! If a mother decides to wean before the baby's first birthday, the baby must be given formula, not regular cow's milk.

Sometimes babies begin to wean themselves and other times mothers begin to wean their babies. When a mother decides to wean her baby, it is important to do it slowly. Stopping quickly can be upsetting for both the baby and the mother. When breastfeeding stops suddenly, the baby loses his favorite way to be comforted and the mother's breasts might become engorged. Weaning slowly makes it easier for both mother and baby.

Weaning can be an emotional time for the mother. Some mothers feel sad about weaning. Other mothers feel satisfied and are ready to stop breastfeeding. It is important to examine your own beliefs about weaning so you can help each mother decide what is best for herself, her baby and her family.



# PC Handbook Session:

# 5

# Session 5: Agenda

**1****Welcome Back**

- Fun Activity
- Review of Session 4
- Preview of Session 5

**2****Challenges to Breastfeeding**

- Hospital Practices
  - Preparation for Hospital Stay
- Lack of Confidence
- Lack of Support
- Body Changes
- Worried About Not Eating Right
- Embarrassment
- Breastfeeding While Going to Work or School
- Busy Lifestyles

**3****Referral to a Lactation Specialist or Health Care Provider**

- Reasons for Referral

**4****Documentation and Confidentiality****5****Telephone Manners**

- Telephone Counseling Suggestions for Peer Counselors

**6****Topics to Cover when Talking to Mothers****7****Practice Counseling**

# Challenges to Breastfeeding

## PEER COUNSELOR

- Hospital practices
- Lack of confidence
- Lack of support
- Mothers worry about how breastfeeding will change their body
- Mothers worry about not eating right
- Embarrassed to breastfeed in public
- Returning to work or school
- Busy lifestyles

## Hospital Practices

### PEER COUNSELOR

Hospital routines can make it harder to get breastfeeding off to a good start. Often hospital staff has not been trained with the latest information about breastfeeding. Having a positive breastfeeding experience in the hospital makes it easier to continue breastfeeding.

The following activities make it difficult for mothers to get a good start:

- Babies are not left on mother's chest for an hour after delivery
- Babies are taken to a nursery instead of staying near their mother to breastfeed
- Babies are not fed whenever they are awake and/or give cues they want to breastfeed
- Bottles of formula or sugar water are given
- Pacifiers are placed in babies' mouths, so they don't breastfeed as often
- Mothers are given free formula or coupons for free formula to take home
- Staff gives advice that is not based on the newest information about breastfeeding

## Preparation for Hospital Stay

### PEER COUNSELOR

To prepare for their hospital stay, encourage pregnant mothers to:

- Go to WIC breastfeeding classes
- Take a tour of the hospital and learn who the lactation specialists are on staff so you can ask for them by name when you are there
- Keep all breastfeeding material, handouts and their peer counselor's phone number in their bag they are taking to the hospital
- Let their health care provider know they plan to breastfeed
  - Ask them how they usually support breastfeeding mothers
  - Ask them if there is any reason that they may have difficulty with breastfeeding and who they would refer them to if this happened
- Take two piece pajamas to the hospital as they are easier to open or lift up than a nightgown
- Take a soft baby blanket to put over themselves and the baby in case a visitor comes when they are breastfeeding, if they are uncomfortable breastfeeding in front of others
- Take a sign to put on the baby's crib that says:
 

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***I am a breastfed baby— if I'm giving signs I want to eat, please take me to my mommy!***

or

***I'm learning how to breastfeed . . . Please, no formula, no pacifiers, no bottles!***

---
- Remember that their job right now is to learn how to care for and breastfeed their baby – not to entertain guests!
- Take a support person with them to let their health care providers know what they want, such as breastfeed as soon as possible after delivery, no pacifiers, no formula unless necessary, and rooming-in if possible

## Sample Birth Plan

*See Appendix 6*

*Handout #6: Birth Plan that Supports Breastfeeding Mothers*



*I'm glad that I met my peer counselor while I was pregnant, it gave me a lot more confidence when I was at the hospital with my new baby.*

## Lack of Confidence

### PEER COUNSELOR

It is very common for mothers to think that they will not be able to successfully breastfeed. Mothers are often unsure that they can make enough milk for their babies. They also hear comments from family and friends about not being able to breastfeed so they think that they won't be able to breastfeed either. Common statements mothers make that show they are not sure they can breastfeed include:

- “I don’t think I’m making enough milk because my baby cries.”
- “I don’t think I’m making enough milk because my baby wakes up at night.”
- “My mother (sister or other family member) was not able to breastfeed.”
- “My sister told me my breasts are too small to make enough milk.”
- “My milk is too weak (thin).”
- “My sister told me breastfeeding is really hard.”
- “I don’t know anyone that’s breastfed a baby without giving formula too.”

## Lack of Support

### PEER COUNSELOR

Sometimes family members or friends make comments that do not support breastfeeding. Some examples are:

- “Formula is just as good as breastmilk. I gave you formula and you turned out fine.”
- “Your baby will sleep longer if you give him formula.”
- “Your baby is always crying. Give him a bottle of formula.”
- “You are starving that baby. Look he’s still hungry. Give him a bottle of formula.”
- “How do you know how much he’s getting? You know he’s getting enough when you give him a bottle of formula.”
- “You spend all your time breastfeeding. You don’t have time for me.”
- “Don’t you know that colostrum is not good for the baby?”
- “You can get plenty of free formula. Why breastfeed?”
- “You are so tired. Let me feed the baby (formula).”

## Body Changes

### PEER COUNSELOR

Some mothers worry their bodies will not look the same as they did before they got pregnant if they breastfeed.

