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Nurture Your Infant and Yourself: A Breastfeeding Program

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Nurture Your Infant and Yourself: A breastfeeding program

by

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This Scholarly Project Paper, submitted by in partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

_______________________
Faculty Advisor

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CHAPTER I
INTRODUCTION

A review of the literature reveals that the level of research focusing on the benefits of breastfeeding, for the ‘typical’ mother and infant, is rapidly growing. Breastfeeding offers physiological, emotional, social, and economical benefits that can positively impact the mother, infant, family, and society (Spangler, 2000). With all of the benefits of breastfeeding, it’s a wonder why so many women either choose not to breastfeed or cease breastfeeding prematurely.

There are several factors that can influence a woman’s decision not to initiate breastfeeding or to cease breastfeeding. The lack of maternal confidence and depression are factors that often associated with early cessation of breastfeeding (Dunn, Davies, McClearly, Edwards, & Gaboury, 2006). Mothers, with limited personal resources and environmental supports, who breastfeed are at risk for early cessation. The personal resources to consider include: the woman’s age, mood, and her confidence level. The environmental supports that influence breastfeeding duration include; education level, access to healthcare and services as well as social network.

Evidence shows there is a positive correlation between professional support and the duration of breastfeeding (Dunn et. al, 2006) to combat the factors presented prior. It is highly likely that the ‘typical’ mother will receive the education, support and encouragement she needs to be successful in breastfeeding. One concern is that
there are limited sources of research and information to address the needs of women suffering from mental illness in the role of motherhood (Esdaile and Olson, 2004). The literature is limited on the type and level of support that is currently available for women managing mental illness on the topic of parenting skills training including breastfeeding.

The second concern is that most healthcare professionals lack educational materials to assist the mother, with mental illness (MI), with the initiation and maintenance of breastfeeding. This point occurs naturally based on the limited research. One of the professions that lacks research and education materials is occupational therapy. Currently there is limited research about the role occupational therapy plays to support the mother, with MI, in the co-occupation of breastfeeding.

A final concern is that professionals, in the fields of mental health or social services, may not be providing encouragement and support for women, with MI, to engage in motherhood and related tasks (Esdaile & Olson, 2004). Breastfeeding is an important role of motherhood and women, with mental illness, need even more access to support, resources, education and encouragement for success, if she chooses to engage in it. Regardless of the concerns presented, the bottom line is that there is a significant gap in services for women, who are managing a mental illness, and want to breastfeed.

To meet the woman’s needs, an occupational therapy educational program was developed focusing on a mother’s role in breastfeeding for women with MI. A primary reason for its development was to begin the process of literature and program development and offer information and resources that are specifically designed for the mother’s emotional and psychological needs.
The educational program, *Nurture Your Infant and Yourself*, is based on a current review of the literature. It is designed for the occupational therapist to use with the implementation of the 7-week breastfeeding program in an outpatient behavioral health group setting. Each week has a detailed outline of what will occur and is intended to be 90 minutes long to allow adequate time for participants' needs to be met. The occupational therapist can adjust the allowed time as needed. If deemed appropriate, the program can also be used on an individual treatment basis or as a resource.

It is designed to provide an educational and supportive environment for expecting mothers experiencing emotional challenges or mental illness to learn about how it will impact their lives. In a supportive environment, mothers, who plan to breastfeed, learn the important aspects of breastfeeding including: 1) basic breastfeeding education, 2) stress management techniques, 3) time management strategies, 4) nutritional information, 5) importance of support systems, and 6) how breastfeeding will affect their life.

The *Nurture Your Infant and Yourself* program is based upon the Model of Human Occupation (MOHO). MOHO also focuses on the environment that the individual is in because it influences the individual’s ability to effectively function within the three elements. This model believes that the individual is composed of three elements/subsystems; 1) volition, 2) habituation and 3) performance capacity.

