

**WIC BREASTFEEDING
PEER COUNSELING TRAINING PROGRAM**

LESSON PLANS

DEVELOPED BY

**MOUNTAIN PLAINS WIC STATE AGENCIES
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WIC Program
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LESSON PLAN 1

INTRODUCTION TO PEER COUNSELING

Target Group: Peer Counselors

Goal: To help breastfeeding peer counselors understand their role and purpose in the WIC program.

Objectives:

1. Peer counselors will be able to identify goals for improving breastfeeding rates in the U.S.
2. Peer counselors will be able to identify their role as breastfeeding peer counselors in the WIC Program.
3. Optimal: Your own state/local outreach handouts.

Materials Needed:

1. Handouts Optional

Evaluation: Breastfeeding Pre/Post Test

Time: 30 minutes

References Used to Develop Lesson Plan 1:

1. Indiana WIC Program, Indiana State Dept of Health. Supporting Breastfeeding Through Peer Counselor Programs, Leaders Guide. 1991.
2. Lauwers J, Woessner C. Counseling the Nursing Mother. Garden Park, NY: Avery Publishing Group, Inc; 1990.
3. See General Reference List in the appendix at the end of this manual.
4. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.
5. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.

Introduction: Welcome the attendees and tell them all we are happy to have them here. Introduce the Program and staff who are presenting. Have Peer Counselors introduce themselves and describe their interest and experience in breastfeeding. Review agenda, packet, and physical facilities information.

Content/Concept

Learning Activity

1. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC is–

- The nation's most successful public health nutrition program
- A nutritional health screening program

WIC Administration–

- Federal level: Food and Nutrition Service of USDA
- State level: State Department of Public Health and Human Services; Indian Tribe, Band or Council
- Local level: Hospitals, Community Health Centers, and other health agencies

WIC Benefits–

- Nutrition education
- Referral to other public and private health resources
- Specific high nutrient supplemental foods

Eligibility–

- Pregnant, breastfeeding, postpartum women, infants, children to five years of age
- Financial eligibility standards
- Identified nutritional health risk

Process–

- Eligible individuals are screened and the risk(s) identified
- A care plan that is designed to solve or alleviate the identified nutritional risk(s) is agreed upon by the WIC health professional and the participant
- During the 6-month certification period, nutrition education and counseling that addresses the risk(s) is offered; growth and development is monitored; progress in solving the risk(s) is evaluated; referral to other resources is made; WIC foods are prescribed as part of the solution to the risk(s)

2. Breastfeeding Promotion in WIC

Discuss BF promotion in WIC

The WIC Program nationwide has recently started putting more effort into breastfeeding promotion. Since 1989, legislation has mandated that WIC spend at least 8 million dollars a year on breastfeeding promotion.

WIC has always encouraged breastfeeding unless contrain-

dications exist. However, some have criticized WIC for providing free formula for mothers, which may discourage breastfeeding.

It is estimated that in 1991, WIC spent approximately 700 million dollars on infant formula alone. This is about 1/3 to 1/2 of all formula purchased in the U.S.

The formula a baby receives from WIC each month is very costly. Specialized formulas cost the WIC Program even more. Clearly, promoting breastfeeding also has financial benefits.

The National Association of WIC Directors has taken breastfeeding as a high priority. They have made this statement:

“Breastfeeding has been shown to have significant advantages for women and infants. As health professionals have a responsibility to provide services designed to optimize the health of their clients, WIC health professionals are committed to encourage breastfeeding as the preferred method of infant feeding.”

Many other organizations are also strongly supporting breastfeeding. These include:

- American Academy of Pediatrics
- American Medical Association
- American Dietetic Association
- American Public Health Association
- American College of Obstetricians and Gynecologists
- Academy of Family Medicine
- National Association of WIC Directors

The incidence of breastfeeding in our WIC agency is: (insert your own statistics here)

The Year 2000 Health Objectives for the nation include breastfeeding as a goal: overhead #9

“To increase to at least 75 percent the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5-6 months old.”

In addition, the latest statistics from national surveys, indicate that breastfeeding rates are decreasing rather than increasing.

We really don't know why. Some believe it is due to formula advertising, working mothers or other things, but we really don't know.

Several states and organizations have attempted large promotional campaigns to see if they could increase the numbers of breastfeed-ing women. Some have tried media campaigns with posters on the buses and subways that encourage breastfeeding. Others have tried TV spots and newspaper articles. Even with all this work, most of these programs have not been able to increase the number of women who breastfeed.

The experts are asking, "What really works to promote breast-feeding?" "What will encourage mothers to breastfeed?"

The programs that have been proven to be most successful have used a combination of ideas.

1. Providing support to mothers before and after delivery.
2. Improving hospital policies and the information given in hospitals.
3. Improving the information given to pregnant and breast-feeding women.

When women get information and support to breastfeed they are much more likely to breastfeed and to continue breastfeeding. Peer counselors can be a very important part of this **support** and **information**. The personal touch is the most effective.

3. Peer Counselors

Discuss the role of the Peer Counselor

The role of the peer counselor is to guide, inform and support the WIC mother in her decision to breastfeed.

1. Peer counselors are experienced in breastfeeding.
2. Peer counselors represent the WIC mothers they counsel.
3. Peer counselors have the ability to be a friend to the clients.

Ruth Lawrence, M.D. lists six required abilities for counselors.

1. To truly listen.
2. To avoid judgement.
3. To understand other lifestyles.
4. To admit when she does not know an answer.
5. To seek appropriate help from professionals.
6. To recognize incompatibility in a given relationship.

You as peer counselor have a great opportunity to help women be successful in their breastfeeding experiences. You can really make a difference!

LESSON PLAN 2

THE BENEFITS OF BREASTFEEDING

Target Group: Peer Counselors

Goal: To empower peer counselors, with the knowledge of the benefits of breastfeeding, so they can be more effective in their attempts to promote breastfeeding.

Objectives:

1. The peer counselors will be able to list five benefits of breastfeeding for the baby without using references.
2. The peer counselor will be able to list four advantages of breastfeeding for the breastfeeding mom without using references.

Materials Needed:

1. Handout 1: “Breastfeeding, Best for Baby, Best for You”, Health Education Associates or your agency’s handout on breastfeeding benefits
2. Optional: Marking pens and pieces of poster paper for each break-out group

Evaluation: Pre/Post Test or verbal feedback from participants.

Time: 45 minutes

References Used to Develop Lesson Plan 2:

1. Childbirth Graphics. Breastfeeding. Rochester, NY: Childbirth Graphics Ltd; 1991.
2. Health Education Associates. Breastfeeding, Best for Baby, Best for You.
3. Huggins K. The Nursing Mother’s Companion. Harvard and Boston, Ma: The Harvard Common Press; 1995.
4. Lawrence RA. Breastfeeding: A Guide for the Medical Profession. 4th ed. St Louis, Mo: C.V. Mosby Co; 1994.
5. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.
6. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.

Introduction: Breastfeeding is known to be the very best method to feed an infant during the first year. Nationwide the WIC Program requires that women be encouraged to breastfeed unless contraindications exist. Because breastfeeding is best for mom and baby, WIC would like to see more mothers start breastfeeding and be able to continue breastfeeding during the first year of the baby's life.

<u>Content/Concept</u>	<u>Learning Activity</u>
1. <u>Benefits of Breastfeeding for Baby</u>	
1. Human breastmilk is made for human babies.	Divide peer counselors into small groups ; write down risks associated with not breastfeeding. Have Spokesperson report to group
2. The amount of carbohydrate, protein and fat found in breastmilk are exactly what is needed for your baby to thrive. and for babies. Have each group assign a spokesperson and report to	
3. Breastmilk is easy to digest.	
4. Over 100 nutrients and other ingredients have been identified in breastmilk. Each one meets an important need of your baby.	Group discussion of concept/content.
5. Formula is made <u>attempting</u> to duplicate the perfect nutrition of breastmilk. No formula will ever duplicate breastmilk as it changes throughout a feeding and during the growth of the baby.	
6. The protein in human milk is better utilized by a human newborn.	
7. Colostrum facilitates the passage of meconium, which can decrease the incidence of jaundice.	
8. Colostrum contains protective factors that protect against allergies and infections.	
9. Colostrum has been found to neutralize activity against respiratory syncytial virus (RSV). This is a major threat in infancy and has a high mortality.	

10. Breastmilk has protective factors that may prevent diarrhea in infants.
11. Breastmilk has protective factors against several intestinal, respiratory and skin infections. i.e. Streptococcus, E.Coli, diplococcus pneumonia, salmonella, shigella, and staphylococcus aureus.
12. Breastmilk protects against common viruses.
13. Breastmilk may help protect against Necrotizing Enterocolitis (NEC) in premature infants.
14. The infant receives local intestinal tract protection from colostrum.
15. Fewer respiratory (colds), diarrheal, and ear infections in breastfed babies.
16. Breastfed babies have fewer allergies than formula fed infants.
17. Decreased risk of overfeeding and obesity.
18. Breastfed babies rarely have constipation or diarrhea.
19. Breastfed babies develop a special closeness and emotional bond to their moms.
20. Breastfeeding helps prevent tooth decay.
21. Breastfeeding helps baby develop good jaw and teeth development.
22. Breastmilk may help protect children from diabetes, Chronn's Disease, some childhood cancers, Juvenile Rheumatoid Arthritis and Hodgkin's Disease.
23. Breastfeeding may also be protective against SIDS (sudden infant death syndrome).
24. Breastfed babies showed a better response to vaccines, i.e. better antibody levels in the breastfed infant.

2. Benefits of Breastfeeding to Mom

1. Mom's know they are providing the best for their babies.
2. Pride! Mom is providing something no one else can provide.
3. Special bonding for mother and baby. Baby can feel your warmth and hear your heartbeat.
4. Breastfeeding is more convenient:
 - No washing bottles or preparing formula.
 - The significant other can bring the baby into mom's bed at night to be fed, rather than having to prepare or warm a bottle.
 - Can calm and feed a child on demand without stopping to prepare a bottle.
 - Breastfeeding makes the mother and the baby portable. Wherever mom goes, so does the milk.
 - Don't have to cart around formulas, bottles, safe water and nipples everywhere you go.
 - Can leave the baby with a family member, friend, or sitter at times the two must be apart.
5. Breastfed babies smell better. Diapers of breastfed babies have little or no smell, until solid foods or formula are introduced.
6. Breastfeeding costs much less than artificial feeding. Formula costs about \$900.00/year. Special formulas cost even more.
7. You save money on formula, bottles, refrigeration and trips to the doctor.
8. Breastfeeding helps mom's uterus return to normal size more quickly. Oxytocin causes the uterus to contract and helps it return to its normal size.
9. Breastfeeding may help the teen feel a sense of

maturity and establish her as the mother of the baby.

The benefits of breastfeeding after the break out sessions. the break out session.

10. Breastfeeding may protect against some cancers in women—breast, uterine, ovarian and endometrial.

11. There are economic benefits for the mother returning to work or school.

3. Educational Materials

The WIC Program has some handouts, pamphlets, other materials that you can use with your clients.

Review handouts that are available for the Peer Counselors to use with WIC clients.

LESSON PLAN 3

THE HUMAN BREAST AND BREASTMILK

Target Group: Peer Counselors

Goal: To educate the peer counselors with the knowledge of the anatomy and physiology of the human breast and how breastmilk is produced, so the counselors will be able to more accurately identify the reason behind the success or problem associated with breastfeeding.

Objectives: The Peer Counselors will be able to:

1. Identify the six basic components of the breast.
2. List five prenatal practices to avoid.
3. List three changes in the human breast during pregnancy.
4. Describe the treatment for inverted nipples.
5. List one reason a nipple shield should be avoided by the nursing mother.
6. List three signs associated with lack of glandular tissue.
7. List the hormones involved with the milk ejection reflex and milk production.
8. List three signs associated with a successful milk ejection reflex.

Materials Needed:

1. Breast model
2. A nipple shield (preferably a red and a silicone)
3. A breast shell

Evaluation: Pre/Post Test

Time: 30 minutes

References Used to Develop Lesson Plan 3:

1. Childbirth Graphics. Breastfeeding. Rochester, NY: Childbirth Graphics Ltd; 1991.
2. Lawrence RA. Breastfeeding: A Guide for the Medical Profession. 4th ed. St Louis, Mo: C.V. Mosby Co; 1994.
3. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.
4. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.

Introduction: When we understand more about the breast and the way it works it is easier to help breastfeeding mothers.

Content/Concept

Learning Activity

1. Anatomy of the Human Breast

Breastfeeding Terms

Review Word Definitions
the end of this Lesson Plan for Glossary

Provide peer counselors with handout of See Appendix at "Glossary". Discuss terms.

External Structures.

The external anatomy of the breast consists of the nipple, areola, Montgomery glands, and skin covering the milk making glands and fatty tissue.

Using the breast model discuss the anatomical structures of the breast.

The nipple consists of 15-25 milk ducts or openings.

Six basic components of the breast.

During pregnancy, the nipples begin to protrude more in the preparation for breastfeeding.

Instructor points out the part of the breast being discussed on the slide.

The areola is the darkened area surrounding the nipple of the breast. During pregnancy, the areola becomes darker and larger in size.

A breast model can also be used to identify the external anatomy of the breast.

The darker color of the areola and nipple may serve as a visual cue to the infant to help in latch on.

The areola also has an odor that assists the infant in locating the nipple for breastfeeding.

The Montgomery glands are sebaceous glands that are located on the outer margins of the areola. These glands enlarge during pregnancy and look like small lumps or pimples. They secrete a substance that moistens the areola and nipples and helps prevent bacterial growth. A small amount of milk can also be secreted from these glands.

This natural protection of the breast makes it unnecessary to wash the breasts, other than with water, in a daily shower or bath. Soap should not be used on the breasts or nipples during pregnancy or lactation. Creams and lotions should be avoided because they cover the Montgomery glands and may not allow them to function properly. Sometimes creams can also cause painful eczema on the breasts.

Prenatal Practices to Avoid:

1. Using soaps or other drying agents (soaps and drying agents may lead to dry, cracked nipples).
Bathing should be as usual, with minimal or no soap directly on the nipples and thoroughly rinsing.
2. Using plastic liners in breast pads. (This may create an environment that promotes bacterial growth.)
3. Using artificial moisteners.
4. Using a moistener which does not allow the skin to breathe or which must be washed off before nursing. (Lotions and creams may block the Montgomery glands and cause infection.)
5. Expressing colostrum prenatally. (Nipple stimulation prenatally may cause premature labor.)
6. Rubbing nipples with a towel or washcloth.
7. Wearing tight, restrictive clothing.
8. Using a pump to correct inverted nipples prenatally. (Nipple stimulation prenatally may cause premature labor.)

Internal Structure

The internal structure of the breast includes the milk making glands. There are 15-25 bunches of milk making glands in each breast.

Each grape is a milk making gland. Each bunch of grapes is connected to a milk duct and a sinus. When the milk is produced, it flows from the grape down the duct and collects in the sinus.

The sinuses are located directly behind the areola.

The suckling motion of the infant on the areola squeezes empties the breastmilk into the ducts and milk is expressed into the infants mouth. There are 15-25 ducts or openings located in the nipple. This corresponds to the 15-25 bunches of grapes or milk making glands in each breast.

Surrounding the milk making glands is fatty tissue. The amount of fatty tissue determines the size of the breast, but does not affect a women's ability to produce milk since the fatty tissue is not involved in the production of milk. Therefore, women with small or large breasts can breastfeed equally well.

Use slide of the breast . Make reference to a bunch of milk making glands by showing them a bunch of grapes.

Using the breast the sinuses and model demonstrate the location of the milk making milk glands, the ducts and sinuses.

Using your fingers, demonstrate how an infant empties the breast.

The breast is a secretory gland. The human breast is not designed for storage. The human breast makes milk and releases it. Some milk will collect in the ducts and sinuses, however after the first let down, this milk is pushed out and the milk producing glands begin producing milk. This milk is produced and secreted until the infant's suckling stops.

Tail of Spence

Milk making tissue is found under the armpits. This can become swollen during pregnancy and lactation.

Demonstrate under your armpit the location of the Tail of Spence.

The Tail of Spence is a direct extension of the main mass of glandular tissue.

Milk Lines

The breasts develop from a line of glandular tissue known as the milk lines.

Milk Lines slide
The instructor can point to the milk lines.

Some women develop accessory milk glands and extra nipples that can be found along the milk lines. Two to six percent of women have accessory milk glands.

The response of these extra nipples to pregnancy and lactation depend on the tissue present. If there is only a nipple present, there should be no noticeable changes noted. If there are milk glands present, swelling can develop and there is a potential for mastitis to develop in these areas.

2. Human Breast During Pregnancy

- The breast, areola, and nipple increase in size.
- The nipple and areola become darker.
- Veins may be more noticeable as breast tissue grows.
- Milk glands and ducts increase in number and grow in size.
- Beginning in the second trimester of pregnancy, the breasts produce colostrum.
- The breasts may secrete colostrum prenatally.
- Montgomery glands increase in number and size.

Discuss changes in the breast during pregnancy.

***CAUTION:** Colostrum should not be expressed from breasts prenatally, as nipple stimulation may cause premature labor.

3. Human Breast During Lactation

- Once the placenta is delivered, hormones stimulate the alveoli to produce milk.
- The breasts will swell as milk begins to fill the ducts.
- After the first 2-4 weeks, the breasts will adjust to the amount of breastmilk needed by the infant and will reduce in size and not seem so full. (Many women feel that they are not producing enough milk.) Reassure these women that as long as the infant is having six wet diapers and two messy diapers and is gaining weight correctly the infant is getting enough breastmilk.

Lecture/Discussion

Mammary Gland During Termination of Lactation

If milk is not removed from the breast, the glands become engorged and milk production gradually stops.

Lecture/Discussion

This is primarily due to the following two physiological reasons:

1. Decreased stimulation of sucking and decreased stimulation of hormones associated with milk production.
2. Milk production stops as a result of reduced blood flow to the cells in the breast.

Prenatal Breast Examination

It is important for expectant women to receive an appropriate breast exam early in pregnancy to identify any anatomical problems that could make breastfeeding more challenging.