For example:

A mother who felt her breasts were too large before she got pregnant may worry about having even larger breasts while breastfeeding. (Mothers with small breasts may be pleased.) Reassure mothers that changes in breast size are only temporary.

Some mothers fear that breastfeeding will make their breasts sag. Let mothers know that pregnancy and aging cause changes to the breast.

Some mothers worry they won't be able to lose weight quickly while breastfeeding. Let mothers know that breastfeeding mothers often lose weight faster than mothers who do not breastfeed.



*Our bodies naturally change over time whether we breastfeed or not. Breastfeeding is a gift that lasts a lifetime!*

## Worried About Not Eating Right

### PEER COUNSELOR

Sometimes mothers think they do not eat enough of the “right” foods to make “good” milk. Let them know that:

- They will make “good” milk even if they do not eat all the “right” foods everyday
- Breastmilk from mothers who eat “junk food” is better for babies than formula
- They do not need to drink milk to make milk
- They should eat the way they were encouraged to eat during pregnancy
- Eating poorly may make mothers feel tired and get sick more often

Sometimes mothers worry that certain foods will cause their babies to become fussy or colicky. Common foods thought to upset a baby’s tummy include: cabbage,

broccoli, cauliflower, Brussels sprouts, garlic, chocolate, milk and spicy foods. However, most mothers can eat these foods without the baby getting an upset tummy. If the mother thinks her baby becomes fussy or colicky after she eats a certain food, suggest she stop eating that food for a week to see if the signs go away.

Breastfeeding mothers need to drink to thirst. Drinking more will not increase milk supply. Suggest to the mother that whenever she sits down to feed her baby that she has something next to her to drink such as water, juice or milk. Coffee, tea and soft drinks with caffeine should be limited to just a few cups per day. Caffeine does pass into breastmilk and can cause the baby to become fussy and/or not sleep well.

## Embarrassment

### PEER COUNSELOR

While many mothers feel comfortable breastfeeding in public or around friends and family, some mothers do not. These mothers may choose not to breastfeed at all or only breastfeed when no one else is around. If a mother is worried about

breastfeeding in public, affirm her feelings and show her how she can breastfeed without showing her breasts. There is a law in California that allows mothers to breastfeed anywhere in public where babies are allowed to be!

## Suggestions for Breastfeeding in Public:

### PEER COUNSELOR

- Cover your baby and breast with a blanket or shawl
- Wear clothes that you can pull up from your waist
- Wear a blouse that can be unbuttoned from the bottom
- Use a sling
- In a restaurant, ask for a booth in the back

## Breastfeeding While Working or Going to School

### PEER COUNSELOR

Many mothers worry that going back to work or school will prevent them from breastfeeding successfully. You can help a mother by affirming her feelings and letting her know:

- There are ways for her to continue to breastfeed successfully once she returns to work or school
  - She can breastfeed when she is with her baby and have her daycare provider give the baby expressed breastmilk when she is away
  - She can breastfeed when she is with her baby and have her daycare provider give formula when she is away
- Many mothers find the special closeness that breastfeeding brings helps “make-up” for the time they are away from their babies
- Many mothers find breastfeeding allows them to spend more time with their babies when they are at home because it takes less time than preparing bottles
- Her baby will be less likely to catch colds and illnesses from other children in daycare. A healthier baby means she misses less work or school too.
- Her baby will get many benefits from breastfeeding even if she only breastfeeds until she returns to work or school
- It is important to talk to her employer about her plans to breastfeed before the birth of her baby and identify where she can pump in a clean and private place\*
  - \* There is a law in California that requires employers to give adequate break-time (unpaid if longer than “regular” breaks) and provide a private place (other than the bathroom) for her to pump at work.

## Breastfeeding While Working or Going to School

*See Appendix 7*

*Handout #7: “Breastfeeding While Working or Going to School”*

### Tips When Starting Work or School

#### PEER COUNSELOR

- Consider working only two days on your first week back. If you start on a Thursday, you will have the weekend to get organized again.
- If possible, ease back in slowly to work or school.
- Pump your milk as often as you would nurse your baby.
- Express breast milk before your breasts start to feel full.
- Nurse your baby before going to work or going to school. Nurse right after you return to your baby.
- Ask your caregiver to avoid feeding baby close to the time you expect to pick up your baby. This will help baby to be eager to breastfeed when you arrive.
- Talk with other breastfeeding mothers who are working or going to school to share ideas and encourage one another.

For more ideas, see “The Business Case For Breastfeeding” online, especially “Employee’s Guide To Breastfeeding And Working”. Go to: <http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/index.cfm>

*Breastfeeding fits  
into our family’s  
lifestyle!*



## Busy Lifestyles

### PEER COUNSELOR

Sometimes mothers are worried that breastfeeding will “tie them down” and they won’t be able to do the things they did before the baby was born. Affirm her feelings and let the mother know that once breastfeeding is going well, it takes less time, is easier, and requires fewer supplies than bottle feeding.