Volition can be described as the motivating factor for a person and their ability to make decisions about the occupations in which they engage in (Kramer, Hinojosa, & Royeen, 2003). For the purposes of this breastfeeding program, the participants have the choice to be involved and the individual makes the decision
intimately to breastfeed her infant. The women are provided with the resources and education they need, but the individual must be motivated to follow through with breastfeeding in addition to the challenge of dealing with her mental illness.

The second element, identified by MOHO, is habituation. “The habituation subsystem organizes occupational behavior into the recurrent patterns of behavior that make up much of our daily routines” (Kramer, Hinojosa, & Royeen, 2003). The program addresses the component of habituation through the development of activities that help these women establish health habits and routines for breastfeeding. With the development of a health routine, these women will be able to more effectively manage their mental illness.

The performance capacity subsystem focuses on the physical and mental skills one needs to engage in an occupation/role and if these skills are present. Is she effective at organizing the information she needs for success and acting upon that information both physically and mentally? This is determined by the pre-screen assessment.

All three of these elements of the woman is impacted and influenced by her environment. “Each environment potentially offers opportunities, resources, demands and constraints” (Kramer, Hinojosa, & Royeen, 2003, p. 58). This area includes the support, encouragement and resources she may or may not have. It also includes the demands and challenges she faces in her environment. In order to effectively adapt, she must be able to recognize changes, demands and challenges and react with the necessary skills.

It is beyond the scope of this project to meet the needs all the diagnoses of MI due to various levels of functioning and skill. This program was designed to meet the
needs of a specific population who meet the criterion established and the pre-screen assessment. The criterion includes:

1. Has a diagnosis of anxiety disorder, mood disorder and/or she is at risk for postpartum depression. The decision to limit this program to specific diagnoses is based on the assumption that these women would most likely have custody of their children and have the functional capacity to care for her newborn. It is also a place to begin.

2. Able to function on a day-to-day basis without supervision by the time they are discharged from the hospital postpartum. If they are not living independently, they are unlikely to have custody of their newborn, thus the class would not serve its purpose.

3. The women have a support system available and not require visits from a case manager greater than one time per week. In order for breastfeeding rates to increase among women, professional support, encouragement and promotion is essential.

4. Are in their third trimester of pregnancy. Special circumstances, where participants are not in their third trimester should be considered on a case-by-case basis and at the discretion of the occupational therapist conducting the individual evaluations.

The key concepts and terminology applied to this scholarly project include motherhood or mothering and breastfeeding:
1. A mother is defined by the American Heritage ® Dictionary (2000) as, “a woman who conceives, gives birth to, or raises and nurtures a child” (¶ 1) and

2. defines motherhood as, “the state of being a mother, the qualities of a mother; mothers considered as a group” (American Heritage ® Dictionary, 2000, ¶ 1).

3. Mckay (2004) identified the term mothering to be a co-occupation because both the mother and child are active participants in the relationship.

4. Case-Smith (2001) defines breastfeeding as a co-occupation of the mother and child. The mother enables the infant’s successful engagement in the occupation through the assistance she provides. The mother is responsible for feeding, which is bringing the food to the mouth of the infant.

Conclusion

A review of the literature indicates that this program may be the first of its kind for occupational therapists to use with women who have the desire to breastfeed and manage their mental illness. It is recommended that the occupational therapists, who implement this program, receive additional education and experience in the area of lactation consulting.

Chapter II will provide the information from the literature in more detail. Chapter III will present the process and methods engaged in for the development of this scholarly project. Chapter IV will provide an introduction to the educational program, Nurture Your Infant and Yourself. The program, in its entirety, will be in
Appendix A due to its size. Chapter V will discuss the limitations of the project, how it could be implemented and recommendations for future action, development or research.
CHAPTER II
LITERATURE REVIEW

The American Heritage® Dictionary (2000) defines a mother as “a woman who conceives, gives birth to, or raises and nurtures a child” (¶ 1) and defines motherhood as, “the state of being a mother, the qualities of a mother; mothers considered as a group” (¶ 1). Stern (1998) adds that, “in most families, mothers contribute substantially to the new infant’s emotional environment and development” (p. 1250).