Lecture/Discussion

This examination should be performed by a trained health care provider.

The size and the shape of the breasts normally vary from woman to woman. In most women the basic breast structure is present and breastfeeding is not a problem. In a very small number of women breast abnormalities exist.

Inverted Nipples

Most nipples protrude when stimulated. A very small number of women have flat or inverted nipples. The nipple

Using the breast model describe and show inverted, flat and

is inverted because of adhesions that connect the nipple to the breast and keep it from protruding.

normal nipples.

An inverted nipple will retract when stimulated or when the mother gets cold. In most cases, women with flat or inverted nipples can successfully breastfeed their babies.

After evaluation by the health care provider, some mothers with inverted nipples may wear the breast shell during the last trimester of pregnancy.

Whether they wear a shell during pregnancy or not, these mothers may need extra help to get their infant to latch on. If the mother with a flat or inverted nipple is concerned about the way her baby latches on, a plastic breast shell may help.

Pass a breast shell around for the peer counselors to familiarize themselves with.

Breast shells should never be worn overnight! This could stop blood flow to the breast tissue and cause damage.

Exercises that involve rubbing, twisting or pulling the nipples (such as the Hoffman technique) are no longer recommended to help flat or inverted nipples. Nipple stimulation can start labor prematurely in some women.

Nipple preparation during pregnancy does NOT toughen the nipples or prevent nipple soreness. Proper latch-on prevents soreness.

Floppy rubber or silicone nipple shields should be avoided by the nursing mother. These nipple shields have been shown to reduce the amount of milk that a baby receives. Nipple shields can reduce the amount of milk consumed by the infant by 20-60 percent. These devices are potentially dangerous to the nursing infant and should be avoided.

Pass a nipple shield to the class, so they can identify one.

4. Reasons Women May Not be Able to Breastfeed

Lack of Glandular Tissue

Lecture/Discussion

A small number of women lack milk producing glandular tissue in their breasts. This can lead to an insufficient supply of milk for the baby. Women who have insufficient glandular tissue will most likely have one of the following:

- Lop-sided breasts
- Abnormally shaped breasts

- No breast changes during pregnancy

Breast Surgery

Lecture/Discussion

A breast biopsy or the removal of a lump usually doesn't affect a woman's ability to breastfeed. This of course, depends on the amount of tissue removed.

Breast Reduction Surgery usually means some of the ductal system of the breast has been removed. The success of breast-feeding depends on how much tissue was removed. If the nipples were relocated during surgery, the milk ducts have been cut and the milk supply will most likely be inadequate.

Breast Implants usually do not interfere with breastfeeding or milk production unless nipple or glandular tissue was removed or cut. Breast implants can be uncomfortable when the breast are engorged.

5. Physiology of Lactation - Milk Production

Lecture/Discussion

There are two main hormones involved with milk production and release from the breast. These are prolactin and oxytocin.

Prolactin - The hormone responsible for milk production.

Oxytocin - The hormone responsible for "let down" or milk release (also called the milk ejection reflex).

Milk Production - Prolactin

- Milk production begins after the placenta has been delivered.
- Prolactin levels increase and tell the brain to begin milk production. Discuss how the body makes milk.
- As the baby sucks, special sensitive nerve endings in your nipple and areola are stimulated.
- A message is sent to the brain.
- The brain stimulates the milk producing cells to produce milk.

Stimulation of both breasts at the same time, either by feeding twins or "double pumping" produces higher prolactin surges and a greater volume of milk totally as well as per unit of time.

Milk Release and Delivery

Discuss milk release and delivery.

- The baby's suckling will stimulate the release of oxytocin.

- A message is sent to the brain that tells the milk producing glands to release milk into the ducts and sinuses.
- The milk is released and delivered to the baby.
- Oxytocin also causes uterine contractions. This helps the uterus return to its prepregnancy state.

There are several milk ejection reflexes during a feeding session. The longer the feeds, the more milk ejections and consequently more milk.

The Milk Ejection Reflex (MER)

- The milk ejection reflex (sometimes called the let-down reflex) occurs when the milk is released. It allows the milk to flow. This is often triggered by the baby sucking, but can happen anytime. Sometimes when women hear a baby crying or think of their baby they have a “let-down.” Without the milk ejection reflex the baby does not receive the higher fat milk in the feeding.
- Signs that the MER has occurred:
 1. Tingling or “pins and needles” feeling
 2. Leaking
 3. Uterine cramping
 4. Swallowing (ah, ah)
 5. Change in suck pattern (slower pattern of 1-2 sucks per swallow).

Discuss the milk ejection reflex.

Encouraging the Milk Ejection Reflex

1. Find a quiet, relaxed atmosphere with some soft music.
2. If pumping, look at a picture of your baby and think about the baby.
3. Make a tape of your baby’s cry and play to enhance milk flow.

Maintaining Your Milk Supply - Supply and Demand

Continuous milk production:

- Repeated stimulation of the nipple and areola produce prolactin and oxytocin.
- Adequate emptying of milk from each breast at regular intervals.
- The more you breastfeed, the more milk your breasts will produce.

GLOSSARY

<u>Areola</u>	A darkened area surrounding the nipple of the breast
<u>Breast Shell</u>	A hard plastic device with a donut-shaped inner piece that exerts gentle pressure on the areola and can correct inverted or flat nipples.
<u>Colostrum</u> postpartum.	A yellowish fluid secreted by the breast during pregnancy and the first week
<u>Foremilk</u>	The milk stored in the ducts and sinuses between feeding that the baby receives first. This milk is rich in protein.
<u>Hindmilk</u>	The milk produced and secreted by the breast after the let-down and during breastfeeding. This milk is calorie rich and responsible for the baby's weight gain.
<u>Inverted Nipple</u>	A condition in which the breast nipple pulls inward when stimulated rather than outward.
<u>Mature Milk</u>	Human milk produced after the first weeks postpartum. It is often thin and bluish in color.
<u>Meconium</u>	The dark tarry material in the newborns intestine that is passed in the first 24-48 hours of life.
<u>Milk Ejection Let Down Reflex</u>	A hormonally induced reaction which begins the flow of milk from the breast.
<u>Montgomery Glands</u>	Small sebaceous glands on the outer margins of the areola. They look like pimples in appearance. These glands secrete a substance that fights bacteria and protects the nipple and areola.
<u>Nipple Shield</u>	An all rubber or silicone shield or a combination rubber and glass shield that is placed over the nipple during breastfeedings. Should be avoided because they may keep the baby from getting enough milk.
<u>Oxytocin</u>	A hormone that stimulates the muscles in the uterus and breast to contract. Responsible for the milk ejection or let down reflex.
<u>Prolactin</u>	A hormone which stimulates milk production.

LESSON PLAN 4

INITIATING BREASTFEEDING

Target Group: Peer Counselors

Goal: To help WIC mothers successfully initiate and continue breastfeeding.

Objectives: Peer counselors will be able to:

1. Identify correct positioning and latch-on.
2. Describe three breastfeeding positions.
3. Describe how long and how often to feed a newborn.
4. Identify three signs of a functioning milk ejection reflex.
5. Identify steps to ensure an adequate milk supply.
6. Identify signs that the breastfed baby is getting enough breastmilk.
7. Describe how to manage appetite spurts in the breastfed baby.

Materials Needed:

1. Doll the size of a newborn or stuffed animals
2. Video "First Attachment" - Kittie Frantz
3. VCR, screen
4. Samples of bras, nursing pads, nipple shields, breast cups and breastfeeding clothing
5. Handouts: Breastfeeding Basics:
 - a. "Getting Started" (handout 1)
 - b. "The First Six Weeks" (handout 2)
6. Nursing mothers and babies for demonstration models (when available)

Evaluation: Pre/Post Test

Time: 1 1/2 hours

References Used to Develop Lesson Plan 4:

1. Frantz K. Breastfeeding Techniques that Work—First Attachment. Video2. Huggins K. The Nursing Mother's Companion. Harvard and Boston, Ma: The Harvard Common Press; 1995.
3. La Leche League International. The Breastfeeding Answer Book. 1991.
4. Lauwers J, Woessner C. Counseling the Nursing Mother. Garden Park, NY: Avery Publishing Group, Inc; 1990.
5. Lawrence RA. Breastfeeding: A Guide for the Medical Profession. 4th ed. St Louis, Mo: C.V. Mosby Co; 1994.
6. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.

7. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Basics: Getting Started.
8. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.

Introduction: Getting a mother off to a good start can mean the difference in her success or failure with breastfeeding. With a few careful instructions and some helpful support a mother can usually initiate and continue breastfeeding successfully.

Concept/ Content

Learning Activities

1. Positioning and Latch-on

Correct positioning and latch-on are one of the most important aspects of successful breastfeeding. Women should be given instruction on proper positioning and latch-on before the baby is born. It should also be reviewed after the baby is born. A breastfeeding should be observed to make sure that latch-on and positioning are correct.

Discuss proper positioning and latch-on using the doll.

For proper positioning and latch-on a mother should be instructed to sit on a comfortable chair or in her hospital bed, sitting as straight as possible. She may want to put a pillow on her lap to raise the baby to the level of her breast.

Have peer counselors practice using the dolls or stuffed animals (the stuffed animals may be more appropriate with teens).

The baby should be held completely on his side. The baby's face, belly and knees should be facing his mother's tummy.

The baby's head will be resting in the bend of the mother's elbow and his arm will be tucked under the mother's arm. The mother's hand will support the baby's lower leg or bottom.

The mother should support her breast with her free hand placing her fingers underneath the breast and behind the areola. (Some mothers find that they have to slide the fingers down their chest wall a little bit if they have small breasts). The thumb should rest lightly on top of the breast behind the areola. This position of your hand, with the thumb on top and your fingers below the areola is called the "C-hold".

To help the baby open his mouth wide, touch the baby's bottom lip lightly with the nipple. When the baby opens his

mouth very wide (like a yawn), center the nipple and pull the baby in very close and on to the areola. The baby should take most of the areola and not just the nipple.

The baby's mouth will cover much of the areola. Baby's cheeks should be rounded, not dimpled.

The upper and lower lips will be flared out symmetrically around the areola, not tucked in. The tongue will be resting over the lower gums and will be cupped under the breast. The mother should feel a steady tugging on the breast, but not pain. If the baby is positioned correctly, he will be able to breathe through the air channels on the sides of his nose. If the baby's nose becomes blocked, pull his body in closer or lift up on the breast with the hand supporting the breast. Pushing down on the breast can cause the milk ducts to empty unevenly and should be avoided.

To properly remove the baby from the breast, place a clean finger in the corner of the baby's mouth between his gums. Taking the baby off the breast without breaking the suction can cause nipple damage.

If the feeding is going well, watch the baby. When his sucking slows down or stops, take him off the breast by breaking the suction. Burp the baby and offer him the other breast. Both breasts may be offered at each feeding.

If the baby falls asleep easily, try keeping him awake by switching breasts whenever his sucking slows down. You can also rub his feet, wash his face with a cool wash cloth or change his diaper to keep him awake.

2. Correct Sucking

When the baby latches on correctly to the breast, the nipple elongates as it is drawn into the back of the baby's mouth, causing a vacuum to form. The baby's mouth must be open very wide for correct latch-on to occur. The lips should not be pursed. About one inch of the tissue behind the nipple must be drawn symmetrically into the baby's mouth so the sinus' can be correctly drained. Because the size of the areola differs from woman to woman, this may mean that the entire areola is covered, but with some women who have very large areolas it will not.

Discuss correct sucking.
Have peer counselors observe a breastfeeding.

With correct sucking, the baby's tongue will be cupped under the breast and will rest on the baby's lower gumline. If the baby's lower lip is gently pulled down, the tongue can be seen covering the gumline and cupped under the breast. There should be no clicking or smacking sounds while the baby is nursing. No dimples should be seen in the baby's cheeks.

The sucking motion begins at the tip of the tongue and rolls backwards in a wave-like motion. The tongue should not move in and out or the friction will cause nipple soreness. The baby's lips will be flanged out and not tucked in. Proper assessment of correct latch-on and sucking should be done by observing a mother and baby breastfeeding.

During a nursing the sound of swallowing should be heard. Initially there will usually be several sucks to each swallow. But after the milk ejection reflex occurs, the sucking slows and the baby will usually begin swallowing with every suck. A trained observer should be able to determine if the baby is receiving milk by observing and listening for swallowing.

Babies who do not latch-on correctly or who suck incorrectly may exhibit signs of poor weight gain because they are unable to get sufficient milk. In these cases the mother usually has sore nipples due to improper sucking. These babies need immediate medical attention from a physician and proper intervention from a trained Lactation Consultant.

3. Alternate Positions

Some women find that breastfeeding positions other than the cradle hold are also comfortable. To alternate positions are the clutch or football hold and the lying down position. The clutch hold is useful after a C-section, with a mother with large breasts and in situations where more control is needed. The mother sits with a pillow at her side to support the baby. She then sits the baby up so he is facing her. She supports his upper back and head with her arm and hand.

The baby's legs can go up the back of the chair behind the mother. The other hand will be supporting the breast. The baby is then latched-on using the same technique as with the other positions.

When possible have a mom and baby demonstrate. Demonstrate with a doll /stuffed animal when a mother is not available.

Demonstrate alternative positions. Use a live model when possible.

In the lying down position, the mother lies down on her side with her knees bent. She can support her head and back with pillows and place a pillow between her legs. The baby should be positioned on his side facing the mother. The mother can support the baby's head and back with her lower arm or another pillow. The mother should place her fingers below her breast, with the thumb on top of the breast, lightly resting behind the areola. She can lift the breast with her fingers, lightly touch the baby's lower lip and pull him in close when his mouth is open very wide.

Have peer counselors view the video "First Attachment", Kittie Frantz. Review and answer questions.

4. Routines that Encourage Successful Breastfeeding

1. Breastfeeding Within one hour after delivery. The baby is awake and alert and willing to nurse soon after delivery. After a few hours the baby often becomes more sleepy and reluctant to nurse. Early nursing can also help bleeding, encourage bonding, decrease jaundice, and gets breastfeeding off to a good start.
2. Nursing the baby frequently from birth. This should be at least 8-12 times a day for a newborn, about every 1 1/2 to 3 hours.
3. Nurse on one or both breasts at each feeding, depending on baby's needs and mother's comfort. Most babies need the milk from both breasts to get enough nourishment and to stimulate an adequate milk supply. This helps stimulate breast milk production and allows the baby to get enough milk.
4. Breastfeeding on demand. Flexible feedings should be the rule. Allow the baby to determine when the next feeding will be, don't rely on the clock or a schedule.
5. Room-in with the baby. Keeping the baby with the mom at all times allows the mother to really nurse the baby on demand. She can learn to respond to her baby's needs right from the start. By having baby in the room day and night, mom can provide enough feedings as needed by the baby during a 24 hour period.
6. Not limiting the breastfeeding time. The infant should be allowed to empty the breast. The feedings with a newborn will usually last about 10-30 minutes. Limiting

Discuss routines that encourage successful breastfeeding. contract the uterus, stop excessive

the feeding times does not prevent soreness, and may cause other problems.

7. Avoiding bottles of water or formula. Colostrum is all that is needed until the milk comes in about three days postpartum. Some babies are very sensitive to switching from a rubber nipple to the breast. In some cases the baby will refuse to go back to the breast after taking the bottle. Bottles can also lead to decrease in the milk supply and can prevent the breastmilk supply from becoming well established. It is best to wait until about 3-4 weeks postpartum before introducing a bottle.
8. Avoid nipple shields. When nipple shields are used, the baby receives less breastmilk. The baby often gets used to the nipple shields and they will not nurse directly on the breast. Nipple shields do not prevent or help with sore nipples.

5. Milk Production

Frequent nursing is the key to a good milk supply. If a baby is nursing correctly, the more he nurses, the more the mother will produce. Going too long between feedings will cause the breasts to become full and hard. The pressure on the milk ducts causes them to produce less milk. Frequent nursing keeps the breast producing. Almost everyone can produce enough milk to feed their baby.

Discuss how to maintain an adequate breastmilk supply.

Drinking lots of fluids does not increase the milk supply. Women should be encouraged to drink to thirst.

Signs that the baby is getting enough breastmilk:

1. Baby has a steady appropriate weight gain. After first week, baby should gain about 1 oz/day, doubling birth weight usually takes place by 5-6 months of age.
2. Baby is having at least 6-8 wet diapers a day.
3. Newborn baby is having four or more loose, seedy, bowel movements each day. After the first 3-4 weeks, baby may only stool once every three or more days.
4. Baby is fed 8-12 times each 24 hours.

Growth and Appetite Spurts

Appetite spurts are times when the baby seems extraordinarily hungry and wants more feedings than normal. These often occur at 10 days, 2-3 weeks, 4-6 weeks, 2-3 months, and at 4-6 months. They can happen anytime, however. This does not mean that the mother is losing her milk. More frequent feedings during this time will increase the mother's production of breastmilk. Sometimes twice as many feedings as normal are necessary for several days to adjust the milk supply to meet the baby's needs.

Discuss appetite spurts and how to manage them when they occur.

At 2-4 weeks many mothers also have the normal breast swelling disappear, baby sleeps less and becomes more fussy. When these occur during an appetite spurt, a mother often fears she is losing her milk.

If a mother offers a bottle to her baby instead of nursing more often, she will gradually begin losing her milk supply.

Practical Hints

Bras: Bras are worn for comfort. Women should be encouraged to wear a bra that fits her correctly. Nursing bras make breastfeeding much easier. Bras that can be fastened and unfastened with one hand are the best. Usually the breasts are as large as they will be during breastfeeding during the 9th month of the pregnancy. This is usually a good time to shop for a bra to use when nursing.

Discuss how and when to select nursing bras. Show examples.

Nursing Pads: Most breastfeeding mothers leak. Some leak more than others. Usually women leak less as the baby gets older. Leaking can be stopped temporarily by crossing the arms across the breasts or pushing the heel of the hand into the chest wall.

Discuss how to manage leaking Show samples of nursing pads.

Nursing pads can also be used. It is best to use pads without plastic liners. These can trap moisture and can cause soreness. Nursing pads can be made from old clean diapers, men's handkerchiefs cut or folded into pads. Encourage moms to use reusable pads.