It is important for mothers to rest to give their bodies time to recover from having a baby. If mothers “over do it” in the first couple of weeks, it may take them longer to get back to normal. Mothers who do too much too soon, may also become stressed. Mothers who are stressed may have trouble getting their milk to flow or they may not make enough milk. You can help a mother to recover faster and get back to her busy life sooner by encouraging her to:

- rest when the baby rests
- focus on taking care of herself and her baby the first few weeks after the baby is born
- have someone come and help her with cooking, cleaning and taking care of older children (if possible)

You can also help a busy mother by talking to her about:

- gradually getting back to other activities once breastfeeding is going well
- pumping so that her baby can have breastmilk when she is away
- breastfeeding most of the time, use a bottle with breastmilk if necessary
- giving breastfeeding a try, as she may find breastfeeding works well with her busy schedule



*Breastfeeding is especially important for busy mothers. It promotes bonding and relaxation. Remember, the first few months of life are a special time for bonding.*

# Referral to a Lactation Specialist or Health Care Provider

## PEER COUNSELOR

Your role as a peer counselor is to listen to the mother's concerns, affirm her feelings and provide basic breastfeeding education to help prevent and overcome common challenges with breastfeeding. You are not

to give medical advice or tell mothers what to do. There are many times when you will refer mothers to a lactation specialist or a health care provider.

## Reasons for Referral

### PEER COUNSELOR

Refer **mothers** with or experiencing the following to a lactation specialist:

- She is worried about the shape of her nipple (flat or inverted)
- History of breast or chest surgery
- Delayed milk ejection reflex
- Continued problems with positioning or latch-on
- She is worried her baby is not getting enough milk (and you are too)
- Engorgement that does not get better after 24 hours
- Nipple soreness that does not go away after correcting positioning and latch
- Cracked, bleeding and/or bruised nipples
- Itchy, red nipples (may be thrush)
- Breast pain that does not go away in 24 hours (may be a plugged duct)
- Breast pain and/or reddish/hot lump, without a fever (may be mastitis)
- Baby choking and spitting up while feeding - mother worried (may be an overactive milk ejection reflex-MER)
- Baby with greenish, frothy stools, or breasts feeling full after feeding (may be an oversupply of milk )
- Low milk supply or giving the baby formula or other supplements
- Health care provider told mother to wean her baby and she does not want to
- Using a nipple shield (or a bottle nipple on the breast)
- Serious illness or hospitalization

- She has a chronic illness such as diabetes
- She stopped breastfeeding and wants to start again
- Concerns with medicines she must take while breastfeeding
- Using herbal remedies

Refer **mothers** with or experiencing the following to her health care provider:

- Itchy, red nipples (may be thrush)
- Breast pain that does not go away in 72 hours (may be an unresolved plugged duct)
- Breast pain and/or reddish/hot lump, with a fever (may be mastitis)
- History of breast or chest surgery
- Using medications
- Serious illness
- Chronic illness such as diabetes

Refer mothers of **babies** with or experiencing the following to a lactation specialist:

- Problems with latch-on
- Mother is not hearing swallowing sounds by 48 hours of age
- Feedings that last more than an hour after milk supply is established
- Seems hungry after most feedings
- Does not relax during a feeding or keeps a tight fist by face
- Has a dry mouth after most feedings
- Spitting up after most feedings
- Less than 3 poopy diapers in a 24 hour period after mom's milk comes in, usually at 3-4 days.

- Less than 6 wet diapers in a 24 hour period after mom's milk comes in, usually at 3-4 days.
- Health care provider told mother her baby is not gaining enough weight
- Health care provider told mother her baby has failure to thrive
- Health care provider told mother to give her baby formula
- Baby is sleeping a lot and having a lot of short feedings
- Baby is too sleepy to breastfeed
- Refusing to breastfeed for more than 24 hours in an older baby, or 6-8hours in a newborn
- Premature baby (babies born more than 1 month before due date)
- Multiple babies (twins, triplets, etc.)
- Mother says baby has a Cleft lip or Cleft palate
- Mother says baby has heart problems
- Mother says baby has Down's Syndrome
- Yellowish skin and eyes (could be jaundice)

Refer mothers of **babies** with or experiencing the following to his or her health care provider:

- Yellowish skin and eyes (could be jaundice)
- Baby continues to lose weight after mom's milk has come in
- Slow weight gain
- Mother says that baby has a fever
- Mother says that baby is sick

# Documentation and Confidentiality

## Documentation

### PEER COUNSELOR

Documentation is very important for many reasons. Documentation:

- Improves communication—In all health care settings, communication between staff is very important. If another counselor needs to follow-up with a mother while you are not available, your notes will help that counselor give the mother better care.
- Saves time—Once you know how to document, it will save you time when you follow-up with a mother. If you have the mother’s “chart” in front of you, you will not need to waste time trying to figure out where you left off and what you talked about last time.
- Helps you prepare for your next counseling session—When you follow-up with a mother and begin where you left off, it shows that you are interested and concerned about her and her baby.
- Keeps track of the work you have done—documenting each participant’s contact is a very important part of your job. Your supervisor relies on you to complete this paperwork.

If you are hired as a peer counselor, someone from your agency will go over the forms and computer programs you will be required to fill out at another time.

# Confidentiality

## PEER COUNSELOR

WIC participants share personal information when they enroll in WIC. They have the right to know that this information will not be shared with anyone except WIC staff when needed. This means that you are not to:

- Share information with your partner and/or friends
- Leave forms and participant files out where others can see them
- “Gossip” with WIC staff about mothers that you have counseled

Your agency may have you sign a “Confidentiality Agreement” if you are hired. Sharing personal information with non-WIC staff about a mother you are helping is illegal and could cause you to lose your job!