Occupation is the principle activity that a person engages in, and for the purposes of this scholarly project, focus will be on the role of a mother engaged in the occupation of breastfeeding. A mother’s primary occupation is often viewed as caring for her child, which is “… a major life role for more than 85 percent of adult American women” (Francis-Connolly, 2004, p. 153).

Mothering or motherhood is complex and based on the beliefs, practices and expectations of an individual, family, and society. Both covert and overt expectations are present regarding the role and behaviors of a mother that are not always realistic, accurate nor fair. Resources, education, support and encouragement are readily available for the ‘typical’ mother but not for mothers experiencing emotional challenges or mental illness.

There are several primary purposes of this literature review and subsequent program. The first purpose is to present the value of breastfeeding for both the mother
“Mothering is considered a co-occupation, with both the mother and her child being active participants in this shared occupation” (McKay, 2004, p. 239). The act of breastfeeding is one way a mother is able to develop a bond with her child, which can contribute significantly to the child’s emotional environment and development. Through the occupation of breastfeeding, a mother can fulfill a desired role as a primary caregiver and nurturer. The development of a secure emotional attachment between the mother and infant is often associated with increased physical contact. Avoidant attachment and neglectful care has been associated with less physical contact (Pletta, Eglah & Choby, 2000).

The second purpose is to present the need for additional support of mothers with mental illness focusing exclusively on breastfeeding. “Our society tells new mothers that their primary responsibility to their baby is to ensure survival. New mothers … must consider how they will feed their infant – bottle or breast” (Olson, 2004, p. 35). The decision a mother makes to breastfeed her infant or not can influence the child’s future. A mother should be provided with the choices and make her decision based on adequate and accurate information. If she chooses breastfeeding, she will struggle with the societal myth that breastfeeding is natural and easy (Olson, 2004). If she is not adequately prepared regarding the process and related information, she will experience a sense of failure, regardless of emotional health status. The child will also experience negative results as well in regard to weight gain and general physical and emotional health. It is for this reason that breastfeeding was chosen since it is one of the initial decisions, tasks and roles of a mother.
The final purpose is to add to the limited resources via an educational program that prepares the mother for success with breastfeeding, from an occupational therapy perspective. There are limited sources of research literature addressing women suffering from mental illness and their roles as mothers (Esdaile and Olson, 2004). Esdaile and Olson (2004) were only able to locate three recent studies that addressed the experiences of women who suffer from a mental illness and in these studies, the role of motherhood was not a key focus area, let alone breastfeeding. Esdaile and Olson (2004) conclude that the literature supports the role of motherhood as being important to society. Since mothering is considered so important, health care providers including occupational therapists need to support and assist the women (Esdaile & Olson, 2004) whose mental health needs may interfere with the ability to perform her role as a mother.

The literature review begins with identifying the benefits of breastfeeding for the infant and mother physiologically and emotionally. In addition, the financial benefits to the mother and the benefits to society as a whole. The challenges women face with breastfeeding will also be presented, highlighting the challenges that a women, with psychological needs and issues, faces. There are several mental illness diagnoses identified that will be addressed by the scholarly project program that has been developed. The chapter will end with an introduction to the Nurture Your Infant and You: A Breastfeeding Program designed to meet the needs of the population presented in the review of literature.
Potential Benefits

As a newborn begins to breastfeed for the first time, he or she begins to receive immediate benefits and that will continue for many years to come. According to Meek:

The American Academy of Pediatrics is committed to improving the health of all children. [They] recognize breastfeeding’s role in creating the best possible health, developmental, and psychosocial outcomes for the infant. Therefore, [they] recommend breastfeeding as the sole source of nutrition for infants for the first six months; breastfeeding in combination with solid foods through at least twelve months; and continued breastfeeding thereafter for as long as mutually desired by mother and baby (2002, p. 3).