Breast shells: Breast shells can be used in emergencies for leaking. However, these cause more leaking and can trap moisture. The milk collected in these should not be saved for the baby. These can also be used to help women with inverted nipples.

Discuss the limitations of using breast cups. Show examples.

Clothing: Special clothing for breastfeeding mothers isn't necessary. Two piece, loose fitting blouses, sweaters, sweat shirts or T-shirts that don't tuck-in may be the most convenient and the most discreet to nurse in. Front buttoning blouses or dresses can also be used. For sleeping, nursing mothers can use two piece pajamas, night gowns with stretchy necks, button-down gowns or nursing gowns.

Discuss appropriate clothing to wear while breastfeeding.

Demonstrate discreet nursing.

Mothers can learn to breastfeed discreetly with practice. The mother can drape a small blanket over her shoulder when she is nursing. Encourage mothers to practice in front of the mirror if they feel uncomfortable nursing in front of others.

LESSON PLAN 5

HELPING WOMEN CONTINUE BREASTFEEDING

Target Group: Peer Counselors

Goal: To help women participating on WIC to continue breastfeeding when they have problems and/or concerns.

Objectives: Peer counselors will be able to:

1. List or identify resources and methods to prevent/manage:

MATERNAL PROBLEMS

- a. Sore nipples
- b. Leaking
- c. Inadequate milk supply
- d. Inverted nipples
- e. Engorgement
- f. Plugged duct
- g. Maternal illness
- h. Cesarean delivery

INFANT PROBLEMS

- a. Jaundice
- b. Sleepy baby
- c. Biting
- d. Colicky baby
- e. Constipation
- f. Diarrhea
- g. Thrush
- h. Refusal to breastfeed

Materials Needed:

1. Breastfeeding Cardex or your agency's breastfeeding problem solving guide for each person
2. Chalkboard and chalk or flip chart and markers optional
3. Optional – your own state/local agency community referral list for breastfeeding support

Evaluation: Pre/Post Test

Time: 2 hours

References Used to Develop Lesson Plan 5:

1. Matterson N. Is He Biting Again? Victoria, Canada: Marion Books; 1990.
2. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Cardex; 1991.
3. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992. (See Cardex at the end of this Lesson Plan)

Introduction: Many women breastfeed with few concerns or problems. Some women, however, do encounter problems during breastfeeding. After the first few days or weeks of breastfeeding many women may be exhausted, overwhelmed and have many questions about breastfeeding. Some women may be experiencing problems and may even consider stopping. About 50 percent of mothers who breastfeed report that they were not able to breastfeed as long as they wanted.

WIC can help a mother continue to breastfeed by providing support, especially during the early weeks of lactation. Many breastfeeding problems can be solved and breastfeeding can continue with correct information and support.

Concept/Content

Learning Activities

1. Problems Associated with Breastfeeding

Problems associated with breastfeeding can be divided into two categories: Maternal and infant problems.
experience

Ask: What problems or concerns you heard that women during breastfeeding?

MATERNAL PROBLEMS

- a. sore nipples
- b. leaking
- c. inadequate milk supply
- d. inverted nipples
- e. engorgement
- f. plugged duct
- g. mastitis/breast infection
- h. maternal illness
- i. cesarean delivery

List them on a flipchart. Make one list for infant problems and another list from maternal problems.

The breastfeeding cardex/your agency's problem solving guide can be used as a reference for information when counseling breastfeeding women. The State protocol contains problems and possible solutions.

Discuss how to use the breastfeeding cardex. Have the learner use their own copy of the cardex or PSG and follow along as you explain its use.

Refer to the breastfeeding cardex developed by the Utah Department of Health contained in the appendix of this manual or your State problem solving guide (PSG).

Choose one of the three teaching methods to cover the information.

1) Discuss each maternal and

infant breastfeeding concern with the peer counselors using the breastfeeding cardex or PSG.

THREE SCENARIOS

and your breasts are full and hard. You are certain they will never return to their normal size and you fear being “abnormal”. You show anger as your means of expressing fear. (This woman has not stated that there is any problem with latch on.) FOLLOW THE ENGORGEMENT CARDEX/PSG or problem solving guide to make sure they include all the information.

2. You are a new mother. Your baby is two weeks old and always appears to be hungry. Even after you breast-feed your baby starts ravenously sucking on his fist. You don't think you have enough milk. FOLLOW THE INADEQUATE MILK SUPPLY CARDEX/PSG to make sure they include all the information.
3. You are a new mother and you have been breastfeeding for one month. You have noticed that one breast has a tender area that is starting to turn red but you feel well. This spot does not appear to soften when you breast-feed. FOLLOW THE PLUGGED DUCT CARDEX/ PSG to make sure all the information is covered.

INFANT PROBLEMS

- a. Jaundice
- b. Sleepy baby
- c. Biting
- d. Colicky baby
- e. Constipation

OR

2) Read each of the scenarios one at a time. Discuss as a group the 1. You are a new mother. Your milk has just come in related breastfeeding concerns using the breastfeeding cardex/ PSG. Go over each of the problem solving scenarios one at a time. Use the chalkboard or flipboard and have the learners list the advice in each case.

OR

3) Have the learners break into 3 groups. Give each group a different scenario and a blank transparency or flipchart. Then have each group present their answer.

Use flipchart of the list of problems generated at the beginning of this lesson.

Choose one of the three teaching methods to cover the

f. Diarrhea

as

SCENARIOS

1. You are a new mom. Your baby is three days old and just wants to sleep all the time. She nurses only four or five times during the day and only wakes up once at night. FOLLOW THE SLEEPY INFANT CARDEX/PSG to make sure they include all the information.
2. You are a new mother. Your baby is just two days old and his eyes are beginning to look yellow. FOLLOW THE JAUNDICE CARDEX/PSG to make sure they include all the information.

OPTIONAL:

Role of the peer counselor/How and when to make referrals

The roles, responsibilities, and scope of the peer counselor's position must be clearly defined so that the counselor discusses with clients only the information that she has been trained to address. She must know the point at which the client's problem is out of her scope, and must be quick to refer to the appropriate professional.

information.

1) Have the learners use their own copy of the cardex/problem solving guide and follow along

you review each of these problems.

OR

2) Go over each of the scenarios. Use the chalkboard or flipboard and have the learners list the advice to be given to the mom in each case.

OR

3) Have the learners break into 2-3 groups. Give each group a different scenario and a blank transparency/flipchart. Then have each group present their answer.

Your state/local agency list of community resources

You may want to begin discussion on these areas at this time.

LESSON PLAN 6

NUTRITION, DRUGS AND CONTRACEPTION DURING LACTATION

Target Group: Peer Counselors

Goal: To educate the peer counselors with the nutritional needs of the breastfeeding mother, the current information on environmental contaminants and on the use of tobacco, caffeine, drugs, and alcohol during lactation.

Objectives: Peer counselors will be able to:

1. Outline the dietary recommendations for lactating women.
2. Describe the recommendations for the use of alcohol, drugs, caffeine and tobacco during lactation.
3. Describe at least one environmental contaminant and what the lactating woman should do if she is exposed.
4. List one reliable form of contraception compatible with breastfeeding.

Materials Needed:

1. Handouts:
 - a. "I'm Breastfeeding-What Should I Eat?" (handout 1)
 - b. "Infant Feeding Guide" (handout 2)
 - c. "Feeding Your Baby Solids" (handout 3)
 - d. Pregnancy Riskline (handout 4)
2. Breastfeeding Cardex or your own agency's breastfeeding problem solving protocol/guide for each person
3. Overhead projector, screen
4. Overhead transparencies (see appendix at end of this Lesson Plan)
5. Flipboard and markers or chalkboard and chalk

Evaluation: Breastfeeding Pre/Post Test

Time: 1 1/2 hours

References Used to Develop Lesson Plan 6:

1. American Academy of Pediatrics, Committee on Drugs. Transfer of Drugs and Other Chemicals into Human Milk. Pediatrics. 1994. Vol. 93, No. 1, 137-150.
2. Hale TW. Medications and Mothers' Milk. 4th ed. Amarillo, Tx: Pharmasoft Medical Publishing; 1995.
3. National Academy of Sciences, Institute of Medicine, Food and Nutrition Board, Committee on Nutritional Status During Pregnancy and Lactation, Subcommittee on Nutrition During Lactation. Nutrition During Lactation. Washington, DC: National Academy Press; 1992.
4. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.
5. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.

6. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Cardex; 1991.

Introduction: From the first moments of pregnancy, the mother's body begins to prepare for lactation. Changes occur in the breast but actual milk production is suppressed until birth. Nutrition plays a vital role in this process. Good nutrition during lactation can help mothers have the energy they need and will help them maintain good nutrient stores.

Concept/Content

Learning Activities

1. The Effects of Maternal Nutrition on Breastmilk

“Women living under a wide variety of circumstances in the United States and elsewhere are capable of fully nourishing their infants by breastfeeding them.” Quote from Nutrition During Lactation.

Discuss the effects of maternal nutrition on breastmilk using the overheads.

Current research shows that women can produce adequate breastmilk on inadequate diets. The breastmilk women produce is quite consistent in quality and quantity no matter what the mother consumes. Adequate breastmilk is not dependent on the height, weight or fatness of the mother.

- a. The maternal diet has little or no effect on the following nutrients in the breastmilk:
 - Protein
 - Carbohydrate
 - Calcium, Phosphorus & Magnesium
 - Electrolytes
 - Iron, Copper & Zinc

- b. There is some effect of the maternal diet on the following nutrients in the breastmilk:
 - Fat
 - Fat-soluble vitamins
 - Water-soluble vitamins
 - Folic Acid
 - Fluoride

- c. There is a strong effect of the maternal diet on the following nutrients in the breastmilk:
 - Selenium
 - Iodine
 - Vitamin D

- d. Most mothers and babies have no bad reactions to foods the mother eats. Occasionally there are some foods that will affect the baby. Spicy foods, strongly flavored foods and chocolate are thought by many to be foods which make the baby fussy, but these are not likely to be the cause. More common allergic foods are cow's milk and dairy products, eggs, nuts, citrus fruits or wheat. It is not recommended to eliminate major nutrient sources from the diet to treat allergies or colic unless there is evidence from an oral challenge.

Typical allergic symptoms are rashes, vomiting, excessive spitting-up, diarrhea or colic. If one of these foods is suspected of being a problem refer this mother to a dietitian or her physician.

- e. Restrictive Eating Patterns

If a woman suggest to you that she has restrictive eating patterns such as a caloric intake of less than 1800 calories, complete vegetarianism, avoidance of milk and dairy products or vitamin D fortified foods refer her to a dietitian.

2. Nutritional Needs of the Lactating Woman

Mothers are able to produce sufficient quantity of milk to support the growth and promote the health of the baby even when the mother's intake of nutrients are limited, however, the mother's health may be at risk due to depletion of nutrient stores. "Never imply to a breastfeeding woman that she is not capable of producing sufficient quantity or quality of breast-milk." Emphasize that women do not need to be made to feel guilty if they do not eat the following way. It is important that the WIC participants do not feel there re too many rules about what they can and cannot eat. Refer them to the dietitian if they have many questions or concerns.

"Encourage lactating women to follow the Dietary Guidelines for Americans and Food Guide Pyramid that promote a generous intake of nutrients from fruits and vegetables, whole-grain breads and cereals, calcium-rich dairy products, and protein-rich foods such as meats, fish, and legumes." *Quote from Nutrition During Lactation.*

Although lactation increases a woman's needs for nearly all nutrients, those increased needs can be met by a well balanced

Discuss the nutritional needs of the lactating women using the overheads and handout.

diet. An adequate diet promotes an optimum breastmilk production, and also helps a mother maintain her maternal nutrient stores. Use the handout entitled “I’m Breastfeeding—What should I Eat?”/your agency’s nutrition for the breastfeeding woman handout(s) and/or a Food Guide Pyramid handout and review the following:

INTRODUCE THE FOOD GUIDE PYRAMID

Use the Food Guide Pyramid to help you eat better every day... the Dietary Guidelines way. Start with plenty of breads, cereals, rice, and pasta, vegetables, and fruits. Add two to three servings from the milk group and two to three servings from the meat group.

Each of these food groups provides some, but not all, of the nutrients you need. No one food group is more important than another—for good health you need them all. Go easy on fats, oils, and sweets, the foods in the small tip of the pyramid.

FOOD GROUP

- a. Breads, Cereal, Rice and Pasta Group
6 + servings/day (1 serving=1 oz. WIC cereal, 1 oz. bread (1 slice), 1/2 bagel, 1/2 cup noodles, 1/2 cup rice, 2 in. sq. cornbread, 1 tortilla, 1 muffin, 1 4-in. pancake)
- b. Vegetable Group
3 + servings/day (1 serving=1/2 cup chopped raw or cooked vegetables, 1 cup leafy raw vegetables, or 3/4 cup vegetable juice.) Each vegetable contains different nutrients so you should eat a variety of vegetables each day, not just one or two of your very favorites.
Foods from the vegetable group:
Broccoli, spinach, carrots, tomatoes, squash, pumpkin, cauliflower, potatoes, peas, cabbage, asparagus, peppers, etc.
- c. Fruit Group
2 + servings/day (1 serving=1 medium piece of fruit or melon wedge, 1/4 cup dried fruit, 1/2 cup chopped, cooked, or canned fruit, or 3/4 cup fruit juice)

Foods from the fruit group:

Have the students recall the appropriate number of servings in each food group for lactating women.

Give them the handout “I’m Breastfeeding—What Should I Eat?”

WIC juices, oranges/orange juice, strawberries, cantaloupe, grape fruit, apricots, peaches, apples, bananas, grapes, pears, plums, prunes, raisins, and watermelon, etc.

- d. Milk and Yogurt and Cheese Group
3 + servings/day (1 serving=1 cup milk, yogurt, pudding, or 1 1/2-2 oz. cheese or 2 cups cottage cheese, ice cream)
- e. Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group
2-3 servings/day (or 5-7 oz.)
(1 serving=2 oz. meat, 2 eggs, 4 tablespoons peanutbutter or 1 cup legumes)

Why the Groups are Important:

1. Breads, Cereals, Rice, and Pasta Group

- a. Grains supply energy and help maintain healthy skin and iron-rich blood. Whole grain foods are important sources of B vitamins and iron. They also provide protein and they are the major source of protein if the person is vegetarian. They also contribute magnesium, folacin, and fiber.
- b. The fiber in whole grains helps relieve constipation and may protect against diseases. Some fortified cereals contain nutrients at higher than natural levels and some contain nutrients not naturally found in them (vitamins A, B₁₂, C and D). WIC cereals are included in this group.
- c. Products that are refined, even if they are enriched, may be low in some other vitamins and trace minerals that were partially removed during the milling process and do not get added back in. It is always best to include some less refined or whole grain products back in the diet.
- d. Iron
Iron deficiency in breastfeeding women can be a result of higher iron requirement during pregnancy, blood loss at delivery, and/or low dietary intake. Menstruation is usually delayed during breastfeeding which helps conserve iron. Women who continue to breastfeed after the return of their menses may benefit from increased consumption of iron-rich foods. An

Ask: What nutrients are found in this food group?

Discuss food sources of

adequate amount of iron is hard to obtain from the diet alone unless special attention has been given to include high-iron foods.

Dietary Sources of Iron Include:

- Red meats
- Other meats
- Iron-fortified cereals
- Dried beans, peas and lentils

e. Vitamin B₆ and Folic Acid

These may be consumed in amounts less than the RDA the Centers for disease Control and Prevention recommended. That all women in the childbearing years take either a multivitamin with folic acid (0.4 mgs) or a folic acid supplement (0.4 mgs) every day. nutrient.

Good food sources of these nutrients should be encouraged.

Dietary Sources of B₆

- Red and organ meats
- Green vegetables
- Legume
- Bananas
- Potatoes
- Whole grains
- Wheat germ

Dietary Sources of Folic Acid

- Orange juice
- Broccoli
- Green leafy vegetables
- Red and organ meats
- Legumes
- Whole grains
- Cabbage

f. Zinc and Magnesium

Extra care should be given to include these foods in the diet as they are usually consumed in amounts less than RDA.

Dietary Sources of Zinc

- Seafood
- Meat
- Liver
- Fish
- Milk
- Whole grains
- Nuts

Discuss food sources of these nutrients. Point out than many of the same foods are good sources of more than one

- Legumes

Dietary Sources of Magnesium

- Green leafy vegetables
- Nuts
- Whole grains
- Meats
- Milk
- Seafood

g. Fluids

Recent studies have shown that drinking excessive quantities of fluids is not necessary. Encourage women to drink to thirst. “Encourage sufficient intake of fluids—especially water, juice, and milk—to alleviate thirst. It is not necessary to encourage fluid intakes above this level.” Quote from Nutrition During Lactation.

2. Fruit and Vegetable Groups

a. These foods provide:

Numerous minerals (iron, magnesium, etc.)

Fiber

Vitamin A & C

They are low in fat and have no cholesterol. Fruits and vegetables also help to maintain healthy eyes, skin and blood.

When selecting fruits and vegetables, choose two foods high in vitamin C, and one food rich in vitamin A, and one food high in folic acid every day. WIC provides fruit juices which are rich in vitamin C.

b. Dark green and yellow vegetables are good sources of vitamin A.

c. Good sources of vitamin C are:

Citrus fruits (oranges, grapefruits)

Cantaloupes

Strawberries

Most dark green vegetables, if not overcooked

Peppers

d. Dark green vegetables are also valued for Riboflavin, Folacin, Iron and Magnesium.

Ask: Why are these groups important? Discuss the nutrients and benefits of the food group.

Ask what nutrients are found in vegetables?

- e. New nationwide campaign is called “Five A Day” to encourage people to eat at least five servings of fruits and vegetables daily.