# Telephone Manners

## Telephone Counseling Suggestions for Peer Counselors

### PEER COUNSELOR

- Have a clear purpose in mind for your call
- Finish your call on a positive note with a brief summary of what was discussed
- Return missed calls as soon as possible
- Remember, you cannot see the mother or her baby
- Always be supportive and positive
- Speak clearly
- Always give your name at the start of the call
- Ask if you called at a good time
- Ask the age of her baby
- Put the mother's needs before your own
- Get as many details as possible
- Suggest changes, don't give orders
- Never say "You should..."
- In general, listen more than you talk
- When in doubt, have the mother come to the WIC clinic or see a health care provider
- If the mother calls you at a bad time, politely ask for her name, phone number and let her know when you will call her back. Remember to call her back!
- Have a box of toys for your toddler or older child to play with while you are on the phone
- Take notes while talking to mothers
- Before starting a call, remove any gum, candy or cough drops from your mouth
- If you have to cough or sneeze, cover the receiver
- Before ending the call, have her repeat suggestions you made
- Call the mother in a few days to see how things are going
- Refer mothers to needed resources

# Topics to Cover when Talking to Mothers

## Prenatal Contacts

### PEER COUNSELOR

- Has she thought about breastfeeding?
- Any previous breastfeeding experience
- Plans for feeding baby
- Reasons for exclusive breastfeeding
- Has she noticed any changes in her breasts?
- What concerns does she have with her breast or nipples?
- What has she done to prepare for breastfeeding?
- Advantages of breastfeeding / Disadvantages of formula
- When to begin breastfeeding
- Importance of colostrum – all that the baby needs for the first few days
- Feeding cues
- Feeding patterns – feed baby 8 to 12 times in a 24 hour day, usually every 1 to 2 hours
- What to expect in the first week – changes in breast, changes in milk
- Positioning and latch
- How to know baby is getting enough breastmilk
- What could prevent her from breastfeeding? Barriers?
- Does she have any health concerns or problems in her pregnancy that cause her to be concerned about breastfeeding?
- Plans for returning to work or school
- Any other concerns she has about breastfeeding
- Who to contact if she has any questions or concerns
- Offer support and encouragement

## First Week after Delivery

### PEER COUNSELOR

- Congratulations. Great you are breastfeeding!
- How is breastfeeding going?
- How is she doing and feeling?
- Is she breastfeeding exclusively? (No formula, water, etc.)
- Importance of colostrum – all that the baby needs for the first few days
- Feeding patterns - How often is baby feeding? How long is baby breastfeeding? Does baby wake for feedings? Remind to feed baby 8 to 12 times in a 24-hour day, usually every 1 to 2 hours.
- Ask about positioning and latch – Is she comfortable? Does she have any pain or discomfort? Review positioning and signs of a good latch
- Breastfeed on cue – review feeding cues
- After the first few days, does she hear baby swallow when breastfeeding?
- Baby's weight – Weight at birth; last known weight and date of last weight
- Diaper count – Have her describe the number and appearance of wet and dirty diapers
- What to expect in the first week – breasts will feel fuller between the 2nd and 5th day
- Breastmilk will increase steadily and change in appearance
- Importance of exclusive breastfeeding; avoid bottles and pacifiers the first 3 to 4 weeks
- Did she get formula from the hospital? What are her plans for it?
- What concerns does she have about breastfeeding? Any barriers?
- How do family and friends feel about her breastfeeding?
- Who to contact if she has any questions or concerns
- Offer encouragement and support

## Next Follow-Up (around 14 days after birth)

### PEER COUNSELOR

- How is breastfeeding going?
- How is she doing and feeling?
- Is she breastfeeding exclusively? (No formula, water, etc.)
- How are breasts? Softer, feel less full
- Feeding patterns - How often is baby feeding? How long is baby breastfeeding? Remind to feed baby 8 to 12 times in a 24-hour day, usually every 1 to 2 hours.
- Does she have any pain or discomfort? Nipples and breasts OK? May need to review positioning and latch
- Breastfeed on cue
- Baby's weight – Last known weight and date of last weight
- Remind about growth spurts – 2 to 3 weeks, 6 weeks
- Diaper count – Have her describe the number and appearance of wet and dirty diapers
- Breastmilk will increase steadily and change in appearance
- Importance of exclusive breastfeeding; avoid bottles and pacifiers bottles and pacifiers the first 3 to 4 weeks
- Did she get formula from the hospital? What are her plans for it?
- What concerns does she have about breastfeeding? Any barriers?
- How do family and friends feel about her breastfeeding?
- Plans for returning to work or school? Pumping or combo feeding?
- Is she expressing milk? Any concerns?
- Who to contact if she has any questions or concerns
- Congratulations! Easier from now on out



*That's what it's all about...  
moms helping moms.*

# Scenarios: Mothers Thinking About Giving Formula

## PEER COUNSELOR

1. You call a mother of a 4-week-old and she tells you she has to go back to work in 3 weeks. She wants to know if she'll be able to make enough milk for her baby if she gives her baby formula during the day when she is at work.
2. You call a mother and she says her 3-week-old baby has been fussy the last few days. She thinks it might be something she ate. She is thinking about stopping breastfeeding because she doesn't want to have to watch the foods that she eats.
3. You call a mother of a 2-week-old baby and she tells you she is going to stop breastfeeding because she doesn't have enough time and has no place to breastfeed in private.

# Congratulations!

You made it through Peer Counselor Training! Celebrate!



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# PC Handbook Appendix

# Appendix 1

## How does formula compare to breastmilk?

Compared to mother's breastmilk, formula is missing many things babies need to be strong, healthy and smart. Did you know...