The benefits of breastfeeding are so significant, for both the child and the mother, that various national and international agencies are heavily supporting and promoting its practice. The World Health Organization (WHO) indicates that, “breastfeeding is an unequalled way of providing ideal food for the health growth and development of infants” (p.1).

Physiological Benefits Experienced by the Infant

A mother’s breast milk contains antibodies that are specific to the environment she lives in, and therefore will increase the infant’s immune system and ability to protect the child (Pletta et. al, 2000). “Compared with formula-fed children, those who are breastfed are healthier and have fewer symptoms and shorter illnesses when they do get sick” (United States Breastfeeding Committee, 2002, p. 1).

Pletta et al. indicate that “several studies have also shown clear decreases for breastfed babies for otitis media, meningitis, lower respiratory infection, bacteremia, diarrhea, and necrotizing enterocolitis” (2000, p. 56). Along with decreased risks of illness, the incidence of sudden infant death syndrome is lower among infants that are breastfed and there are significantly shorter hospital stays and reduced hospital costs for
premature infants (United States Breastfeeding Committee, 2002). If the mother breastfeeds exclusively for a least one-month, children at three years of age have decreased food allergies and when they reach 17, have a lower chance of respiratory allergies (Pletta et. al., 2000).

If there is a family history of Type 1 diabetes, exclusive breastfeeding for a minimum of four months may lower the risk of the child developing this disease (United States Breastfeeding Committee, 2002; Clark & Bungum, 2003). According to Clark and Bungum (2003), “twenty-five percent of Type 1 diabetes cases are directly attributable to a lack of breastfeeding” (p.160). Exposure to cow’s milk protein is shown through research as a primary trigger for the onset of Type 1 diabetes (Clark and Bungum, 2003). In addition, breastfed infants tend to have a lower risk of becoming obese as children or adolescents, which can also contribute to decreasing the chance of developing Type 2 diabetes (United States Breastfeeding Committee, 2002).

The final benefits for both the full-term and pre-term infants who are breastfed include; higher IQ scores as compared to formula fed infants (United States Breastfeeding Committee, 2002) and significantly higher visual acuity (Pletta et. al., 2000). The potential benefits an infant receives may have a significant impact on their entire life. This is such an important mothering role that has benefits for the mother as well as the infant.

**Physiological Benefits Experienced by the Mother**

If a mother chooses to breastfeed her infant, there are several physiological effects that are beneficial for her as well. As the infant is breastfeeding, the repeated suckling signals the mother’s body to release the hormone oxytocin. Oxytocin signals the body to
release milk to the infant and it also causes the uterus to contract (Dermer, 2001). According to Dermer (2001), “the resulting contractions prevent postpartum hemorrhage and promote uterine involution [the return to a nonpregnant state]” (p. 124).

Mothers, who chose to breastfeed, will typically experience a delay in their menstrual period for several months with a decreased risk of immediate pregnancy. This delay will only occur if the mother is not substituting formula or using pacifiers. Dermer indicated that, “lactational amenorrhea method (LAM) is a well-documented contraceptive method, with 98 to 99 percent prevention of pregnancy in the first six months?” (p3) The spacing between pregnancies allows for a mother to physically recover. When mothers choose not to breastfeed after childbirth, their menstrual period will usually return within six to eight weeks and she can become pregnant as soon as her menstrual period returns, which is usually around six weeks. It is important to recognize that these statements can be quite controversial and the woman should discuss this with her physician.