3. Milk, Yogurt and Cheese Group

- a. These foods help build strong bones, teeth and muscles. They are the major source of calcium.
- b. They also supply:
 - Riboflavin
 - Protein
 - Vitamins A, B₆, B₁₂, D (when fortified)
- c. Milks vary in fat content, lowfat and skim milk products have essentially the same nutrients as whole milk but fewer calories.
- d. If milk products are limited or eliminated in the diet, the mother must be counseled in ways to increase her other nutrients that are provided by dairy foods.
- e. Other foods also contain calcium, however, these foods often must be eaten in huge quantities to obtain the equivalent amounts of calcium found in dairy products.
- f. The calcium content of the breastmilk remains the same despite the mother’s intake. However, low intake of calcium may result in calcium being drawn from the mother’s bones to maintain the levels in the breastmilk.
- g. If your doctor has recommended a supplement, you can talk to your WIC nutritionist.

Discuss the importance of each of these food groups.

Ask: What nutrients are found in this food group?

intake of calcium and

Review calcium alternatives to milk.

Discuss calcium supplements and answer their questions.

4. Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group

- a. These foods provide:

Protein
Iron Vitamin B ₆
Zinc Vitamin B ₁₂

 They help build and repair body tissues.
- b. The body makes better use of the iron if vitamin C is eaten at the same meal.
- c. Vary your intake of these foods as each has different nutritional advantages. Red meats and oysters are good in Zinc. Liver and egg yolks are good in Vitamin A. Dry beans, dry peas, soybeans and nuts are good in magnesium. Fish and poultry are relatively low in calories and saturated fat. Seeds contribute polyunsaturated fat.
- d. If protein in the mother’s diet is inadequate, a loss of maternal tissue will result.
- e. The mother’s diet has little effect on the protein content of her breastmilk.

Ask: What nutrients does this food group supply?

Discuss the benefits of a variety of protein sources in a diet.

- f. If the mother is a complete vegetarian, her baby may develop a B₁₂ deficiencies because B₁₂ is only found in animal products. Recommend a supplement of vitamin B₁₂

3. Weight Loss During Breastfeeding

Does dieting for weight loss have any effect on milk volume?
Probably Not. The average milk volume for most women whether in industrialized or developing countries is the same.

Discuss weight loss during breastfeeding.

- a. The breastfeeding woman generally loses 1-2 pounds per month during the first 4-6 months. Women who are overweight may lose up to 4 1/2 pounds and not have any effect on the baby. More rapid weight loss is not recommended.
- b. Not all women lose weight. Some studies suggest that approximately 20 percent may maintain or gain weight.
- c. In one study, intakes below 1500 calories per day were associated with decreased milk production. The Committee on Nutrition During Lactation has recommended that women consume at least 1800 calories per day in order to achieve satisfactory intake of nutrients. Dieting in the first 2-3 weeks postpartum is not recommended.

Discuss the importance of slow gradual weight loss and the differences in weight loss/gain in some women.

4. Infant Nutrition:

“Breastfeeding is recommended for all infants in the United States under ordinary circumstances. Exclusive breastfeeding is the preferred method of feeding for normal full-term infants from birth to age four to six months.” Quote from “Nutrition During Lactation.”

Discuss infant nutrition.

“Breastfeeding practices that are responsive to the infant’s natural appetite should be promoted. In the first few weeks, infants should nurse at least eight times per day and some may nurse as often as 15 or more times per day.”

It will be helpful to have a background in infant feeding when counseling the nursing mother. The National WIC Program has certain guidelines we use for infant feeding. The main Guidelines are:

- a. Infants should be breastfed or formula fed until they are one year of age. The formula should be iron fortified.

“When breastfeeding is complemented by other foods, and by six months in any case, the infant should be given food rich in bioavailable iron or a daily low-dose of oral iron supplement.”

- b. Foods should not be added until the infant is 4-6 months of age. Begin with iron fortified infant rice cereal. Use single grain cereals, before mixed or high protein cereal. Start with a small amount of each new food (e.g. 1 tsp.) and slowly increase serving size. Wait 2-3 days before giving another new food.
- c. Infant fruit juices, provided by WIC can be started at six months BY CUP ONLY. Use unsweetened vitamin C rich juices such as apple, grape.
- d. Review The INFANT FEEDING GUIDE and FEEDING YOUR BABY SOLIDS/your agency’s infant feeding pamphlets. Give them the handouts listed and review them.
- e. Summary Statements:
 - *Exclusive breastfeeding is recommended for infants birth to 4-6 months of age.
 - *When the infant is not exclusively breastfed, high iron foods or an iron supplement should be given.
 - *Exclusively breastfed infants have no constipation because breastmilk is easily digested.
 - *Frequent breastfeeding can help lower bilirubin levels.
 - *Breastfed infants do not need water supplementation until solids are added to their diet.
 - *After infant cereal is added to the diet, it is best to wait until infant is at least six months of age to begin additional foods.

5. Drugs, Caffeine, Alcohol and Smoking:

Drugs taken by the breastfeeding mothers, which include over the counter, prescription and illicit drugs, all can have potential effects on the baby and the mother's physician/health care provider should be informed.

Discuss the use of caffeine, alcohol and tobacco during lactation.

Most drugs are compatible with breastfeeding. In order to minimize the effect, women should be advised with the following information.

Emphasize that most drugs are compatible with breastfeeding.

- a. Contact her physician before taking any medication.
- b. Avoid long-acting forms of the drug.
- c. Avoid taking medication unless it is necessary.
- d. When possible take medications just after a feeding or just before the infant has a lengthy sleep period.
- e. Take the safest drug available.

Drugs that are contraindicated for breastfeeding mothers are listed in the overhead. In 1994 the AAP (American Academy of Pediatrics) Committee on drugs. Nutrition made the following list of drugs contraindicated for breastfeeding mothers. In general they are:

Discuss the drugs as an overview. Tell them to refer to health professionals if they are taking any.

- Street Drugs
- Other Drugs (i.e. Some cancer, heart and antidepressants)
- Radiopharmaceuticals
(These drugs require temporary cessation of breastfeeding while they are in the bloodstream).
They are usually used for medical testing.

These drugs do not have to be memorized. But it is important to know that some drugs are contraindicated and to contact your health professional whenever questions are asked regarding medications and drugs.

Drugs that are Contraindicated During Breastfeeding

Bromocriptine	Ergotamine
Cocaine	Lithium
Cyclophosphamide	Methotrexate
Cyclosporine	Phencyclidine (PCP)
Doxorubicin	Phenindione

Drugs of Abuse That are Contraindicated During Breastfeeding	
Amphetamine	Marijuana
Cocaine	Nicotine
Heroin	Phencyclidine

Radioactive compounds That Require Temporary Cessation of Breastfeeding	
Copper-64	Iodine-125
Galium-67	Iodine-131
Indium-111	Radioactive Sodium
Iodine-123	Technetium-99m

From: AAP Committee on Drugs, Transfer of Drugs and Other Chemicals in Human Milk, Pediatrics, Vol. 84, No. 5; 1994.

In Utah, breastfeeding women can call the Pregnancy Riskline for information on drugs, medication or other substances (phone no. 1-800-822-BABY (2229)).

Use Pregnancy Riskline handout/ your agency's resource for drugs and medication during lactation. Emphasize that they and the client can call this number.

Smoking:

A. Effects to Baby:

Use breastfeeding cardex/PSG on smoking. Discuss these points.

1. Substances in cigarettes pass into breastmilk.
2. More colds, pneumonia and bronchitis. (Second hand smoke equally harmful to baby.)
3. Decreased milk supply (over 20-30 cigarettes/day).
4. Decreased amount of vitamin C in milk.

B. Smoking should be actively discouraged during breastfeeding. Smoking may reduce the milk volume and has other harmful effects on the mother and her baby.

Caffeine:

A. Passes easily into breastmilk

Use breastfeeding cardex/PSG on caffeine. Discuss these points.

1. More than six cups of coffee (or caffeine equivalent) may cause wakefulness and hyperactivity in baby.

2. May cause irritability and colic in baby.

B. Mothers who consume large quantities should be encouraged to cut down to 1-2 cups of coffee or other equivalent.

Alcohol

A. Passes easily into your milk.

1. Interferes with letdown reflex (3-4 drinks).
2. May decrease appetite and therefore decrease the intake of nutritious food in diet.
3. May cause baby to have poor motor development.

Use breastfeeding cardex/PSG on alcohol. Discuss these points.

B. Recommendations if alcohol is used. The subcommittee on Nutrition During Lactation (1991) recommended a

Write on Board the information in your agency's handout.

nursing mother should limit her intake to no more than 0.5 gm. of alcohol per Kg. of maternal body weight per day:

60 Kg (132#) Woman =
2 - 2.5 oz. liquor;
8 oz. table wine;
2 cans beer

Some lactation educators recommended mothers "pump and dump" for one or two feedings after the consumption of alcohol.

Environmental Contaminants

If a mother is at risk of exposure to contaminants in her home or at the work place such as DDT, PCB or toxic metals, have her blood tested.

Discuss the proper procedures for breastfeeding women exposed to contaminants.

Do not breastfeed if levels are high.

6. Breastfeeding and Family Planning

For busy women in the United States breastfeeding is not usually a reliable form of contraception. Women should be cautioned to use another form of contraception in most circumstances.

Emphasize the importance of alternative forms of birth control.

In a consensus statement on the use of breastfeeding as a method of family planning, the authors concluded that it is only reliable if the following occurs:

Discuss contraception during breastfeeding.

- A woman fully breastfeeds on demand with day and night feedings.
- Baby receives no supplemental foods or liquids.
- Baby is under six months of age.
- Mother's menses has not returned.

Refer mother to other sources of contraception compatible with breastfeeding. There are forms of the pill that are compatible with breastfeeding, e.g. the "mini pill" or the progestin only pill. Other birth control methods compatible with breastfeeding include condoms, spermicides, diaphragms, vaginal sponges, sterilization and Norplant.

Summary Statement on Maternal Diet

Mother's Diet

1. Most nutrients in breastmilk are not affected by the mother's diet.
2. Lactating women should be encouraged to consume a well-balanced diet.
3. Dietary counseling is needed for lactating women who are on:
 - extreme weight loss diets
 - complete vegetarian diets
 - those who avoid dairy or vitamin D rich foods
 - lack or avoid any one food group
4. Lactating women can lose weight without decreasing their breastmilk supply.
5. Recommendation for fluid intake is to drink to thirst.
6. Excessive use of alcohol, tobacco, or coffee is not recommended.
7. Most women requiring medication can still breastfeed.

Summarize the information on maternal diet during lactation.

Summary, Conclusions, and Recommendation

Nutrition During Lactation

Report of Subcommittee on Nutrition During Lactation by Margit

Hamosh, Chair. Washington, D.C., National Academy Press, 1991.

Water-soluble Vitamins	• Affected Some (especially B ₆ & B ₁₂)
Folic Acid	• Affected Some
Fluoride	• Affected Some

Calcium Alternatives to One Cup (8 oz) of Milk (Approximately 300 mg Calcium)

Food	Serving Size
Sardines with bones	2 1/2 oz.
Salmon with bones	5 1/2 oz.
Broccoli, cooked	3 cups
Collard/dandelion greens, cooked	1 cup
Mustard/spinach greens, cooked	1 1/2 cups
Turnip greens, cooked	1 1/4 cups
Rhubarb, cooked	1 1/2 cups
Almonds	1 cup
Tofu, processed/calcium sulfate	8 oz.
Dried Beans, cooked	3 cups
Blackstrap molasses	2 1/2 Tbsp

Summary Conclusions, and Recommendations

Nutrition During Lactation

Report of Subcommittee on Nutrition During Lactation by Margit
Hamosh, Chair, Washington, D.C., National Academy Press, 1991.

From: AAP Committee on Drugs, Transfer of Drugs and Other Chemicals in Human Milk,
Pediatrics Vol. 93, No. 1; 1994.

LESSON PLAN 7

WHEN MOTHER AND BABY ARE SEPARATED

Target Group: Peer Counselors

Goal: help women continue breastfeeding when they are working or going to school or are separated from their babies.

Objectives: Peer counselors will be able to:

1. Describe the mechanics of expressing and pumping breastmilk.
2. Describe alternative plans for returning to work or school while continuing breastfeeding
3. Identify the proper procedures for storing and using collected breastmilk.

Materials Needed:

1. VCR, screen
2. Video "Hand Expression" - Kittie Frantz
3. Examples of breast pumps, pump equipment
4. Breast Model
5. Handouts:
 - a. "Pumping Guidelines, Storing Breastmilk," Utah Department of Health, Community and Family Health Services, WIC Program, December 1991 (handout 1)
 - b. "Breastfeeding Basics: Collecting and Storing Your Milk", Utah Department of Health, Community and Family Health Services, WIC Program, 1991 (handout 2)
 - c. "Weaning Your Baby From Breastfeeding", Utah Department of Health, Community and Family Health Services, WIC Program, Breastfeeding Module, 1992 (handout 3)

Evaluation: Pre/Post Test

Time: 1 1/4 minutes

References Used to Develop Lesson Plan 7:

1. Huggins K. The Nursing Mother's Companion. Harvard and Boston, Ma: The Harvard Common Press; 1995.
2. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Peer Counseling Training Manual. 1993.
3. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Basics: Collecting and Storing Your Milk: Returning to Work or School.
4. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module. 1992.

Introduction: There are often times when a breastfeeding mother and her baby are separated. This may be during an evening out, a day of shopping, an illness or hospitalization, work or school or a variety of other circumstances. In most of these situations breastfeeding can continue successfully. We are going to discuss some ways to help women continue breastfeeding during separations.

Concept/Content

Learning Activities

1. Separations

Short Separations

If a mother plans to be away for just a few hours she can breastfeed her baby right before she leaves and immediately upon her return home. When she is gone longer, she can pump or express some breastmilk and have the sitter feed it to the baby when she is gone. She may also choose to use a formula supplement when she is gone.

Discuss how to manage breastfeedings during short separations.

Ask how they have handled any of their separations with their babies.

If the separation is longer than 4-5 hours she may want to pump to relieve her full breasts and to maintain her milk supply.

Hospitalizations or Longer Separations

If a mother must be separated from her baby for several days she can pump to maintain her milk supply. An electric pump is most helpful in these situations to keep up the milk supply. A mother in this situation should be encouraged to pump as often as the baby would nurse.

Discuss how to manage breastfeedings during longer separations.

Work or School

Many women want to breastfeed even if they go to work or school. Breastfeeding offers benefits for these moms. Baby is often less sick when the mother breastfeeds so mothers spend less time away from work. Moms can also feel some emotional compensation for the time they spend away from their babies when they breastfeed.

Discuss how to manage breast feeding while working or going to school.

Some Options for Work or School

1. Nurse before work or school. Hand express or pump for the missed feedings. Have the sitter feed the baby the breastmilk the next day.
2. Find a sitter close to work or school. Go to the baby or have the baby brought to the mom for feeding.
3. Nurse before and after work or school. Have the sitter feed the baby formula when the mom is gone.

These or any combination of these options can work. Moms should choose the plan that works best for them and adjust it to their needs.

When combining work and school with breastfeeding, some additional concerns are choosing a sitter, maternity leave and leaking. These concerns are covered in the Breastfeeding Module.

2. Collecting Breastmilk

Knowing how to collect and store breastmilk can be helpful to all breastfeeding women. Sometimes situations arise when milk collection is necessary.

Discuss the proper
for collecting breastmilk.

Women who choose to leave their breastmilk with their babies when they are gone will need to find a private place at work or school where they will be able to pump or hand express. If there is no refrigerator the mother can take along an ice cooler to keep the milk cold until she returns home.

Hand Expression

Hand expression works well for some women. Others find it more difficult than pumping.

Demonstrate hand expression
using the breast model or a
live model.

1. Find a private place.
2. Wash hands.
3. Collect milk into a clean wide mouthed container.
4. Use massage to get the milk flowing.
5. Place the thumb and first two fingers about 1" to 1 1/2" behind the nipple on the margins of the areola. The thumb and fingers should be directly opposing.
6. Push straight back into the chest wall and roll the fingers toward the nipple.
7. Rotate the thumb and fingers to another position and repeat.
8. The procedure usually takes about 20 minutes.

Have peer counselors view
video "Hand Expression"
Kittie Frantz.

Have the peer counselors
practice hand expression
using the breast model.

Hand Pumps

Hand pumps are good for infrequent separations or short frequent separations used like part-time work. They are relatively inexpensive and easy to use.

Show examples of each type
of pump and show how they
are used.

- a. cylinder pumps: two cylinders slide to create suction. The cylinder must be emptied after 2-3 oz. have been collected.
- b. Medela hand pump has automatic suction

- release and variable settings for the suction.
- c. Egnell hand pump. One handed pump. Can use two at a time.
- d. Bicycle horn pumps—should not be used.

Battery Operated Pumps

The effectiveness of these pumps is very similar to the hand pumps. Many of these pumps however, have a high break-down rate. These pumps include the Egnell Lact B, the Gentle Expressions, and the Medela Mini-Electric pump.

Electric Breastpumps

Electric pumps provide the efficient “milking” of the breast. These pumps are the best choice for severe engorgement, full-time working moms, moms with long separations from baby, inverted nipples and other situations. Several companies have electric breastpumps available for rent. The cost is usually about \$2.50 and up per day. You should know the resources in your own community to use as referrals for breastfeeding equipment.

Pumping Guidelines

1. Try to find a place to pump where you will not be interrupted.
2. Wash your hands before pumping.
3. Use relaxation techniques to help get the milk flowing. You can think of your baby or bring a picture of your baby. Warm packs on the breasts and gentle massage or stroking are very effective.
4. Pump as often as your baby would breastfeed to help maintain your milk supply. Pump every 2-3 hours and once during the night. A minimum of eight times per day if you are unable to breastfeed your baby.
5. Pump one breast for 5-7 minutes or until the spray of milk becomes small. Then change to the other breast and pump for 5-7 minutes.
6. Return to the first breast for 3-5 minutes, repeat on the second breast.
7. Switch to the other size breast shield (if using an electric pump) and pump each breast again for 2-3 minutes.
8. Each pumping session will probably take about 20 minutes.
9. To clean the pump or pump kit, first rinse cold water and then wash it with hot, soapy water. Clean after each use.

Discuss guidelines for pumping.