### Formula-fed babies have a greater risk of:

- Ear infections
- Diarrhea/constipation
- Pneumonia
- SIDS (Sudden Infant Death Syndrome)

### Children who were formula-fed have a greater risk of:

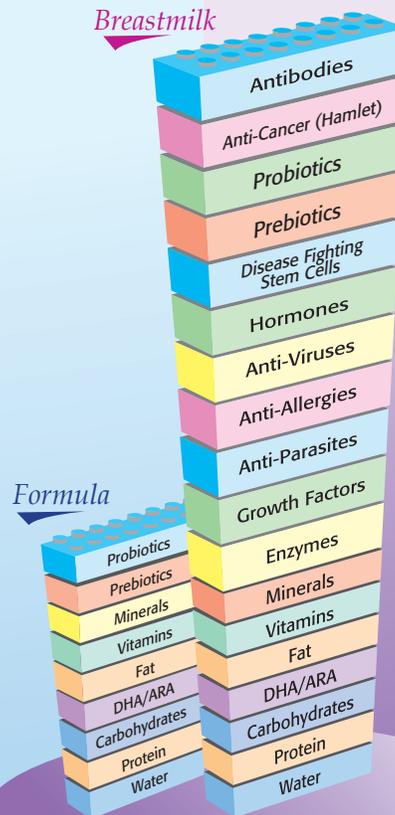
- Obesity (becoming overweight)
- Diabetes
- Asthma and allergies
- Cancer

## What is the cost of formula feeding?

Formula feeding costs money. The dollars add up because you must buy extra formula as your baby grows, since WIC does not give you all the formula your baby will need. But the real cost of formula is the cost to your baby's health... and the time you spend away from work or at the doctor when your baby is sick.



## Breastmilk has **MORE** of the Good Things Babies Need *See for Yourself!*



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# Appendix 2

## babies cry for many reasons, not just because they are hungry.

Crying is your baby's way of talking to you. Your baby cries to tell you:

- I am afraid, hot or cold.*
- I want to be close to you.*
- I need to do something different.*
- I would like some quiet time.*
- I have a dirty diaper.*
- I need to be burped.*



### helpful tips

Your baby gives you signs before crying. He may:

- Turn or push away.
- Stretch out his fingers.
- Tighten muscles in face and body.

To calm your baby when he is crying:

- Hold your baby close to you.
- Watch your baby for signs of what he needs.
- Softly speak the same words or sing the same song over and over to him.
- Rock, sway or bounce your baby gently. **Never** shake your baby!
- Massage his back, arms and legs gently.

Be patient. It could take a few minutes for your baby to calm down. If you start to feel overwhelmed, put your baby down in a safe place for a few minutes and take a short break. Ask a friend or family member for help.



## babies and sleep... what to expect.

Babies sleep differently than adults. Some parents think their newborns should sleep all night long, which is not normal. Babies need to wake up often to grow smart and healthy.

### newborns

- Sleep most of the time.
- Fall asleep easier and wake up easier than older babies.
- Wake up 3-4 times during the night.

### older babies

- Sleep more at night and less in the daytime.
- Fall into a deep sleep sooner and are harder to wake up than newborns.
- Wake up at least 1-2 times during the night.





  
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# Appendix 3

## You Can Make Plenty of Breastmilk

### What to do:

- Breastfeed often, at least 8 times in every 24 hours. The more you breastfeed, the more milk you will make.
- Watch your baby, not the clock. Feed your baby at the earliest signs of hunger—moving arms and legs, sucking on hands, moving mouth.
- Make sure baby's mouth is open wide when you put her on the breast. She should have as much of the areola (dark part around nipple) in her mouth as possible.
- Listen for swallowing or gulping when baby breastfeeds.
- Avoid bottles and pacifiers for at least the first month. If you give your baby a bottle or a pacifier, you will produce less milk.
- You may need to wake your baby to nurse her if she is not breastfeeding at least 8 times per day.
- If you have any questions or concerns about breastfeeding, ask WIC or your doctor!



*"My baby was not gaining weight like he should have. The WIC program taught me to latch him correctly and followed up with me until he was at the right weight." —WIC Mom*

healthyhabitsbeginbirth—breastfeed!

### What to expect:

- Babies have times when they grow faster. Your baby will have times when she wants to eat more often for a couple of days, because she is growing faster.
- Feedings will take less time after the first 3 to 4 weeks.
- Waking up is healthy and normal for babies. They need to wake up often to breastfeed, and waking up also helps their brains to develop. At around 2 months, babies start to sleep longer at night.
- After the first week, your baby should have 6 to 8 wet diapers each day.
- After the first week, your baby should gain at least 3 ounces each week.
- Your breasts will be softer after each feeding. They will also get softer as your baby grows. This does not mean you don't have enough milk!
- Your nipples may be tender at first, but breastfeeding should not be painful.

*"It's a great bond and something only I can do—plus it's nutritious and beneficial to both of us."*

—WIC Mom



### Helpful tips:

Breastfeeding is easier if you take your baby with you when you go out for the first several weeks.

Ask for support from your partner, family or friends.

As you and your baby learn, breastfeeding will get easier and more comfortable!



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# Appendix 4

## What else should I know?

- Your nipples will be slightly tender. If you have concerns, call WIC.
- Your breasts will feel more full around days 2-5 and then feel less full around day 7.
- All babies have times when they want to eat more often (cluster feeding). Breastfeed at these times even if your baby was just fed—you are always making milk.
- Breastfeeding takes practice—just like learning a new dance. It will get easier as your baby grows. By the time he or she is 6 weeks old, you will both be experts!
- Baby may lose some weight but should be back to birth weight by 7-10 days.