With the joy of conceiving a child, there is also the fear of weight gain. Breastfeeding mothers have an advantage over non-breastfeeding woman when it comes to losing the weight she gained during her pregnancy. In order to produce the breastmilk in a mother’s body, 250 calories per day are utilized in the process. In order for a non-breastfeeding mother to burn the same amount of calories, it could take up to an hour of exercise (Dermer, 2001) depending on the type of exercise she chose to engage in. “Studies have confirmed that non-breastfeeding mothers lose weight and don’t keep it off as well as breastfeeding mothers” (Dermer, 2001, p. 3). Mothers who formula feed are
not as likely as breastfeeding mothers to return to their pre-pregnancy weight (United States Breastfeeding Committee, 2002).

In addition to the advantage of weight loss, women with Type 1 diabetes may also have an advantage over those who choose not to breastfeed. According to Pletta et. al. (2000), “women who are Type 1 diabetes find that they markedly reduce their insulin needs while nursing despite an increase in carbohydrate intake” (p. 56). By utilizing less insulin, the woman also receives the economical benefits of needing to purchase less medication. It is necessary to note that this needs to be discussed and monitored by the woman’s primary physician.

When discussing breastfeeding benefits, it is also important to consider how it can influence a woman’s life in the years to come. Breastfeeding can contribute to a reduction in the risk of osteoporosis and “improved bone remineralization postpartum with reduction in hip fractures in the postmenopausal period” (American Academy of Pediatrics, 1997). Women, who have breastfed, have a reduced risk of ovarian cancer and premenopausal breast cancer (American Academy of Pediatrics, 1997). If a woman breastfeeds for a duration of 13-72 months total in her lifetime, it may prevent endometrial cancer through a protective effect up to 21 years (Pletta et. al, 2000). The duration a woman chooses to breastfeed may also affect the chance she will develop breast cancer. As the duration of breastfeeding increases, the risk of developing breast cancer decreases (Leung and Sauve, 2005).

**Potential Psychosocial Benefits**

In addition to the physiological benefits, the mother also receives psychological benefits. Mothers’ who choose to breastfeed “are reported to be more confident and less
anxious than bottle-feeding mothers” (United States Breastfeeding Committee, 2002, p. 2). As stated in the introduction, there is also an emotional bond that is formed when a mother breastfeeds her infant due to the increased physical contact. This bond is significant in developing the positive feelings of attachment between the mother and infant. Benefits presented thus far have an impact for the mother and infant. The family and our society can also receive a positive impact from breastfeeding.

**Potential Financial and Societal Benefits**

Economical benefits are associated with breastfeeding that affect the individual family and society. The cost of formula for infants is four times the cost of the additional food consumed by a breastfeeding mother. The cost of feeding an infant with powdered formula is estimated to cost twelve hundred dollars per year, which has been steadily increasing over the past ten years (United States Breastfeeding Committee, 2002).

According to Weimer:

> The preliminary analysis of breastfeeding and formula feeding indicates that a minimum of $3.6 billion would be saved if the prevalence of exclusive breastfeeding increased from current rates (64 percent in-hospital, 29 percent at 6 months) to those recommended by the Surgeon General (75 and 50 percent, respectively). This figure reflects approximately $3.1 billion attributable to preventing premature deaths, and an additional $0.5 billion in annual savings associated with reducing traditional medical expenditures and indirect costs such as forgone earnings of parents, among others (2001, p. 10).

The research supports that there is a decrease in illness with infants who are breastfed so society benefits by spending less on expensive health services (United States Breastfeeding Committee, 2002). In addition, with decreased childhood illness, the overall employee absenteeism rate decreases because parents do not have to leave work
to care for their children (American Academy of Pediatrics, 1997). With all the benefits of breastfeeding, one wonders why the breastfeeding rates are not higher.

**Challenges**

There are several factors that can influence a woman’s decision not to initiate or to cease breastfeeding. The lack of maternal confidence and depression are factors that often associated with early cessation of breastfeeding (Dunn, Davies, McClearly, Edwards, & Gaboury, 2006). Mothers, with limited personal resources and environmental supports, who breastfeed, are also at risk for early cessation. The personal resources to consider include: the woman’s age, mood, and her confidence level. The environmental supports that influence breastfeeding duration include; education level, access to healthcare and services as well as social network.