Give peer counselors handout on pumping guidelines and storing guidelines for breastmilk.(handout 1) and “Breastfeeding Basics: Collecting and Storing Your Milk.”(handout 2)

Storing Breastmilk

1. Store milk in a clean, hard plastic or glass bottle or in a

Discuss the proper procedures

disposable nursing bag. (You may want to double the nursing bag if you plan to freeze the breastmilk.) If you are freezing milk to feed a baby in the hospital, you should ask the hospital which kinds of containers are acceptable.

2. Pumped milk should be refrigerated and used within 24 hours, or if not it should be frozen.
3. Put only enough milk for one feeding in each nurser bag/bottle. Do not overfill—allow some room for expansion during freezing.
4. Label with the date on masking tape.
5. Always use the oldest milk first.
6. Use milk that is frozen in the old style freezer units inside the refrigerator within two weeks, use milk frozen in the freezer section of a separate freezer within 2-4 months and use milk frozen in a deep freeze within six months.
7. To heat refrigerated milk, gently shake under warm water.
8. To thaw frozen milk, place in the refrigerator until thawed or gently shake the bottle/bag while holding it under warm tap water.
9. Never defrost breastmilk in a microwave or on the stove top. These methods can destroy nutrients and protective factors in the breastmilk and can cause serious burn.
10. Throw away any milk the baby doesn't eat. Don't save it for later.
11. Breastmilk should not be refrozen.

for storing breastmilk.

3. Weaning

The decision of when to wean is a personal one. As a peer counselor you should support whatever decision she makes. All women should be supported in their personal decisions about breastfeeding.

Discuss guidelines for weaning using the handout. (handout 3)

When women are interested in weaning the following guidelines can be followed.

1. Don't wean when baby is going through extra stress or emotional trauma.
2. Choose the feeding our baby likes least and replace it with a bottle or cup. (If your baby is close to one year, wean him to a cup and not a bottle.)
3. Give your baby a lot of love, cuddling and attention. He probably will miss the closeness of breastfeeding.
4. After a few weeks replace another breastfeeding with a cup or a bottle.

5. Gradually substitute 1 feeding at a time. Don't try to wean too quickly.
6. Often the last feeding to be replaced is the night feeding, because the baby likes it the best.
7. Express or pump your breasts just to relieve the fullness. Your breasts will gradually begin to produce less and less milk and return to their normal size.

PUMPING GUIDELINES

1. Try to find a place to pump where you will not be interrupted.
2. Wash your hands before pumping.
3. Use relaxation techniques to help get the milk flowing. You can also think of your baby or bring a picture of your baby. Warm packs on the breasts and gentle massage or stroking are very effective.
4. Pump as often as your baby would breastfeed to help maintain the milk supply. Pump every 2-3 hours and once during the night. A minimum of eight times per day if you are unable to breastfeed your baby.
5. Pump one breast for 5-7 minutes or until the spray of milk becomes small. Then change to the other breast and pump for 5-7 minutes.
6. Return to the first breast for 3-5 minutes, repeat on the second breast.
7. Pump each breast again for 2-3 minutes.
8. Each pumping session will probably take about 20 minutes.
9. To clean the pump or pump kit, wash it with hot, soapy water. Clean after each use.
10. With preemies or special needs babies, the pump kits may need to be boiled. To sterilize the pump parts cover them with water in a large kettle and boil for 20 minutes. Add 2 tablespoons of vinegar if you have hard water.

STORING BREASTMILK

1. Store milk in a clean, hard plastic or glass bottle or in a disposable nursing bag. (You may want to double the nursing bag if you plan to freeze the breastmilk.)
2. Pumped milk should be refrigerated and used within 24 hours or if not it should be frozen.
3. Put only enough milk for one feeding in each nurser bag/bottle. Do not overfill—allow some room for expansion during freezing.
4. Label with the date on masking tape.
5. Always use the oldest milk first.
6. Use milk that is frozen in the old style freezer units which are inside the refrigerator within two weeks, use milk frozen in the freezer section of a separate freezer within 2-3 months and use milk frozen in a deep freeze within six months. To heat *refrigerated* milk, warm in a container of warm water until it is at room temperature.
8. To thaw *frozen* milk, place in the refrigerator until thawed or gently shake the bottle/bag while holding it under warm tap water.
9. Never defrost breastmilk in a microwave or on the stove top. These methods can destroy nutrients and protective factors in the breastmilk and can cause serious burns.
10. Throw away any milk the baby doesn't eat. Don't save it for later.
11. Breastmilk should not be refrozen.

WEANING YOUR BABY FROM BREASTFEEDING

Weaning is when you start substituting other things for breastfeeding. Sometimes weaning happens when mother wants to stop nursing. Other times weaning happens when the baby/toddler is ready to stop nursing.

Everyone has their own ideas of when to wean. This decision is up to you. If you decide to wean your baby from breastfeeding before one year, you should feed an infant formula and not cow's milk. After one year whole cow's milk is OK to feed your baby.

How to Start:

1. Don't wean when baby is going through extra stress or emotional trauma.
2. Choose the feeding your baby likes least and replace it with a bottle or cup. (If your baby is close to one year, wean him to a cup and not a bottle.)
3. Give your baby a lot of love, cuddling and attention. He probably will miss the closeness of breastfeeding.
4. After a few weeks or days replace another breastfeeding with a cup or a bottle.
5. Gradually substitute one feeding at a time. Don't try to wean too quickly.
6. Often the last feeding to be replaced is the night feeding, because the baby likes it the best.
7. Express or pump your breasts just to relieve the fullness. Your breasts will gradually begin to produce less and less milk and will return to their normal size.
8. Ask your doctor, nurse or WIC nutritionist to help if you have any questions.

LESSON PLAN 8

COUNSELING BREASTFEEDING WOMEN

Target Group: Peer Counselors

Goal: To increase the effectiveness and improve the counseling skills of breastfeeding peer counselors.

Objectives: Peer counselors will be able to:

1. Identify counseling techniques that will help when counseling breastfeeding mothers.
2. Describe the three point counseling strategy to use in counseling breastfeeding mothers.
3. Describe strategies to help women overcome barriers to breastfeeding.
4. Use the breastfeeding counselors log when counseling breastfeeding mothers.

Materials Needed:

1. Board and markers optional
2. Handouts:
 - a. Sample counseling situations
 - B. Breastfeeding Counselor's Log

Evaluation: Pre/Post Test

Time: 3 hours

References Used to Develop Lesson Plan 8:

1. District of Columbia WIC Program. Breastfeeding Peer Counselor Program, Training Manual; 1990.
2. Indiana WIC Program, Indiana State Dept of Health. Supporting Breastfeeding Through Peer Counselor Programs, Leaders Guide; 1991.
3. Lauwers J, Woessner C. Counseling the Nursing Mother. Garden Park, NY: Avery Publishing Group, Inc; 1990.
4. Texas Dept of Health, Bureau of Nutrition Services (WIC Program) WIC Breastfeeding Peer Counselor Training Manual5. Utah Dept of Health, Community and Family Health Services, WIC Program. Breastfeeding Module; 1992.
6. Vining JW, Yrle AC. How do you rate as a listener. *Supervisory Management*, 25:22-25; 1980.

Introduction: Our goal as breastfeeding peer counselors is to help women breastfeed as long as they desire. We want to give them the correct information and the support to make this possible. Learning and practicing some basic counseling skills can help us be more effective when counseling breastfeeding women.

Concept/Content

Learning Activities

1. Goals of the Breastfeeding Counselor

1. To provide the breastfeeding mother with the information and support she needs to breastfeed successfully.
2. To help every mother feel like a great mother to her baby and to build up her belief in her ability to breastfeed. Discuss the goals of a breastfeeding counselor.
3. To help empower the mother to solve her own breastfeeding problems.

2. Barriers to Breastfeeding

Most women want to breastfeed. But, many encounter problems that keep them from breastfeeding successfully. In fact, in a survey of WIC moms, 50 percent said that they weren't able to breastfeed as long as they wanted to. There are many reasons why women don't breastfeed or don't continue breastfeeding.

Ask: What are some reasons why women decide not to breastfeed or not to continue breastfeeding? List reasons on the board. Discuss some of the barriers to breastfeeding.

- a. Loss of Freedom/Feeling of Being Tied Down. They feel they will be losing their freedom. They may fear that breastfeeding won't allow them to have time for themselves or their friends. They may feel breastfeeding will make it hard for them to leave or that the baby won't take a bottle.
- b. Perception that Formula is Equal to Breastfeeding. Many women and men believe that there really isn't any difference in formula feeding and breastfeeding. They may believe that formula is just as good or even better than breastmilk.
- c. Embarrassment. Many women are afraid that if they breastfeed they will have to expose their breasts. They may view breastfeeding as disgusting or "gross".
- d. Work or School. Many women feel that combining work or school and breastfeeding would be too difficult. They may not know that it is even possible.
- e. Lack of Confidence in Ability to Breastfeed. Many women worry that they won't be able to make enough milk or good enough milk for their babies.
- f. Influences From Family and Friends. Negative feelings from husbands, boyfriends, mothers, mother-in-laws or friends can make it more difficult for women to breastfeed successfully.

- g. Problems. Many women encounter problems with breastfeeding that they do not know how to manage. Due to these problems they decide to discontinue breastfeeding.

3. Three Point Counseling Strategy

As peer counselors you can often help women overcome some of these barriers to breastfeeding. One very effective tool to use in counseling is the three step plan for counseling described in the Breastfeeding module.

Discuss how to use the 3 step plan for counseling when helping pregnant or breastfeeding women.

- a. Elicit the clients feelings and concerns about breastfeeding by asking open-ended questions. Listen and let the mother respond.

Discuss open-ended and closed-ended questions.

(Examples of open-ended and closed-ended questions:)

Closed: Is the baby getting about six diapers a day?

Open: Tell me about diaper changes.

Closed: Is the baby hungrier now than before?

Open: How often does the baby seem to get hungry?

Closed: Do you know how to make more milk?

Open: What do you think you could do to make more milk?

Closed: Are you nursing often enough?

Open: How often are you nursing?

Closed: Are you getting enough rest?

Open: How do you feel about the amount of sleep you are getting.

Closed: Are you eating well?

Open: Tell me how you are eating now.

- b. Acknowledge her feelings about breastfeeding whether positive or negative. Reassure her that her feelings are normal and that many women feel similar emotions. When you acknowledge her feelings, it helps with communication. She knows that you are listening, that you want to understand and that you are willing to adjust the situation to fit her needs. It can also help the pregnant or breastfeeding woman feel more confidence in herself.

- c. Educate her with carefully targeted messages. Give the mother positive feedback. Give her correct information that is adjusted to her needs. Make sure she is in on the decision-making process with you.

4. Counseling With Mothers

Motherhood brings with it many challenges. A new baby can be overwhelming to families. Many of the mothers you will see will also have additional stress in their lives. They may have marital problems, drug or alcohol problems in the family, financial problems or many others. All of these problems have an effect on the breastfeeding experience.

Breastfeeding can also be a very emotional experience. We must realize that breastfeeding is more than just a feeding method. Breastfeeding is also a physiological act involving nurturing and sharing. When breastfeeding is successful it can be very empowering for a mother. When problems occur, mothers can be very emotional. Unsuccessful breastfeeding for some women involves a grieving process.

When new mothers feel overwhelmed with all the stress of a new baby they may feel that if they quit breastfeeding they will have less stress. Unfortunately, many of them find that stopping breastfeeding does not correct the problem. Often when breastfeeding is discontinued, other problems occur.

If we help mothers through this learning period and offer accurate information and support about breastfeeding, many will be able to continue successfully.

On the other hand we must realize that the individual women are the ones who must make the final decisions. We are there to give them information and support. We must also support their decisions and help them feel good about themselves even if they do not continue breastfeeding.

5. Counseling Skills

- a. **Be Friendly and Warm.** Be human and gentle. Develop a climate of acceptance while counseling. Let her know you care about her and her baby. When counseling call the baby and the mother by name.
- b. **Be positive and give her sincere praise.** You may give the only praise that she receives. Help her believe that she can do it. Give positive feedback. You can always find at least one thing that she is doing right. Use encouragement, acceptance and support. Examples:

Discuss the importance of good counseling skills.

Have the participants divide up into groups of 3. Use the following 4 scenarios and have them practice each of the 3 counseling strategies. Each person should take a turn being the counselor, the mother and the observer. At the end of each scenario the observer should give feedback to the counselor and the mother. Use handout #1.

Arrange to do a short demonstration with another instructor. A 2-3 minute demo is sufficient.

You can use 1 of the 4 scenarios on handout #1. It may be more effective to do 1 or more of the following counseling skills incorrectly.

“You should be proud of yourself for ...”
“Keep it up—soon it will come naturally to you.”
“You’re doing a fine job.”

Have the audience critique the demonstration.

- c. Use positive body language to help in counseling. Try to establish good eye contact and maintain pleasant facial expressions and body language. Touch is also important. However, too much touch can make the mother feel very uncomfortable.
- d. Encourage the mother to make the decisions. The mother will be more likely to follow through if she is in on the decision making process. This can also help increase her self-esteem. Fit all decisions to her unique situations..

Discuss some pointers for good counseling skills using overheads #4,5,6,7,8. Provide each person with a copy of handouts #2,3,4 Conversation starters, conversation hushers, 10 commandments for good listening.

- e. Be an active listener.
 - i. Stop talking. You cannot listen if you are talking. Not only should the peer counselor not interrupt she should not even be getting ready to talk in her head. She must concentrate on what the other person is saying.
 - ii. Put the talker at ease. The peer counselor must establish an atmosphere of trust; let the mother know it is all right to talk to her. She must let the mother know that she is important. She should not be phony but should express empathy and caring.
 - iii. Show her that you want to listen. The peer counselor must look, sound and act interested. Listen closely for the mother’s statements about her feelings and the feeling tone underneath what she is saying. The peer counselor should restate what she heard the mother saying and reflect back to her the feelings that she thinks the mother is expressing.
 - iv. Remove distractions. It is difficult to communicate when there are too many distractions.
 - v. Empathize with her. The peer counselor must put herself in; the mother’s place, try to understand what she is saying and feeling, not what the peer counselor would be saying or feeling in the same situation. The peer counselor should let the mother know that she is a human being—she cannot be a perfect mother 100 percent of the time.
 - vi. Be patient. The peer counselor should listen all the way through —never interrupt. She should allow the mother to express all of her thoughts or feelings before responding.

Until the mother is through expressing problems, only those questions to probe further should be asked. However, the peer counselor can acknowledge to the woman that she is listening and interested in what she has to say.

- vii. Hold your temper. The peer counselor must not take what the women says personally. Even if she is disappointed in the action the mother has taken (such as weaning her baby) she should show a supportive and understanding attitude.
 - viii. Never argue or criticize. Even if the peer counselor remains calm, cool, and collected she can appear critical. The peer counselor must be non-judgmental about her feelings, not imposing her own attitudes. However, she may share them if appropriate, but must remember that a solution that is right for her may be wrong for the woman.
 - ix. Ask questions. The peer counselor must ask questions that will help her understand the mother's situation. As already covered, open-ended questions should be used more than questions that can be answered with a "yes" or "no" or one word answer.
 - x. Stop talking. This is the first and last commandment, and all of the other depend on it. Remember: You have two ears but only one tongue, which is a gentle hint that you should listen more than you talk.
6. Be nonjudgmental. Don't impose your attitudes or beliefs on her. Her answers should fit her lifestyle, they won't be the same for everyone. Ask the question: Have you ever had anyone be judgmental of you?
7. When possible help her get physical relief. This will help reduce her stress. (e.g. Have her try warm packs, warm showers or pumping for engorgement. Try positioning and latch-on for soreness.) Be ready with an example i.e. I was breastfeeding my baby with a light blanket covering us and my mother-in-law came into the room and said, 'When I was breastfeeding my children, I always went into the bedroom and shut the door'.
8. Refer. Admit that you don't know all the answers. If you are not able to help her or if help requires more expertise than you have, refer her to the proper people/services. Let her also know of other services that may benefit her (e.g. food stamps, etc.)
9. Know your resources. Know the breastfeeding and other resources for referrals. This may include breast pump suppliers, Lactation Consultants, La Leche League, hospital, physicians, and other community resources.

10. Don't overwhelm her with facts and/or suggestions. When a mother is under stress she won't remember all that you tell her. Whenever possible include that mother's husband/partner, mother or other support person in the counseling session. This person may remember more than the mother who is under a great deal of stress.

Give accurate and valuable information to the mother. The practical information is the most important. (Needs to know vs. the nice to know.) You don't have to tell all the background information unless she requests it. Give her the need to know information rather than burden her with the nice to know. Clue: If you hear yourself say "because" a lot when talking to the mother, you are probably explaining "why" and may be giving too much nice to know information.

11. Write down the plan or any suggestions. This helps so the mother remembers your suggestions and so she does not misunderstand what you have discussed. It is also helpful to verbally summarize the plan before she leaves.

12. Document. Record all contacts, problems, concerns, referrals and action plans.

13. Follow-up on her progress. Let the mother know when you will make the next contact. Let her know if you will call or if she needs to call you. The urgency of the situation determines how often you will need to follow-up. Arrange for a follow-up counselor when you are going to be gone. Give the mother the new counselor's name and number when needed.

Rating Yourself as a Listener

Through information and practice we can improve our communication skills.

Have peer counselors complete the test for diagnosing their communication strength and weaknesses. (handout #5)

6. Contacting Women About Breastfeeding

In the ideal peer counseling situation, a counselor begins to establish a rapport during pregnancy. This allows the Breastfeeding mothers to feel more comfortable contacting and talking to the peer counselor. The best times to contact

Discuss some methods for making contacts with moms.

a woman about breastfeeding would include the following contacts:

1. During pregnancy (at least once)
2. Immediately after delivery (within three days postpartum)
3. 1-2 weeks postpartum
4. 3-4 weeks postpartum
5. 6 weeks - 3 months postpartum

Pregnancy

Contact a pregnant woman at least once during her pregnancy.

1. Develop a rapport for better communication.
2. Give her some basic information on breastfeeding.
Discuss:
 - a. Any barriers she may perceive to breastfeeding.
 - b. Any benefits of breastfeeding that seem appropriate.
 - c. Proper nursing schedules (when, how often, what to expect)
 - d. Proper positioning and latch-on.
 - e. Who she can contact for help.