*Babies are born to breastfeed!*

If you have any questions about breastfeeding, please call:

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Developed by the California WIC Program  
California Department of Public Health  
Arnold Schwarzenegger, Governor, State of California  
Kimberly Bebbé, Secretary, California Health and Human Services Agency  
Mark B. Horton, MD, MSPH, Director, California Department of Public Health  
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## What to Expect in the First Week of Breastfeeding

### What do I need to know about breastfeeding in the first week?

- Breastfeed your baby as soon as possible after birth.
- Putting baby skin-to-skin helps babies breastfeed and gain weight faster.
- Your first milk (colostrum) is thick and yellowish. Even a small amount has everything your baby needs.
- Newborn babies have small stomachs and need to breastfeed often, about 8 to 12 times in 24 hours.
- You should hear or see your baby swallow after several sucks.
- Let your baby show you how long to breastfeed. Once baby has fed well on the first side and stops or lets go, burp baby and offer the second side to see if baby is still hungry.
- Giving your baby a pacifier or bottle can make you produce less milk because baby does not breastfeed as often.



### Your baby's stools will change:



**Days 1-2**  
Black, thick,  
and sticky



**Days 3-4**  
Greenish to yellow  
and less thick



**By Day 5**  
Mustard or yellow,  
seedy and watery

...AND your baby will have more and more wet diapers (see chart on next page).

### How do I know my baby is getting enough milk?

- You can tell your baby is getting enough milk by the number of diapers baby uses.
- The chart (below) shows the number of diapers your baby should use in the first week.
- It is okay if your baby uses **more** diapers than shown below, but if your baby uses **less**, call your doctor.

### Circle how many diapers your baby uses:

Baby's Age	Wet Diapers	Dirty Diapers
1 Day Old		
2 Days Old		
3 Days Old		
4 Days Old		
5 Days Old		
6 Days Old		
7 Days Old		

### When should I call my doctor?

If your baby:

- has a dry mouth
- has red-colored urine
- has yellow skin (jaundice)
- does not have enough wet or dirty diapers (see chart above)
- will not wake up to eat at least 8 times in 24 hours

# Appendix 5



You can do this!  
WIC Breastfeed

## Pumping and Storing Breastmilk for Your Baby

### Pumping Tips

- Make sure someone has shown you how to use your pump before you start to use it.
- Gently massage your breasts to start the breastmilk flowing. It might help to look at your baby's picture or think of your baby while pumping.
- Your breasts may have the most milk in the morning, so pump then if possible.
- You will make more breastmilk if you breastfeed or pump your breasts often.
- While you are away from your baby, pump every 2 to 3 hours for about 15 to 30 minutes.
- Be patient. You will figure out the best times to pump your breastmilk.

It is normal for breastmilk to look thin and watery. The color may change from day to day depending on what you eat.

*This information is for healthy, full-term babies. If your baby was born early, talk to a WIC staff person or your doctor about breastfeeding.*



## Storing Breastmilk

- Put breastmilk in clean bottles or milk storage bags. Choose bottles made of glass or flexible, milky-colored plastic (polyethylene or polypropylene).
- Only put 2 to 3 ounces in each container. Small amounts freeze and thaw faster. As your baby gets older he will drink more, so you can put more breastmilk in each container.
- Leave a little space in each container. The breastmilk will take up more space as it freezes.
- Write the date you pump your milk on each container. Use the oldest breastmilk first.
- After pumping, keep breastmilk in a cooler with ice, in the refrigerator, or in the freezer.
- Stored breastmilk looks different than fresh milk. Shake it gently before feeding it to your baby.

Breastmilk

Here is how long you can keep your breastmilk \*

	Room Temperature (70° F)	Refrigerator	Small Freezer (inside refrigerator)	Freezer
Fresh breastmilk	5 hours	5 days	2 weeks	3 to 4 months
Thawed (defrosted) breastmilk	Use within 1 hour after thawing	Use up to 24 hours after thawing	Do not refreeze thawed breastmilk	

\*For healthy, full-term babies

### Tips for Warming Breastmilk

- Put frozen breastmilk in the refrigerator overnight so it can thaw by morning.
- To warm breastmilk put the bottle of breastmilk, or milk storage bag, in a bowl of warm water.
- Do not thaw or warm breastmilk in the microwave. This makes "hot spots" in the milk that can burn your baby's mouth.

**Babies are born to breastfeed!**

This institution is an equal opportunity provider.




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 Department of Public Health  
 California Department of Public Health  
 1-800-852-5770  
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 CW 9201 07 05/09

# Appendix 6:

## Birth Plan That Supports Breastfeeding Mothers

I request that the following procedures be followed as long as they are medically safe for me and my baby:

### During Labor

- My designated support person/people will be allowed to stay with me throughout labor and delivery.
- Labor will be allowed to start and stop without medications unless medically indicated. I will be allowed to move, change positions, take a shower, and walk, as much as possible during labor. If Pitocin is needed, I will be allowed to try changing positions and nipple stimulation first.
- Artificial rupture of membranes, episiotomy and other surgical interventions will be performed only if medically necessary.
- I will be allowed to drink clear liquids and eat light foods during early labor.
- I prefer not to have any IV access, however, a Heparin Lock is preferable to a continuous IV drip.
- I do not wish to have continuous fetal monitoring unless it is required by the condition of my baby.

### After Delivery

- I will be allowed to hold my baby skin-to-skin, and the baby's evaluations will be performed while in contact with me. My baby will not be removed for bathing, weighing or any other non-emergency procedure for at least 1 hour and not until he/she has completed his/her first breastfeeding.
- If my baby must be taken from me to receive medical treatment, my husband or some other person I designate will accompany my baby at all times.
- If my baby is unable to breastfeed or is separated from me due to a medical condition, I will be provided and instructed on how to use a breast pump within 6 hours after delivery.
- My baby will not be given pacifiers, bottles, water, or formula without my consent and the medical order of his/her doctor.