The American Academy of Pediatrics (2005) indicates that “despite the consensus that breastfeeding is preferred; there are inconsistent practice standards related to breastfeeding within its own medical community” (p 1). Posey (2005) states that improper techniques, misinformation and a lack of knowledge can lead to a compromise in the infant’s health, yet success with breastfeeding can increase maternal confidence, empowerment and retention in the practice of breastfeeding. The success of initiating and retaining mothers in the practice of breastfeeding is heavily dependent on proper and consistent teaching of breastfeeding skills.

Evidence shows there is a positive correlation between professional support and the duration of breastfeeding (Dunn et. al, 2006) to combat the factors presented prior. It is highly likely that the ‘typical’ mother will receive the education, support and
encouragement she needs to be successful in breastfeeding. Professionals, in the fields of mental health or social services, may not be providing encouragement and support for women, with MI, to engage in motherhood and related tasks (Esdale & Olson, 2004). In addition, most healthcare professionals lack educational materials to assist the mother, with mental illness (MI), with the initiation and maintenance of breastfeeding.

“Pregnancy is a time of anticipation, excitement, preparation, and, for many new parents, uncertainty” (Shelov, 1998, p. 15). Along with the all of those emotions, many women also experience a great deal of stress and worry about what the future holds for their newborn and themselves. In general, women may find the situation of becoming a mother challenging, but add to the scenario, the daily management of a mental illness, which would likely increase the stress level significantly.

Mothers with Psychosocial Needs and Issues

As stated prior, mothers diagnosed with a mental illness or experiencing psychological stress and challenges receive little attention and proactive therapeutic intervention planning by health care professionals. In this section, the primary mental illness diagnoses that are considered for the breastfeeding program will be presented and defined. Of these diagnoses, it will be determined, on an individual basis, whether the woman is appropriate for the breastfeeding program. These diagnoses include: anxiety disorders, mood disorders and those who are at risk for postpartum depression (PPD).
Anxiety Disorders

Anxiety disorders are a variety of diagnoses that women suffer from such as panic disorder, obsessive-compulsive disorder, and posttraumatic stress disorder. Each of these is briefly described in the following.

1. Panic disorder: “The spontaneous, unexpected occurrence of panic attacks that consist of discreet periods of intense fear varying from several attacks during the day to only a few attacks during a year” (Sadock & Sadock, 2004, p.214).

2. Obsessive-compulsive Disorder: A person that experiences distress due to recurrent obsessions or compulsions that are severe. These obsessions or compulsions interfere with a person’s daily routine and their occupational performance (Sadock & Sadock, 2004).

3. Post Traumatic Stress Disorder: A person that is exposed to a severe traumatic stressor can experience posttraumatic stress disorder. The person displays symptoms for a period lasting more than one month after the traumatic event and they interfere with the persons occupational performance (Sadock & Sadock, 2004).

Mood Disorders

1. According to Sadock and Sadock (2004), mood disorders embody disorders in which “pathological mood and related disturbances dominate the clinical picture” (p. 173). In the category of mood disorders, there are a variety of diagnosis that can afflict women in the childbearing years including major depressive disorder, bipolar I disorder, bipolar II disorder, dysthymic disorder, and cyclothymic disorder. Major Depressive Disorder: A person exhibiting at least four symptoms
from the following list: appetite and weight change, sleep and activity
disturbances, loss of energy, guilt, disturbances in thinking and decision making,
and suicidal ideation (Sadock & Sadock, 2004). The episode of depression must
occur for a period of at least two weeks (Sadock & Sadock, 2004).

2. Dysthymic Disorder: Similar to major depressive disorder where the symptoms
experienced are less severe and occur over a period of 2 years (Sadock & Sadock,
2004).