After Delivery

Contact as soon as possible after delivery. Review:

- a. Proper feeding routines.
- b. Proper positioning.
- c. Avoiding problems.
- d. Supplements.

Two to Four Weeks Postpartum

Discuss:

- a. Proper feeding routines.
- b. Growth spurts.
- c. Pumping and hand expression. (Working or going to school if appropriate).

Unsuccessful Contacts

1. Postcards
2. Personal Visits
3. WIC appointments

Discuss some ways to deal with unsuccessful contacts.

7. Telephone Counseling

Many women will contact you by telephone. Many easy problems and solutions can be worked out over the phone. However, telephone counseling has limitations. You are not able to see the mom and baby, weigh the baby, see the baby nursing at the breast, see the moms sore nipples, see the moms home situation, or see her body language when she is talking.

In some situations you will have to request a personal visit to more adequately assess the situation.

The following are some "Tips for Better Telephone Counseling":

- Be sure to give your name at the start of the call.
- If you called the mother, ask if you've called at a convenient time.
- If the mother calls at an inconvenient time, tell her clearly and politely. Tell her when you will call back, then be sure you do.
- Speak clearly. Over the phone, high-pitched voices come across as squeaky, so try to pitch your voice as low as you comfortable can. Work at projecting warmth. Interest and sincerity will come across your tone of voice.
- Watch your own body language. You'll listen better if you sit in an alert position. Pretend she can see you.
- Decide what to do about interruptions. If you must take another call while talking to a mother, explain carefully and reassure her that you are still listening when you get back with her.
- It may help to take some notes while talking. The Breastfeeding Counseling sheet will help you ask the important questions and remind you of the mother's situation if you call her again in a few days.
- Before ending the phone call, repeat any instructions you gave. It also helps to ask the mother to repeat instructions back to you so you know she heard you correctly.
- Call the mother in a few days to see how things are going. Mothers often call when there's a problem, but forget to let us know if our suggestions worked.
- Some mothers call often and become overly-dependent. If she seems to need more than information or simple reassurance, try to set up a face-to-face meeting. Be alert to situations in which a referral to the Breastfeeding Coordinator or Social Worker may be necessary.

Provide each person with a copy of the telephone counseling handout #6.

Discuss each point in the handout with the counselors. Ask why they think the suggestions are important. Ask them to repeat the information in their own words.

Counseling Reminders

- Be friendly, be enthusiastic
- Answer questions honestly
- Be patient
- REFER ANY QUESTIONS YOU CAN'T ANSWER TO THE WIC BREASTFEEDING COORDINATOR OR NUTRITIONIST.
- Make it clear that the mother must make her own decisions. We will support her decision, even if it differs from our recommendations.
- If a mother decides to stop breastfeeding, **do not** be critical. She still needs your caring and support.
- Be a good listener. Do not do all the talking.

Role-play with a 'mother' and a 'counselor' sitting back-to-back to give the effect of a telephone counseling call. You may wish to use questions that seem typical to telephone counseling, for example:

Optional Demonstration by
Instructors

Question

The baby is seven days old. The mother says her milk has dried up and the baby wants to nurse all the time. Should she switch to formula?

- The baby is probably experience a growth spurt. Most babies have growth spurts at about 7 to 10 days old, three weeks, six weeks and about every two months after that.
- Engorgement occurs when the milk first comes in at 3-6 days. Sometimes breasts seem flat after the initial engorgement.
- Mothers need to be reassured this is normal, and encouraged to continue frequent breastfeeding to build the milk supply during a growth spurt. Growth spurts usually last only a few days.

Question

The baby is nursing well, but mother's nipples are sore, what should she do?

- Explain positioning of the baby at the breast. (A good exercise for phone duty.)
- Explain using milk on nipples and allow to air dry.
- Discuss other positions that may relieve pressure on the sore place.

8. Information Gathering

Whenever counseling a breastfeeding mother, it is important to gather some basic information. This will help assess the situation and can guide you in helping to determine the proper interventions.

Review basic information that should be gathered from the breastfeeding woman
Discuss questions to ask and how to use the Breastfeeding counselor's log. (handout #7)

- a. How are you and your baby?
How are you feeling?
How is breastfeeding going?
- b. How old is your baby?
- c. What was your baby's birth weight?
Hospital discharge weight?
Present weight? After about two weeks the baby should be gaining between 4-7 ounces each week for the first several months. It is essential to know the weight of the baby to determine if breastfeeding is progressing normally. Lack of adequate weight gain can mean a low milk supply or can mean that the baby is not nursing effectively. Babies who are not gaining weight appropriately should be referred to their physician immediately and to your supervisor.
- d. How often is your baby breastfed? Does your baby demand to feed? Breastfed babies should be feeding every 1 1/2 to 3 hours up until about two months. (Remember this is from the beginning of one feed to the beginning of the next feed.)
After about two months they may need fewer feedings. Some sleepy babies do not demand feedings and should be awakened to feed every 2-3 hours and at least twice at night to feed if they are not growing correctly.
- e. How many breastfeeds in the last 24 hours? Is this a normal schedule? Eight to twelve feeding per day are normal for a newborn. Less feedings are normal for an older baby. If the baby is nursing less frequently, he/she may not be taking in enough breastmilk.
- f. How long does each feeding last? Who ends it? Babies should be able to latch on to the breast and sustain rhythmic sucking for at least 5-10 minutes on each breast. The baby may have periodic pauses, but should nurse vigorously during most of the feeding. Feeding should not be timed or limited.
- g. Do you use both breasts at each feeding? Usually both breasts should be used at each feeding. A baby will get more milk nursing for 10 minutes on each breast than 20 minutes

on one breast. Try to alternate the side on which you start the feeding, or start the feeding on the breast that feels the heaviest.

- h. Do you hear the baby swallow during feedings? Do you feel your milk “come-in” when feeding? Does milk leak from the opposite breast when you start nursing? These are signs that the milk ejection reflex or “let-down” reflex has occurred. Many women don’t feel the milk ejection reflex in the first days or weeks. Some never feel it. However, other signs like swallowing or leaking from the opposite breast are signs that is occurring. Lack of the milk-ejection reflex can mean that the baby isn’t getting sufficient milk. Encourage relaxation techniques.
- i. Are you giving any formula or water supplements? How much? Formula or water supplements can decrease the supply of milk produced due to lack of stimulation to the breast. If possible they should be avoided during the first few weeks.
- j. How many wet diapers has the baby had in the past 24 hours? Babies should have wet diapers at least 6-8 times each day. The urine should be colorless. If red or pink appears in the diaper it may mean the baby is not getting enough breastmilk.
- k. How many stool diapers has the baby had in the past 24 hours? What do the stools look like? Breastfed babies should be stooling at least four times in 24 hours by the 4th or 5th day. Many stool with every nursing during the first few months. Fewer stools can indicate that the baby is not getting adequate breastmilk. (After about 2 months a baby may stool less frequently.) The stools will usually be soft, yellow and curdy. Dark or green stools after the first five days may indicate the baby isn’t getting enough breastmilk.
- l. Are your nipples or breasts sore? Where is the pain? Milk tenderness at the beginning of the feeding may be normal during the first week. But, severe pain or any pain after the first week is not normal and indicates a problem. The baby may be positioned incorrectly, latched-on incorrectly or may not be sucking correctly. The baby probably will not be getting enough milk if the mother has sore nipples. (This problem usually requires a visual evaluation of the mom and baby nursing.)

FOUR SCENARIOS

1. You are the mother of a one month old infant. You take her in for her check-up and the doctor thinks she is not gaining weight correctly. He wants you to supplement after every feeding with formula. You really want to continue breastfeeding, but you feel guilty because your baby is not gaining weight. You call the peer counselor to ask for advice.

2. You are the mother of a 3 week old breastfed infant. Breastfeeding has gone very well so far and your baby is gaining weight well. The last few nights your baby has slept six hours at night, but you have noticed that hard, lumpy places have appeared in the upper, outer portion of one breast. The place is tender and slightly red, but you feel well. You call the peer counselor to see what she would suggest.

3. You are the mother of a 12 month old baby. You have had a great experience with breastfeeding, but now you really want to quit. Your baby is growing well, is drinking from a cup and is eating well. You call the peer counselor to see what she would suggest for weaning.

4. You are the mother of a four week old baby. You plan to return to work when your baby is eight weeks old. You want to keep breastfeeding, but you worry you won't be able to. Your mother thinks you should wean now. Your husband is supportive of breastfeeding. You don't know what to do. The peer counselor has contacted you to see how she can help.

Communication Skills For Peer Counselors

1. Stop Talking

You cannot listen if you are talking.

2. Put the Talker at Ease

Help her feel that she is free to talk.

3. Show Her That You Want To Listen

Look, sound, and act interested. Listen to understand rather than to oppose.

4. Remove Distractions

Do not doodle, tap, or shuffle papers.

5. Empathize With Her

Try to put yourself in her place so that you can see her point of view.

6. Be Patient

Allow plenty of time. Do not interrupt her.

7. Hold Your Temper

An angry person gets the wrong meaning from words.

8. **Never Argue or Criticize**

This puts her on the defensive. She may “clam up” or get angry. Do not argue; even if you “win,” you lose.

9. **Ask Questions**

This encourages her and shows you are listening.

10. **Stop Talking**

This is first and last, because all other commandments depend on it. Remember: You have two ears but only one tongue, which is a gentle hint that you should listen more than you talk.

Adapted from: Human Relations at Work: The Dynamics of Organizational Behavior by Keith Davis, Ph.D., McGraw-Hill Book Co., 3rd edition, 1967.

Communication Skills For Peer Counselors
Conversation Starters

During Pregnancy:

I would like to talk with you about how you are going to feed your baby.

What have you heard about feeding your baby?

Women used to learn about breastfeeding by watching their mothers or a relative. Many women do not have that opportunity today. Do you know anyone who has breastfed? Have you ever talked with them about their experience?

What are some of the reasons you think women choose to breastfeed?

What do you think are some of the ways breastfeeding is good for your baby and for you?

Have you heard about or read about any of the ways breastfeeding can help you and your baby?

Have you considered breastfeeding your baby?

How do you think breastfeeding would fit into your plans?

What would concern you most about breastfeeding?

At an earlier visit you indicated that you felt breastfeeding might _____.

I would like to talk with you about that for a bit.

I am sure you have found many mothers love to give advice to you about feeding your baby. Have you heard any thing about breastfeeding that you have been wondering or worrying about?

You seem a little uncertain about breastfeeding? Can you tell me why?

How does the baby's father want you to feed the baby?

Will there be someone to help you the first few weeks after the baby is born?

Do you plan to work after the baby is born? How soon? Several mothers who go to this clinic are working and successfully breastfeeding.

For Postpartum Breastfeeding Mothers:

What do you enjoy most about breastfeeding?

Can you think of some unexpected benefits you have gained from breastfeeding?

Tell me how things are going at home.

It sounds like you and your baby are doing well. Do you know what changes you can expect in the next few weeks?

Tell me 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?

Does (the baby) seem to have a good appetite and want to eat often?

Have you noticed your baby going through a growth spurt?

How are you feeling? Getting enough rest? Getting help at home? Eating well?

How do your breasts feel when you are nursing?

How does the rest of the family feel about your breastfeeding?

Have you had any problems nursing with others around?

Has anyone encourage you to give your baby formula or baby food? How have you handled that?

What are some of the ways your baby is letting you know he/she is getting enough to eat?

Do you have any concerns about how breastfeeding is going?

CONVERSATION HUSHERS

Sometimes in a group, one mother will get carried away with her own personal story. She may give a negative impression of breastfeeding, or simply run off on another topic. As the class leader, you need to get the conversation back to a positive attitude without embarrassing the mother. Here are some suggestions:

- I am very glad that worked for you. Other mothers have found that _____ worked better for them.
- I know this is very important to you, but I am not allowed to talk about something that is not in my approved lesson plan. I am so sorry, but I know you understand.
- Your points are very interesting, but we need to cover some more material. Please call me tomorrow (or see me after class) and we'll talk some more than.
- Your experience is highly unusual, and we will need to spend our time discussing the common situations that most mothers face. Let's get together to talk after the class.
- I am not sure if you understand that I am not qualified to speak on this matter. Unfortunately, it is something that I know nothing about.
- I'm glad that worked for you, but I certainly can't recommend it for all mothers. My sources don't recommend this practice.
- Let me look this up in the Womanly Art of Breastfeeding to see what La Leche League says. (It's all right to spend a minute looking something up to be sure of your facts.

- That's too bad. What could you have done differently if you had the information we have talked about today? Or, what would you advise another mom in that situation to do to avoid that problem?

REMEMBER: If you must interrupt a mother, be sure you have a question ready for another mother to quickly change the subject.

It is important to visit with the woman after class so that she doesn't feel bad, or take it personally. Do not let her leave without an encouraging word from you.

Communication Skills For Peer Counselors Diagnosing Our Communication Strength And Weaknesses

Directions: Read the questions listed below and rate yourself on each of the communication characteristics using the following scale:

- | | |
|---------------|------------|
| Always | = 4 points |
| Almost Always | = 3 points |
| Rarely | = 2 points |
| Never | = 1 point |

Characteristics	Responses			
1. Do I allow the other person to express his/her complete thought without interrupting?	4	3	2	1
2. Do I listen between the lines, especially when talking with individuals who frequently use hidden meanings?	4	3	2	1
3. Do I actively try to remember important facts?	4	3	2	1
4. Do I write down the most important details of a message?	4	3	2	1
5. In recording a message, do I concentrate on writing down the major facts and key phrases?	4	3	2	1
6. Do I repeat information back to the other person to insure correct understanding?	4	3	2	1
7. Do I try not to tune out the other person because the	4	3	2	1

message is dull or boring or because I do not personally know or like the person?

8. Do I avoid becoming hostile or excited when someone's views differ from my own?	4	3	2	1
9. Do I ignore distractions when listening?	4	3	2	1
10. Do I express a genuine interest in the other individual's conversation?	4	3	2	1

Total Points =

Adapted from: Vining, J.W., and Yrle, A.C., How do you rate as a listener? Supervisory Management, 25:22-25, 1980.

TELEPHONE COUNSELING

Remember:

- you can't see mother or baby
- be supportive, positive
- always ask the baby's age
- get as many details as possible
- when in doubt, have mother go to the WIC clinic or her doctor

Tips For Better Telephone Counseling:

- Be sure to give your name at the start of the call.
- If you called the mother, ask if you've called at a convenient time.
- If the mother calls at an inconvenient time, tell her clearly and politely. Tell her when you will call back, then be sure you do.
- Speak clearly. Over the phone, high-pitched voices come across as squeaky, so try to pitch your voice as low as you comfortable can. Work at projecting warmth. Interest and sincerity will come across your tone of voice.
- Watch your own body language. You'll listen better if you sit in an alert position. Pretend she can see you.
- Decide what to do about interruptions. If you must take another call while talking to a mother, explain carefully and reassure her that you are still listening when you get back with her.

- It may help to take some notes while talking. The Breastfeeding Counseling sheet will help you ask the important questions and remind you of the mother's situation if you call her again in a few days.
- Before ending the phone call, repeat any instructions you gave. It also helps to ask the mother to repeat instructions back to you so you know she heard you correctly.
- Call the mother in a few days to see how things are going. Mothers often call when there's a problem, but forget to let us know if our suggestions worked.
- Some mothers call often and become overly-dependent. If she seems to need more than information or simple reassurance, try to set up a face-to-face meeting. Be alert to situations in which a referral to the Breastfeeding Coordinator or Social Worker may be necessary.

Counseling Reminders

- Be friendly, be enthusiastic
- Answer questions honestly
- Be patient
- REFER ANY QUESTIONS YOU CAN'T ANSWER TO THE WIC BREASTFEEDING COORDINATOR OR NUTRITIONIST.
- Make it clear that the mother must make her own decisions. We will support her decision, even if it differs from our recommendations.
- If a mother decides to stop breastfeeding, **do not** be critical. She still needs your caring and support.
- Be a good listener. Do not do all the talking.

Breastfeeding Counselor's Log

Time Spent in Consult _____ Date _____

Mother's Name _____ Telephone _____

Baby's Name _____ Baby's Age _____

Baby's Birth weight _____ Baby's Present weight _____

Circle the times when feedings begin:

Midnight 12 1 2 3 4 5 6 7 8 9 10 11 a.m.

Noon 12 1 2 3 4 5 6 7 8 9 10 11 p.m.

Baby breastfed every _____ hours/ _____ times in 24 hours

Feedings last _____ minutes. Both Breasts _____ Yes _____ No

Feedings ended by _____ baby _____ mom

Baby supplemented with _____ nothing
_____ water _____ oz. per feeding
_____ breastmilk _____ oz. per day
_____ formula _____ oz. per day

Baby has _____ wet diapers/day _____ messy diapers/day

Mom has sore breasts/nipples _____ yes _____ no

Signs of milk-ejection reflex:

- _____ milk leaking during feedings
- _____ baby swallowing
- _____ "pins and needles" feeling
- _____ other
- _____ none

Problems/ Concerns: (attach additional paper(s) if needed)

Recommendations /referrals given to mother. (attach additional paper(s) if needed)

Signature _____
(Peer Counselor)

Dear

I am writing to introduce myself as the Breastfeeding Peer Counselor from the WIC Clinic. I understand that you are expecting a baby and are interested in breastfeeding. We have been unable to reach you by phone to talk about any breastfeeding questions or concerns you might have.

Please call me at when you have a chance, before the baby is born, so we can talk about breastfeeding. This is my home phone number, so feel free to call on evenings and weekends if you are unable to reach me weekdays.

I look forward to talking with you soon.

Take care,

WIC Breastfeeding Peer Counselor

Dear

Congratulations! I hope things are going well for you and your baby. I am your Breastfeeding Peer Counselor from the WIC clinic. I am interested in knowing how you and

your baby are doing. Please call me when you have a chance at _____. This is my home telephone number so feel free to call me evenings or weekends if you can't reach me weekdays.