- I prefer to breastfeed my baby, if possible, during painful procedures such as a heel stick.
- I ask that a lactation consultant or nurse be available to help me learn how to breastfeed.
- I will be allowed to keep my baby with me in my room 24 hours/day, including during medical exams and lab work.
- If for some reason my baby is not in my room, he/she will be brought to me at his/her first signs of hunger, such as making sucking sounds/motions or moving his/her head/body around – BEFORE he/she is crying.
- Upon discharge, my baby will have an appointment for a health checkup within 3-5 days and I will be given the names of resources, in case I need help with breastfeeding.

### In case of Cesarean

- If my primary care provider determines that a Cesarean delivery is indicated, I would like to obtain a second opinion from another physician if time allows.
- I would like my designated support person present at all times.
- I wish to have an epidural for anesthesia if my baby requires a Cesarean delivery.
- If my baby is not in distress, my baby should be given to \_\_\_\_\_ immediately after birth. This person will assist me in holding my baby skin-to-skin on my chest if I am able to do so.

### A Few Birth Plan Websites

<http://www.earthmamaangelbaby.com/free-birth-plan>  
<http://pregnancyandbaby.sheknows.com/pregnancy/baby/Birth-plan-creator-241.htm>  
[www.americanpregnancy.org/labornbirth/birthplan.htm](http://www.americanpregnancy.org/labornbirth/birthplan.htm)  
[www.justmommies.com/quizzes/birthplan.php](http://www.justmommies.com/quizzes/birthplan.php)

_____	_____
Mother	Date
_____	_____
Father	Date
_____	_____
Doctor	Date

# Appendix 7



## Breastfeeding While Working or Going to School

You can still breastfeed after you go back to work or school. Breastfeed before you leave and again soon after you are back with your baby. Between feedings, pump or hand express your breastmilk into a bottle or container for feeding to your baby later. Breastfeeding keeps your baby healthier and is a great way to be closer to your baby when you return home.

### Getting You and Your Baby Ready

- At least 2 weeks before returning to school or work, start to build your supply of frozen breastmilk by pumping your milk between feedings. While you are away, a caregiver can feed this stored breastmilk to your baby. (See **Pumping & Storing Breastmilk for Your Baby** handout for more information.)
- When your baby is about 4 weeks old, ask a family member to feed your baby a bottle of breastmilk. This helps your baby get used to being fed by someone else. Your baby may not want a bottle from you. Be patient. After a few tries, if your baby still refuses to drink from a bottle, try a different kind of nipple, or bottle.
- A week before you go back to work or school, leave your baby with a family member or childcare provider for 2 or 3 hours. Give them a bottle with 2 ounces of your expressed breastmilk. Let them know how to tell when your baby is full and that any leftover milk in a bottle should be thrown out.



### When Returning to Work or School:

- Your workplace must give you break time to pump and try to find a private area other than a toilet stall for you to pump. If your workplace does not have a special place already, look around to see if you can find a place where you would be comfortable pumping. A double pump kit will help you to pump more breastmilk.
- Store your pumped breastmilk in a cool place. If there is no refrigerator, an insulated lunch bag with an ice pack will keep the milk cool for the day. Breastmilk should not be kept at room temperature for more than 5 hours.
- Ask a family member or caregiver to bring your baby to work or school to be breastfed.
- Ask if you can return to work fewer hours or have a more flexible schedule. Working or going to school for fewer hours may help you and your baby get used to being away from each other.



### Call your WIC office to:

- get answers to your breastfeeding questions.
- learn how to hand express your breastmilk.
- find out how you may get a breastpump or double pump kit.

**Babies are born to breastfeed!**



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IC# 920109 05/09

# PC Handbook Worksheets

# A Little Bit About Me

Answer the following questions:

1. Where were you born? (City, State and Country)

---

---

2. What's your family ethnicity or heritage?

---

---

3. Describe a common breastfeeding or infant care practice or belief you learned from your family.

---

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4. Describe a breastfeeding belief you now have that differs from a family member's belief.

---

---

5. How difficult was it for you to have a different belief than this family member?

---

---

6. How can you support a mother whose family member has a different belief?

---

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# Milk Production “Does or Does Not” Worksheet

1. Hormones (do or do not) play an important role in milk production.

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2. Progesterone levels (do or do not) drop after delivery.

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3. Oxytocin (does or does not) cause the Milk Ejection Reflex.

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4. Feedback Inhibitor of Lactation (does or does not) increase the rate of milk production when the breasts are full.

---

---

5. Breast Storage Capacity (does or does not) affect overall milk production.

---

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# Find Someone Who...

1. Breastfed a premature baby or helped a mother who did \_\_\_\_\_
2. Can play a musical instrument \_\_\_\_\_
3. Exercises at least three times a week \_\_\_\_\_
4. Overcame nipple pain and continued to breastfeed \_\_\_\_\_
5. Eats "5-a-Day" or more \_\_\_\_\_
6. Used an electric breast pump \_\_\_\_\_
7. Breastfed for longer than a year \_\_\_\_\_
8. Is a grandmother \_\_\_\_\_
9. Sleeps with a cat or dog on their bed \_\_\_\_\_
10. Breastfed twins or triplets or helped someone who did \_\_\_\_\_
11. Speaks more than 2 languages \_\_\_\_\_
12. Never gave her baby formula, not even ONCE \_\_\_\_\_
13. Never, ever had a traffic ticket \_\_\_\_\_
14. Has only male children \_\_\_\_\_
15. Walks at least 30 minutes a day \_\_\_\_\_