3. Bipolar: The diagnosis of bipolar disorder encompasses both depressive episodes
and manic episodes. Bipolar I disorder would include a manic episode that has a
“distinct period of an abnormally and persistently elevated, expansive, or irritable
mood for at least 1 week, less if a patient must be hospitalized” (Sadock &
Sadock, 2004, p.173). Bipolar II disorder differs by having a hypomanic episode
that can be described as similar to manic episode but it does not cause impairment
in the person’s social or occupational participation because the severity is less.
The duration of the episode occurs in less than four days (Sadock & Sadock,
2004).

4. Cyclothymic disorder is similar to dysthymic disorder where the symptoms are
experienced over a duration of two years and they are less severe. Included in the
diagnosis of cyclothymic disorder are hypomanic episodes that do not meet the
criteria for bipolar II disorder (Sadock & Sadock, 2004).

Postpartum Depression

According to Hatton, Harrison-Hohner, Coster, Dorato, Curet, & McCarron
(2005), “postpartum depression (PPD) afflicts from 10% to 20% of mothers following
birth (p.444). There are several risk factors that are linked to the onset of PPD. If a woman has a previous history of a depressive disorder or premenstrual dysphoric disorder, she has an increase risk of developing PPD. Having an unhealthy or inadequate social support and negative life events may also influence the onset of postpartum depression (Hatton et. al., 2005).

**Impact**

As mentioned previous, there is not adequate support readily available for these women struggling to manage their mental illness and raising children. Esdaile and Olson (2004) conclude that the role of motherhood is an important. Women managing a mental illness and fulfilling the role of motherhood receive little to no support from professionals in the fields of mental health or social services (Esdaile & Olson, 2004).

Most healthcare professionals lack educational materials to assist the mother, with mental illness (MI), with the initiation and maintenance of breastfeeding. There are limited sources of research and information to address the needs of women suffering from mental illness in the role of motherhood (Esdaile and Olson, 2004). The literature is limited on the type and level of support that is currently available for women managing mental illness on the topic of parenting skills training including breastfeeding.

Occupational therapy can help define what support is needed and help fill this void and help these women gain the skills necessary to become successful in this vital role. For occupational therapists, supporting the role of motherhood is a significant part to play if we are to maintain a mother’s ability to respond to the needs and well-being of her children (Oates, 1997). This support is even more essential for mothers with mental illness who find themselves trying to deal with the role of mothering in less than ideal
circumstances. Professional involvement could benefit both the mother and infant by preventing or reducing the stress or isolation experienced by mothers. Professional support can decrease adverse effects that may arise because of a mother’s mental illness (2004, p. 239).

**Occupational Therapy**

Occupational Therapy and its role in psychosocial dysfunction has evolved over the years but continues to stand on a core belief that the engagement in everyday activities/occupations can help one attain a positive quality of life.

“Occupational therapists and occupational therapy assistants direct their expertise to the broad range of human occupations and activities that make up people’s lives” (AOTA, 2002, p. 612). The activities that one may engage in are sorted into “areas of occupation.” Breastfeeding is a co-occupation of the parent and child. “The parent orchestrates the child’s occupation during the day and provides the support and assistance to enable the child’s successful participation in activities” (Case-Smith, 2001, p.454).

Breastfeeding relates to several different areas of occupations including: activities of daily living, instrumental activities of daily living, education, work, and social participation. Under instrumental activities of daily living, breastfeeding can be classified with child rearing and health management and maintenance.

Child rearing consists of supporting the development needs of the infant through the care provided by the mother or caregiver (AOTA, 2002). During breastfeeding, the mother must provide the physical support for positioning, presentation of the breast for latching, and handling of the breast to allow for latching.
Health management and maintenance is a vital element contributing to breastfeeding because a mother must be able to manage her nutrition intake, decreasing or stop risking behaviors she may be involved in and manage medications that affect breastfeeding. The decisions a mother makes in these areas directly affect the infant’s health and development.