In the meantime, it is very important for you to breastfeed as the baby demands, usually every 1 1/2 to 3 hours. If you have a sleepy baby you may need to wake him/her for a feeding during the daylight hours if he sleeps more than three hours. In order to have enough milk you must nurse often, from both breasts at each feeding. The more you nurse the more milk you will have.

Take care,

WIC Breastfeeding Peer Counselor

Telephone Counseling

1. Identify Yourself.
2. Ask if this is a convenient time.
3. If they call at a bad time, tell them politely. Tell them when you will call back.
4. Speak clearly.
5. Let them know you are still there.
6. Develop a plan for interruptions.
7. Take notes while talking on the phone.
8. Follow-up with a letter when needed.
9. Call a few days later.
10. Develop a plan for dependent clients.
11. Set up face to face meetings when necessary
12. Refer, Refer, Refer!!!
13. Document everything.

**WIC BREASTFEEDING
PEER COUNSELING TRAINING PROGRAM
APPENDICES**

APPENDIX 1

GUIDELINES FOR THE LOCAL WIC BREASTFEEDING PEER COUNSELOR PROGRAMS

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APPENDIX 2

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Position Papers:

National Association of WIC Directors, Breastfeeding Promotion in the WIC Program, Position Paper 92-002: October 9, 1992.

National Association of WIC Directors, Guidelines for Breastfeeding Promotion and Support in the WIC Program, Position Paper 94-001: 1994.

National Association of WIC Directors, The Role of Infant Formula in the WIC Program, Position Paper 92-001: August 28, 1992.

Computer Training Program:

Breastfeeding Management Series

Three computer assisted instructional units on CD ROM:

- Creating Breastfeeding Friendly Environment
- Nipple Trauma
- Hyperbilirubinemia in the Breastfed Infant

Best Beginnings Productions

6121 W 86th Terrace

Overland Park, KS 66207-1530

phone: 913-588-5908

\$325 for all 3 units, individual unit prices available, 1996

Note: "Lectures to Go" which includes slide sets, lecture outline, and bibliography are also available from Best Beginning Productions on the above 3 topics. Call for price information and an annotated listing.

Journal:

Journal of Human Lactation

Subscription Department

Human Sciences Press, Inc.

233 Spring Street

New York, NY, 10013-1578

Phone: 212-620-8468

Subscription Rates(4 issues): \$215 in the U.S. Price for individual subscribers certifying that the journal is for their personal use is \$55.

Videos:

Best Start Training Program

Best Start, Inc.
3500 E. Fletcher Avenue, Suite 308
Tampa, FL 33613
phone: 800-277-4975
\$72, 10 minute, 1990

Ineffective Breastfeeding

Concept Media
2493 DuBridge Avenue
Irvine, CA 92714-5022
phone: 800-233-7078
\$175, 23 minutes, 1991

Breastfeeding Resources for Health Professionals

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Learning To Be Baby-Friendly

U.S. Committee for UNICEF
PDR Productions, Inc.(distributor)
219 East 44th Street
New York, NY 10017
phone: 212-986-2020
\$18, 28 minutes, 1994

Loving Our Children, Loving Ourselves

Best Start, Inc.
3500 E. Fletcher Avenue, Suite 308
Tampa, FL 33613
phone: 800-277-4975
\$25, 36 minutes, 1994

Distributed at the USDA Mountain Plains Region Breastfeeding Peer Counselor Train the Trainer Conference in Utah (July 1996).

APPENDIX 3

Books on Breastfeeding

For Consumer Use

Behan, E., Eat Well, Lose Weight While Breastfeeding, New York, NY: Villard Books, 1992.

Dana N., Price A., The Working Woman's Guide to Breastfeeding, New York, NY: Simon and Schuster, 1987.

Eiger, M.S., Olds, S.W., The Complete Book of Breastfeeding, New York, NY: Workman Publishing, 1987.

Gotsch, G., Breastfeeding Pure and Simple, Franklin Park, IL: La Leche League International, 1994.

Gromada, K.K., Mothering Multiples: Breastfeeding and Caring for Twins, Franklin Park, IL: La Leche League International, 1985.

Huggins, K., The Nursing Mother's Companion, Boston, MA: The Harvard Common Press, 1995.

Huggins, K., The Nursing Mother's Guide to Weaning, Boston, MA: The Harvard Common Press, 1994.

La Leche League International, Breastfeeding Your Premature Baby, Franklin Park, IL: La Leche League International, No. 26, 1990.

La Leche League International, The Womanly Art of Breastfeeding, New York, NY: New American Library, 1991.

Mason, D., Ingersoll, D., Breastfeeding and the Working Mother, New York, NY: St. Martin's Press, 1986.

Pfluke, L., Breastfeeding & The Active Woman, Waco, TX: Childbirth Graphics, 1995.

Renfrew, M., Fisher, C., and Arms, S., Bestfeeding: Getting Breastfeeding Right for You, Berkeley, CA: Celestial Arts, 1990.

Spangler, A., Breastfeeding: A Parent's Guide, Atlanta, GA: Abby Drue, Inc., 1995.

Woessner, C., Lauwers, J., Bernard, B., Breastfeeding Today: A Mother's Companion, Garden City Park, NY: Avery Publishing Group, Inc., 1991.

Distributed at the USDA Mountain Plains Region Breastfeeding Peer Counselor Train the Trainer Conference in Utah (July 1996).

APPENDIX 4

Videos on Breastfeeding

For Use With Consumers

A Healthier Baby by Breastfeeding

Television Innovation Company
4705 Park Road, Suite 200
Charlotte, NC 28210
phone: 800-868-4336
\$21.95, 20 minutes, 1991
Spanish available

Breastfeeding: A Special Relationship

Eagle Video Productions
2201 Woodnell Drive
Raleigh, NC 27603
phone: 800-869-7892
\$84, 24 minutes, 1991
Spanish available
Comes with tear-off pad, English or Spanish

Breastfeeding: It's A Mother's Choice

Universal Health Communications, Inc.,
1200 South Federal Highway, Suite 202
Boynton Beach, FL 33435
phone: 800-229-1842
\$79, 18 minutes, 1992

Breastfeeding: The Natural Choice

Seattle-King County Dept. of Public Health
110 Prefontaine Avenue South, Suite 500
Seattle, WA 98104
phone: 206-296-4672
\$20, 11 minutes, 1988

Breastfeeding Your Baby

Parent-Infant Resource Center
Department of Psychology
Georgia State University
Atlanta, GA 30303-3083
phone: 404-651-2928
\$22.50, 13 minutes, 1993

Breastfeeding Your Baby: A Mother's Guide

Medela, Inc.
Box 660
McHenry, IL. 60051
phone: 800-435-8316
\$19.95, 64 minutes, 1987

Breastfeeding Your Preterm Baby

Health Sciences Center for Educational Resources
Distribution Center, Box 357161
University of Washington
Seattle, WA 98195
phone: 206-685-1186
\$200 for complete training package, \$90 for individual tapes
3 videos, total time is 38 minutes, 1989

Best Start: For All the Right Reasons

Best Start, Inc.
3500 E. Fletcher Avenue, Suite 308
Tampa, FL 33613
phone: 800-277-4975
\$24, 22 minutes, 1990
Spanish available

Best Start: Nobody Loves Them Like You

Best Start, Inc.
3500 E. Fletcher, Suite 308
Tampa, FL 33613
phone: 800-277-4975
\$25, 22 minutes, 1994
Spanish available

Breastfeeding Techniques That Work: First Attachment

Geddes Productions
10546 McVine Avenue
Sunland, CA 91040

phone: 818-951-2809
\$39.95, 14 minutes, 1986
Spanish available

Giving you the Best that I got, Baby
John Hopkins University
Center for Communications Programs
111 S. Market Place, Suite 310
Baltimore, MD 21202
phone: 410-659-6301
call for availability, 14 minutes, 1994

**Helping a Mother to Breastfeed: No
Finer Investment**
Royal College of Midwives
Breastfeeding Support
Consultants(distributor)
228 Park Lane
Chalfont, PA 18914
phone: 215-822-1281
\$46.50, 20 minutes, 1990

Keep With Tradition...Breastfeed
Rosebud Sioux WIC Program
Box 99, 400 WIC Drive
Rosebud, SD 57570
Phone: 605-747-2617
No charge, 21 minutes, undated

Missing Milk Caper II
Texas Department of Health-WIC Program
Metropost(distributor)
501 N IH-35
Austin, TX 78702
phone 512-476-3876
\$7, 10 minutes, 1991
Spanish available

The Case For Breastfeeding
Altschul Group Corporation
1560 Sherman Avenue
Evanston, IL 60201
phone: 800-421-2363
\$295, 14 minutes, 1992

Spanish available

The Joy of Breastfeeding
The Altschul Group Corporation
1560 Sherman Avenue
Evanston, IL 60201
phone: 800-421-2363
\$295, 12 minutes, 1994
Spanish available

The Subtle Aspects of Breastfeeding
Seattle-King County Dept. of Public Health
110 Prefontaine Avenue South, Suite 500
Seattle, WA 98104
phone: 206-296-4672
\$20, 22 minutes, 1988

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**Women's Issues Today...Myths And
Barriers To Breastfeeding**
Missouri Department of Health
Bureau of Nutrition Services and WIC
Box 570
Jefferson City, MO 65102
phone: 314-751-6204
\$18.50, 20 minutes, 1993

Yes, You Can Breastfeed
Texas Department of Health-WIC Program
Metropost(distributor)
501 N IH-35
Austin, TX 78702
phone: 512-476-3876
\$7, 13 minutes, 1989
Spanish available

Distributed at the USDA Mountain Plains
Region Breastfeeding Peer Counselor Train
the Trainer Conference in Utah (July 1996).

APPENDIX B

Cultural Diversity Handbook

Cultural Sensitivity

Purpose

Increase awareness and provide information for counseling clients with different beliefs, customs, and behaviors related to food and health.

Introduction

There will probably be a time when every peer counselor is asked to work with clients from cultures different from their own. An approach to counseling that considers a client's cultural background can prevent barriers and assure effective communication.

What is culture, and how does it affect the job we do? Culture can be viewed as a set of beliefs, assumptions, and values, widely shared by a group, that structures behavior of group members from birth until death. It includes the language we speak, the way we dress, the music we like, the way we interact, and the food we eat. There are variations in each cultural group due to differences in socioeconomic status, social class, religion, age, education, location, and length of time in the U.S. However, people from a given culture will tend to have experiences that are culturally patterned and similar in nature, although not identical.

This lesson is designed to help you as a peer counselor to develop a greater awareness of the challenges in cross-cultural counseling and how to approach those challenges. In your role as peer counselor, you will need to recognize how your own culture affects your actions.

It is important that the peer counselor learn to respect and accept clients' cultural beliefs as valid. Your breastfeeding supervisor (breastfeeding coordinator, etc.) will help you identify which cultural groups you are likely to work with. She/he will identify resources that describe some of the unique characteristics of those groups, and the best approaches in working with them.

The following are general guidelines for working with individuals from cultures other than your own.

Understanding

One key to cross-cultural counseling is an understanding of value systems in other cultures and their influence on health and nutrition. Every culture has a value system that dictates behavior directly or indirectly, in that it sets norms and teaches that those norms are right. Health and nutrition beliefs and practices, in particular, reflect that value system.

Cultural Values

A value is a standard that people use to assess themselves and others. It is a widely held belief about what is worthwhile, desirable, or important for well-being. Counseling clients from diverse backgrounds requires understanding your own values as well as the values of other groups. Too often we interpret the behaviors of others as being negative or inferior because we do not understand the underlying value system of their culture. Values that one culture views as positive may be considered undesirable or threatening in another. It is important to realize that values commonly found in the U.S. may be offensive to some other cultures. Simply exposing clients to a new idea or practice will not automatically result in accepting the idea if that idea or practice conflicts with their values.

Common Values

Some Other Cultures' Values

Fate
Tradition
Human Interaction Dominates
Hierarchy/Rank/Status
Group Welfare
Birthright Inheritance
Cooperation
Past Orientation
"Being" Orientation
Formality
Indirectness/Ritual/"Face"
Idealism/Theory
Spiritualism/Detachment

Anglo-American Values

Personal Control Over the Environment
Change
Time Dominates
Human Equality
Individualism/Privacy
Self-Help
Competition
Future Orientation
Action/Goal/Work Orientation
Informality
Directness/Openness/Honesty
Practicality/Efficiency
Materialism

Examples of Potential Differences in Values

- Clients and counselors may differ on the value of time. Most of us are ruled by time and schedules. If "being on time" and "not wasting time" are not familiar concepts to the client, a 10 o'clock appointment may not be kept until 11 or 12 o'clock and the client will consider this entirely appropriate behavior.
- The idea of receiving food that should not be shared with other family members, but must be consumed by the client alone, may be incomprehensible, if the client is from a culture where the group's welfare is always placed before the individual's.
- A client may not follow the dietary practices you suggest because of extended family values and practices. Decisions regarding food intake might not be decided by that individual, but by group or family consensus.

- A client may not understand that his/her health habits are related to well-being, but will rather attribute ill health to "God's will." Thus, prevention may be viewed as a useless attempt to control one's fate.

Rules for Interaction

Keys to Good Communication

Respect Personal Space

When you first sit down to speak with clients, ask them to sit where they feel the most comfortable or let them tell you where to sit. This will allow people to choose the distance that feels right to them. For example, Hispanics tend to feel comfortable at a closer distance than do American Indians or Asian Americans.

Learn the Cultural Rules About Touching

Find out the cultural rules regarding touching for the ethnic groups with whom you work— including differences based on gender. In some Asian cultures, the head should not be touched because it is the seat of wisdom. In many Hispanic cultures, the head of a child should be touched when you admire the child. A vigorous handshake may be considered a sign of aggression by American Indians.

Establish Rapport

Take time to establish common ground through sharing experiences and exchanging information.

Ask Questions

Do not be afraid to ask someone about something with which you are unfamiliar or uncomfortable. Nutrition educators suggest open-ended, honest questions that show an interest in the person, a respect for his culture, and a willingness to learn.

Listen to the Answers

Really listen. Do not interrupt your client or try to put words in her mouth. Let her tell her own story.

Appreciate and Use Silence

Observe your client to get a feel for how he or she uses silence. Do not feel that silence has to be filled in with small talk. Give people a chance to formulate their thoughts, especially if they are trying to speak in a language that is not their native tongue. Cultures that value silence learn to distinguish varying qualities of silence, which may be hard for others to discern. "Pause time" is different for different cultures.

Notice Eye Contact

Notice the kind of eye contact your client is making with family members or your co-workers. Many cultures consider it impolite to look directly at the person speaking. Lowered eyes or side glances may be seen as respectful, especially if the speaker is older or in a position of authority.

Pay Attention to Body Movements

Movements such as upturned palms of the hands, waving one's hand, and pointing with fingers or feet convey varying messages. Observe your clients for clues. Ask them to tell you what gestures should be avoided.

Note Client Responses

Note that a "yes" response does not necessarily indicate that a client has understood or is willing to do what is being discussed. It may simply be an offering of respect for the health professional's status. American Indians, among others, may not ask questions because this would indicate a lack of clear communication by the provider. In some cultures, smiling and laughing may mask other emotions or prevent conflict.

How to Make People Comfortable in a New Setting

Express Interest in People

- Smile.
- Be friendly, and show warmth and caring.
- Show respect for each individual's culture.
- Tell the family a bit about yourself.
- Present yourself as an open-minded learner and potential partner.
- Pay attention to children—this appeals to mothers of all cultures.
- Learn what people of different cultures think are polite greetings and responses. Practice using them correctly.
- Be genuinely interested or be businesslike. Otherwise, the artificiality shows through and establishes a barrier.

Ask the Right Questions

- Ask the family to describe their culture, homeland, or customs.
- Show concern by asking about the family, the living environment, the children.
- Ask the family about themselves—their experience, their expertise.
- Ask the family how they are adjusting to their life in the new community—the problems and the benefits.
- Ask them to let you know if you do or say anything offensive—let them know you respect them.

Create a Comfortable Physical Environment for Adults

- Have enough chairs that are comfortable and fit the clients.
- Turn chairs away from the windows so clients do not have to look into the sun.
- Try to provide adequate ventilation in the room.
- Offer nutritious snacks, using food from different cultures.

Attend to the Needs of Children

- Have small tables and chairs for children.
- Try to have toys, games, or coloring books to keep children occupied—parents become embarrassed if their children get restless or rowdy.
- Have an adult care giver to attend to children in another area if possible.

Set the Stage for Effective Counseling

- Decorate bulletin boards and other common spaces to reflect different cultures or the culture of your client group.
- Try to provide materials in the client’s own language.
- Include Pictures.
- Provide information about community resources.
- If possible, set the stage for nutrition education in a place where people already feel comfortable.
- Coordinate appointments to avoid unnecessary trips.
- Don’t try to educate clients after they have been through many hours of clinic services and waiting.
- For individual counseling, provide privacy. In some cultures, talking about food can be very personal and private.

Family Influence

For most cultures, extended and immediate family members have the most significant influence on an individual’s food and health decisions of any cultural factor.

Communication works best when peer counselors focus on each family’s background and present situations—without making assumptions. First, the counselor should learn about their client as an individual and about the client’s family and culture as a whole. Second, the peer counselor should place the food habits and health practices of the individual or family within the cultural context. Third, consider how they might change in a new environment.

You can use family interaction to strengthen your counseling efforts. Find out how your client makes decisions. It may be helpful to ask if she needs to discuss important decisions with other members of her family. If more than one family member comes to the counseling visit, ask who the questions should be directed to.

Health Beliefs

Cultures vary in their beliefs of the cause, prevention, and treatment of illness. These beliefs dictate the practices used to maintain health. Health practices may be classified as

1) folk practices, 2) spiritual or psychic healing practices, and 3) conventional medical practices. Some cultures closely tie religious beliefs to state of health.

The value placed on good health also varies. The Anglo-American culture emphasizes duration in life, whereas some other cultures place greater emphasis on the quality of life. From culture to culture, the perception of health will differ.

Members of some cultural groups eat special foods during pregnancy and lactation. Ask clients what they eat during these times. You may also discover health concerns about specific ingredients or preparation methods.