# Infant Feeding Patterns

1. Most newborns breastfeed \_\_\_\_\_ to \_\_\_\_\_ times or more in 24 hours.
2. Mothers should feed their babies when they are \_\_\_\_\_ , usually every \_\_\_\_\_ to \_\_\_\_\_ hours.
3. A mother may need to wake her newborn if it sleeps for longer periods of time (\_\_\_\_\_ to \_\_\_\_\_ hours) to ensure \_\_\_\_\_ to \_\_\_\_\_ feedings in \_\_\_\_\_ hours.
4. When babies breastfeed several times within a short period it is known as \_\_\_\_\_ feeding.
5. Babies breastfeed for \_\_\_\_\_ , \_\_\_\_\_ , and \_\_\_\_\_ as well as for food.

### Observer's Checklist

**Did the counselor:**

Ask open-ended questions? .....  Yes  No  Unsure

Ask probing questions? .....  Yes  No  Unsure

Affirm the mother's feelings? .....  Yes  No  Unsure

Only share information related to the mother's concern? .....  Yes  No  Unsure

Give the "right" amount of information when helping the mother? .....  Yes  No  Unsure

What was the best part of the counseling?

\_\_\_\_\_

\_\_\_\_\_

What suggestions can you give to the counselor?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

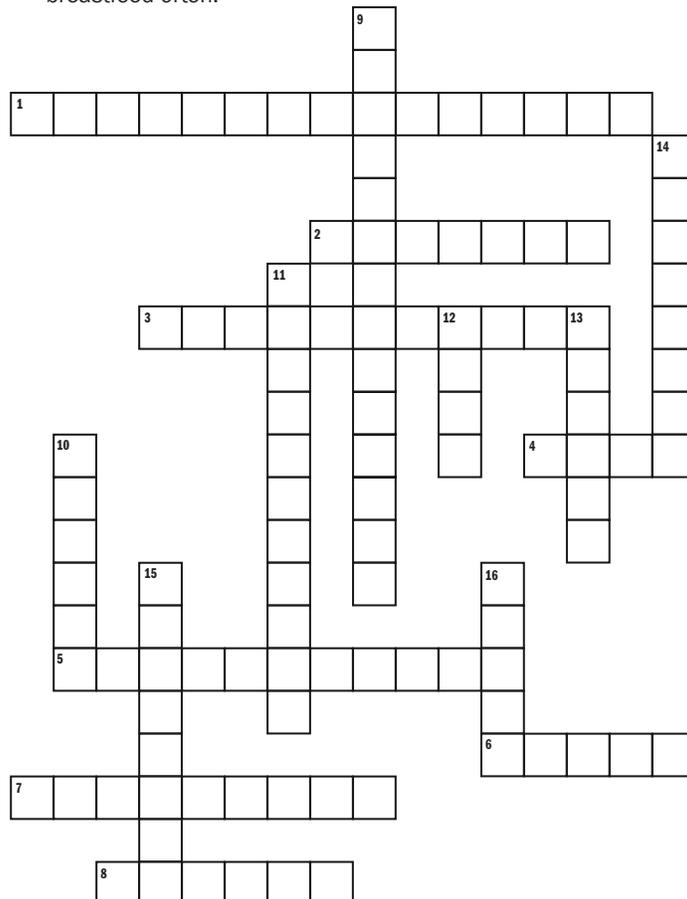
# Crossword Puzzle

## Across

1. Babies who are still losing weight after 7 days of age may have \_\_\_\_\_.
2. \_\_\_\_\_ has no relationship with the amount of milk a mother makes.
3. \_\_\_\_\_ happens when too much fluid and milk builds up in the breast.
4. Feeding \_\_\_\_\_ are signs a baby is hungry.
5. A \_\_\_\_\_ is a tender spot and/or lump in the breast.
6. Newborns need to breastfeed 10-12 times in 24 \_\_\_\_\_.
7. Laid-back and Clutch hold are examples of two \_\_\_\_\_ that work the best with newborns.
8. Two reasons that babies \_\_\_\_\_ to breastfeed are: nipple preference and nursing strikes.

## Down

9. Babies that have \_\_\_\_\_ have a steady but less than expected increase in weight.
10. Giving a baby formula before or after breastfeeding can cause babies to \_\_\_\_\_ a lot.
11. When positioning and/or latch are not correct mothers may get \_\_\_\_\_.
12. One thing a mother can do to make sure she has enough \_\_\_\_\_ is to breastfeed often.
13. White patches in the baby's mouth are signs of \_\_\_\_\_.
14. \_\_\_\_\_ is an infection in the breast.
15. \_\_\_\_\_ causes a yellow look to the skin or eyes.
16. \_\_\_\_\_ -on is the process of the baby attaching to the breast.





# Peer Counselor Program Evaluation

1. What did you like best about this training?

---

2. What did you like least about this training?

---

3. Which activities did you like the most?

---

4. Which activities did you like the least?

---

5. What topics would you like to have more information about?

---

6. How could this training be improved?

---

7. How useful do you find the manual that went with this training?

Not very useful 1 2 3 4 5 6 7 8 9 10 Very Useful

How could the manual be improved?

---

8. After taking this course, how prepared do you feel to be a peer counselor?

Not very useful 1 2 3 4 5 6 7 8 9 10 Very Useful

What would it take to move you to the next higher number?

---

9. Please rate the overall training.

Awful 1 2 3 4 5 6 7 8 9 10 Excellent

What would it take to move you to the next higher number?

---