Your clients may follow a specific process in seeking health care. They may seek advice from family in choosing a healer or course for treatment. Cultural healers may often be used instead of conventional medical care.

Maternal Health

Women from other cultures may not seek early prenatal care because pregnancy is not considered a condition requiring medical attention. Fear, modesty, or cultural taboos may also cause some women to avoid health examinations.

Folk medicine related to pregnancy is common practice among people of many cultures. This often relates to the belief that the fetus can be affected both positively and negatively by maternal experiences, emotions, exposure, and eating habits during pregnancy. Certain foods are believed to promote a healthy baby, while others are thought to deform or damage the fetus, cause miscarriage, or make delivery difficult.

Hot-Cold theories of disease and health have an influence on the practices in both the prenatal and postpartum periods. The third trimester may be regarded as "hot." A client might avoid hot foods and medications, such as iron supplements, during this period. In contrast, cold foods might be avoided for 1 or 2 months after delivery, because cold foods are believed to slow the flow of blood and prevent the emptying of the uterus. For example, some Asian women may abstain from vegetable, fruits, and fruit juices for 30 days postpartum since these foods are considered "cold" and could endanger their health.

Infant Feeding and Health

Infant feeding practices are culturally determined. Although breastfeeding is the usual method of infant feeding in many Western countries, they may not choose breastfeeding once they are in the U.S. They may perceive infant formula feeding to be the norm and breastfeeding to be less modern and prestigious. It may be helpful to explain that educated middle and upperclass American women are more likely to breastfeed than other groups.

Cultural values influence women's perceptions about breastfeeding in terms of nutritional value, the father's feelings, breast exposure, touching the breast, sexuality, and convenience.

Folk medicine influences breastfeeding. In some Hispanic and Asian groups breastfeeding is delayed for several days after birth because colostrum is considered dirty and not acceptable for infants. Hospital workers may assume the mother has chosen to use formula and may initiate bottle feeding. Some Hispanic women believe stress and anger in the mother will produce "bad milk" and will make the infant ill.

Suggesting Change

Helping people improve their nutrition and health practices requires an understanding of, and an appreciation for, their culture and its practices. Eating is a personal matter carrying with it great cultural significance. Thus, people tend to change more conspicuous aspects of their cultural background such as clothing and language first, and food habits last. In providing nutritional counseling, you must take into consideration the symbolism of food, such as the meaning of soul food to Black Americans. "Soul food" grew out of the necessity of surviving as a slave, and out of a need to express the group feeling of "soul."

Culture will determine what are acceptable and unacceptable foods. Encourage positive traditional choices. Identify practices that are healthy, and carefully suggest them. Categorize nutritional practices as beneficial, neutral practices should be supported, regardless of the reason. Keep in mind that some American practices are very strange to persons from other cultures.

Getting Your Message Across

It may be difficult, in cross-cultural counseling, to determine how well your message is understood by the client. Asking the client directly or through an interpreter to repeat the instructions, demonstrate the procedure or summarize the main points of discussion will help provide feedback as to how well the client understood the information. Limit the information to the most relevant and understandable format. Use culturally appropriate methods to get the information across, and teaching one concept at a time may help the client from becoming overwhelmed.

Quick Guide for Cross-Cultural Counseling

Preparing for Counseling

- Understand your own cultural values and biases.
- Acquire basic knowledge of cultural values, health beliefs, and nutritional practices for client groups you routinely serve.
- Be respectful of, interested in, and understanding of other cultures, without being judgmental.

Enhancing Communication

- Determine the level of fluency in English and arrange for an interpreter, if needed.
- Ask how the client prefers to be addressed.
- Allow the client to choose seating for comfortable personal space and eye contact.
- Avoid body language that may be offensive or misunderstood.
- Speak directly to the client, whether an interpreter is present or not.
- Choose a speech rate and style that promotes understanding and demonstrates respect for the client.
- Avoid slang, technical jargon, and complex sentences.
- Use open-ended questions or questions phrased in several ways to obtain information.
- Determine the client's reading ability before using written materials in the process.

Promoting Positive Change

- Build on cultural practices, reinforcing those which are positive, and promoting change only in those which are harmful.
- Check for client understanding and acceptance of recommendations.
- Remember that not all seeds of knowledge fall into a fertile environment to produce change. Of those that do, some will take years to germinate. Be patient and provide counseling in a culturally appropriate environment to promote positive health behavior.

For many ethnic groups, respect for authority and politeness may prevent a client from asking questions about your advice. You may need to ask the client if they have any problems using your advice, and offer alternative approaches.

Compliance may be less than you expect. If a client's values are inconsistent with the rationale for making change, they probably won't comply. Limited understanding of health issues may act as a disincentive for compliance, particularly for preventive measures when there are no signs of symptoms to relieve.

Having realistic expectations will give you a sense of accomplishment and help avoid frustration. Knowing that a practice is harmful does not necessarily promote change in that behavior, regardless of the cultural background. You must balance the client's right to decide his or her own future with your need as a counselor to promote change. The goal should be to provide counseling in a positive and culturally appropriate manner, which encourages learning and promotes behavioral change. The rest is up to the client.

Hispanic Cultural Influences on Breastfeeding

Introduction

As with all cultural groups, the degree of acculturation among Hispanics varies greatly. Assessing acculturation may depend on the degree of tradition that exists among an individual or family. More traditional families involve Hispanics who are migrants, live near the border, are recent immigrants, speak little English and live in predominantly Hispanic communities. Others may have retained fewer traditional practices. Less traditional Hispanics include those who have lived in the U.S. longer, are more educated, have better jobs, are relatively fluent in English, live in the northern U.S. and marry outside of their ethnic group.

One example of a traditional practice is the use of folk medicine. Folk medicine is still commonly practiced among many Hispanics. It is usually the more traditional families that practice it. But it is not uncommon to see younger women, who we might otherwise suspect as more accustomed to the U.S., to be practicing these ideas because her mother or grandmother told her about them.

Being aware of some of these practices can help us to better understand our clients and therefore, improve our counseling. Most individuals will not volunteer information about their use of these practices, but many persist. Try to nonjudgmentally ask if the individuals use any herb teas or other herbal treatments, special diets or family remedies to elicit information on folk medical practices.

Hot/Cold Theory

Common beliefs and practices are the hot/cold theories of illness, cures, foods, herbs, and some medicines. Illness and certain conditions such as pregnancy and lactation, are believed to be hot or cold. They must be treated with foods, or cures, of the opposite temperature, and avoidance of same temperature foods. Both pregnancy and lactation are considered hot conditions, but diets are usually adequate in spite of the food restrictions. Women believe they must be more careful of food choices during lactation because very cold foods will decrease the flow of breastmilk, and very hot foods will cause it to curdle in the baby's stomach.

Foods are believed to have inherent temperatures based on their proximity to the sun, method of preparation, and how they are believed to affect the body. Foods classified as hot or cold vary greatly by region or origin, and by individual. If you need to know how an individual classifies foods, you must ask. Sometimes, but not always, the following foods are considered hot and should be avoided: chili peppers, salty, fatty, or sweet foods, alcohol, oil, onions, radishes, and sometimes expensive meats like beef and pork. These limitations are not too far off from what we might hear from a caucasian participant who tells us that when she eats spicy foods, the baby gets an upset stomach.

Often you can improve the effectiveness of diet suggestions made during counseling by acknowledging awareness of the hot/cold theory. You can ask a client if they believe a condition you are discussing is hot or cold. If suggesting foods for the condition, ask

which they feel are appropriate, and let them know you appreciate their help in suggesting appropriate foods. When planning meals, ask them to help you balance meals for hot and cold foods.

Teas

Another common practice is the use of teas. The belief is that during pregnancy, the "manzania" or chamomile tea helps to have a baby born without "frio," which means low immune system or prone to sickness. Beliefs about tea often continue on after the baby is born. Again the belief is that the tea helps the baby's digestion, and therefore prevents any stomach pains and even colic. Chamomile tea is known for its relaxation effect.

Another common tea given to infants is "herba buena," or mint leaf tea. This tea is believed to be beneficial for digestion, and therefore is often used to treat or prevent colic.

Often a mother will report she is exclusively breastfeeding and doesn't give bottles. But if you ask about bottles with tea, she may report that she gives the baby tea in-between feedings to prevent colic. If an infant is experiencing nipple confusion, this can become a problem. It may require counseling her to avoid bottles of any kind. But if the infant seems to be nursing fine, it might be okay to tell the participant that a little tea should be fine. In this way it reassures her that we understand her family's remedies, and it can sometimes help to establish a better counseling relationship. Be sure to caution them not to give excessive amounts, thereby taking away from breastfeeding, and remind them not to add honey or sugar to the bottle.

Breastfeeding

Another belief is that after delivery a breastfeeding woman should not shower, because it may cause her to lose her milk. This myth mostly exists with women from smaller towns, passed on to their children. It may also be seen in older women, as well as teenagers. Some of the small towns, or ranchitos as they are called in Mexico, have a very limited water supply. The people bathe outside in very cold water so you can understand why they might believe that their milk supply could be affected. If you come across a woman with these beliefs, assure her that the water here is very warm. Assure her that it may actually help to alleviate any engorgement, and therefore help with a better milk supply.

Sometimes breastfeeding women may say they think they better stop breastfeeding because they have experienced "susto," or fright sickness. This is usually caused by a frightening experience, natural trauma, or getting unusually angry or stressed. The belief is that this can decrease the milk supply, or make it bad for the baby. It helps to reassure the woman that their milk should be fine but that they need to find ways to relax. Reassure them that calmly nursing their baby may be the most relaxing thing they could do for themselves and their infant.

Milk Production

Another interference with normal breastfeeding is the common belief that they will not produce enough milk, and will therefore, want to breast and bottle feed from the very beginning. Often they see others supplementing breastfeeding with bottles of formula, or they just assume they are inadequate and won't make enough milk. Therefore they start formula at the same time that they are trying to establish normal breastfeeding.

The way to combat this misconception is to educate them early about normal expectations during breastfeeding, particularly during those first few days and weeks when they are waiting for their milk to come in. Education prenatally can help them understand how their body makes milk. This helps them understand that it is normal not to have a rich supply of milk in those first few days and they are more comfortable allowing the infant to nurse frequently, thus avoiding bottles while awaiting the true milk to come in.

Still others see giving formula as a sign of wealth. This is because in poorer countries only the wealthy can afford formula. This idea passes along into the Hispanic-American culture and often they supplement so that they won't appear poor.

Colostrum

Another misconception may be of the belief that the colostrum is dirty, or not good for the baby. The best way to combat this erroneous belief, is informing them that the colostrum is like an immunization. Generally Hispanics believe strongly in immunizations, and faithfully take their children for their needed shots. When they understand that the colostrum is full of natural antibodies, and protects against diseases and infection, just like an immunization, they are much more likely to nurse during those first few days. Thus helping stimulate the breasts to begin regular milk production.

Reinforcement

One thing that helps Hispanics, as well as any breastfeeding woman, is constant, positive reinforcement that they are doing a great job. Basic indicators can be used to show them this; appropriate weight gain, adequate wet and messy diapers, sleeping between feedings, and adequate sucking and swallowing. Sometimes it's difficult for them to see that their infant is receiving adequate nutrition when they can't count the ounces he or she drinks in a day. So let them know how they can be assured that the baby is getting enough. This also reassures them that their milk is fine for the baby.

Hispanics also benefit greatly from peer influence. Use positive peer influence in the clinic, like bulletin boards with pictures of other Hispanics breastfeeding, Hispanic peer counselors if possible, etc. They are greatly influenced when they see that breastfeeding is the norm and that others are doing it, too.

Native American Cultural Influences on Breastfeeding

Cultural Influences on Dietary Patterns and Breastfeeding

Among Pregnant and Lactating Native American Women

Introduction

Every culture has its visible elements (housing, clothing, food) and its invisible elements (attitudes, traditions, values). An understanding of both of these elements contributes to the communication between the client and counselor. Counseling the Native American client requires a clear understanding of the cultural influences and beliefs that she, herself, has about diet and breastfeeding.

Dietary patterns and beliefs about breastfeeding among Native American women have a large impact on the outcome of their pregnancies and their children's development. Both are based on traditional Native American culture, as well as societal influences. Acculturation has changed the Native American's way of obtaining and preparing foods. It has also had a role on the changes in traditional breastfeeding practices.

Dietary Patterns

Food and nutrition patterns among the Native American Indians are highly variable, since intakes are dependent on the ecological zone and economic conditions prevailing in each tribe. Dietary practices also vary from region to region, tribe to tribe, and family to family.

Factors Affecting Dietary Patterns

Dietary taboos, especially during prenatal and postnatal periods, have particular impacts on the nutritional adequacy of the diets of pregnant and lactating Native American women. Native Americans usually do not prepare for the 'date of birth' of a child. Special attention is not given to prenatal care. At the same time, specific contemporary factors may affect their diet. These might include: economic status, employment of mothers, available transportation, federal food assistance programs, proximity to food markets, physical and economical status, and degree of knowledge of the importance of food to health.

In spite of variations among tribes, some general information remains regarding Indians on reservations. Food may be bought at trading posts or grocery stores. Shopping trips may be infrequent. Some households may not have a refrigerator, which can limit the consumption of milk, meat, fruits, and vegetables. The consumption of certain foods may vary with the seasons.

Changes in Traditional Dietary Patterns

Changes in Native American culture over the years have led to changes in traditional food patterns. Many of these changes can be attributed to diminishing hunting, fishing, and food gathering, and less accessible farmland. The more traditional food patterns are more often taken up on special occasions and celebrations.

Recommendations for Counseling Native American Women on Dietary Patterns

1. Try not to discourage women from retaining or reverting to some traditional dietary patterns. Many are beneficial to their health.
2. Develop meal plans utilizing foods available to them.
3. Educate them on the risks associated with high sugar and high fat diets. Counsel them on appropriate weight gain during pregnancy.
4. Accompany knowledge of the culture with awareness, respect, and acceptance of the client's cultural beliefs and practices.

Breastfeeding

Native American women have traditionally breastfed their babies. There is very little research available which documents the beliefs of Native Americans and breastfeeding practices. Acculturation and lifestyle changes have had an impact on the practice of breastfeeding among Native American women.

It is known that nationally more than 25 percent of Native Americans live below the poverty line, and fewer than 8 percent have college degrees. Considering that the lowest rate of breastfeeding is prevalent among young, undereducated, underprivileged, and underserved women, Native American women are prime subjects for having low breastfeeding rates.

Barriers to Breastfeeding

Some barriers to breastfeeding in the Native American culture include:

1. Native American women tend to be physically modest. Public breastfeeding can be uncomfortable and embarrassing.
2. Negative thoughts and feelings are believed to be transmitted through breast milk. This can be a difficult time for new parents.
3. Native American women do not prepare for the 'date of birth' of the child. They may not have an interest in prenatal education on breastfeeding.
4. Some Native American women believe colostrum is a watery milk which is harmful to the infant. It is expressed and thrown away, and breastfeeding is put off until mature milk comes in.
5. Some Native American women have their infants wet nursed during the colostrum period or give tea, broth, or artificial milk.

It is important to remember that it is not to be assumed that an individual client adheres to these beliefs. An important step in assessing cultural beliefs is to understand which beliefs the client practices.

Changes in Traditional Breastfeeding Among Native American Women

Traditionally, Native American women were prepared for childbirth and lactation by their mothers and birth attendants (doulas). There has been a shift in this tradition due to a shift in household childbirth to hospital deliveries. This has led to the loss of social support of doulas. As a result, infant breastfeeding has shifted to artificial milk.

Recommendations:

The loss of traditional education and reinforcement has resulted in a decrease in breastfeeding among Native American women. The intervention of a peer counselor to replace the birth attendant can lead to an increase in breastfeeding; this intervention replaces the education and reinforcement they used to receive from their birth attendants. Peer counseling can also lead to increased family and community awareness, which further increases the chances of Native American women choosing to breastfeed over feeding with artificial milk.

What to Emphasize When Encouraging Breastfeeding

Family is an important part of the Native American culture. Breastfeeding can be expressed as a family bonding. When it is practiced generation to generation, it can be viewed as a family tradition. Nature plays an important role as well, in Native American culture. The natural aspects of breastfeeding can be emphasized to encourage breastfeeding. One example is that your child is an extension of your body. Breastfeeding is the most natural way to get your infant the nutrients they need to grow and develop healthy bodies of their own. Breastfeeding can also be described as feeding your baby love. Emphasis can be placed on the special bond that forms between mother and baby during the time spent together while breastfeeding.

Counseling Guidelines for Native Americans

Cross Culture Communication

Communication styles differ among cultures. In order to obtain effective communication, the counselor must first be able to identify communication trends and overcome communication barriers between themselves and the client. Barriers to effective communication may stem from tone of voice, eye contact, response to questions and comments, and body language which differ between the client and counselor.

Native Americans tend to:

1. Speak softly and slower
2. Have an indirect gaze when listening or speaking; direct eye contact may be interpreted as aggressive and offensive
3. Interject less, and seldom offer encouraging communication
4. Have delayed auditory response, recognized as a period of silence
5. Have a manner of expression that is low-keyed and indirect

Some other issues and concepts to consider when counseling Native American clients may include:

1. Tribal dialects
2. Native Americans tend to be cooperative, non-competitive individuals
3. Orientation is focused on the present-time
4. They tend to be creative, experimental, and non-verbal
5. They tend to satisfy present needs
6. They may practice the use of folk or supernatural explanations

7. They have extended families
8. They may have a different time perspective (may show up late for an appointment, and not think anything of it)

Recommendations for Counseling the Native American Women on Breastfeeding

1. Build good rapport and trust with the client:
 - identify and respect individual beliefs and practices
 - identify and discuss barriers to breastfeeding
2. Emphasize the family and natural aspects of breastfeeding
3. Be aware of cross-cultural communication trends, issues, and barriers:
 - use a translator when necessary
 - be aware that most people new to a culture are shy, and out of respect may nod head and say 'yes' even though they disagree or do not understand
4. Educate client on economical and health benefits that breastfeeding provides
5. Provide printed materials on breastfeeding in the family's language

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