Breastfeeding can also be incorporated into several areas under activities of daily living such as eating, feeding, and personal hygiene and grooming. The mother is responsible for feeding, which is bringing the food to the mouth of the infant. Personal hygiene and grooming affect breastfeeding through the mother taking care of her skin involving her breasts and nipples in order to prevent skin irritation or infections and cause harm to the infant. In order to determine whether or not a mother and her child have the performance components necessary to successfully engage in the co-occupation of breastfeeding, a trained professional can assess their abilities.

Occupational therapists are trained in skilled observation and certain assessments to determine what skills a client possesses that are effective or ineffective in relation to the occupation in which they are engaged in. Currently, there are no standardized assessments developed that determine if a mother has adequate skills to engage in breastfeeding. When an occupational therapist analyzes (assesses) the performance of a mother breastfeeding her infant, he or she is identifying precisely the skills that are sufficient or insufficient during the act of breastfeeding. These skills are categorized as: motor skills, process skills, and communication/interaction skills. In order for a mother and infant to successfully engage in the co-occupation of breastfeeding she must have specific effective skills in the following described areas.
**Motor Skills:** AOTA (2002) defines motor skills as “skills in moving and interacting with task, objects, and environment” (p.621). The mother must possess the posture, coordination, strength and effort, and the energy necessary to perform the act of breastfeeding and general care of the infant. In this transitional period of a woman’s life, one may find it difficult provided the change in hormones, amount of sleep, and stress level to maintain the energy necessary to care for the baby and provide the nutrition. “Fatigue clearly has an impact on maternal functioning and outcomes. It is one of the most commonly cited reasons for early weaning in breastfeeding” (Callahan, Sejourne, & Denis, 2006, p. 182).

**Process Skills:** Another important element of breastfeeding is the process skills that a mother must possess which are core skills needed for breastfeeding to be successful. AOTA (2000) states that, process skills are the “skills. . . used in managing and modifying actions en route to the completion of daily life task” (p.621). The mother must possess the knowledge to seek and gather the necessary information related to breastfeeding. She must posses the ability to initiate, sequence, and terminate the act of breastfeeding, which is categorized as temporal organization (AOTA, 2002). It is vital that the mother posses the skill of adaptation which is defined by AOTA (2002) as; relating to the ability to anticipate, correct for, and benefit by learning from the consequences of errors that arise in the course of task performance” (p.622). Breastfeeding is a learning process for both the mother and infant. The mother must be able to recognize the problems that occurring. For instance, if the mother’s nipples become sore, there are a variety of problems that could be causing the pain. The mother must analyze the situation to determine if the problem stems from incorrect positioning,
incorrect use of a breastpump, etc. Once the mother recognizes the problem, she may correct the situation and in the future attempt to not repeat the mistake. The mother is able to adapt to the situations that occur.

Communication Skills: During the act of breastfeeding, the relationship of the mother and infant develops and strengthens. The mother must be able to communicate and interact with the infant appropriately for the relationship to develop properly. As a component of communication and interaction skills, physicality is the non-verbal component that is vital to the development of the bond between the infant and mother. As a mother communicates with her infant it is important that she is able to engage, express the emotion, and modulate her tone to enhance the bond that is being developed as she interacts with the infant during breastfeeding. The mother must also be able to communicate effectively with her physician, the pediatrician and other healthcare professionals who can assist her.

Intervention

Occupational therapists can serve as an additional support system for mothers preparing for the adventure ahead with their newborn. Without the additional support that these women need, they may cease breastfeeding or not initiate in the first place for the fear of failure or lack of direction. For these reasons, an occupational therapy breastfeeding program and manual was developed.

Occupational Therapy Breastfeeding Program and Manual

The occupational therapy breastfeeding program and manual, Nurture Your Infant and You: A Breastfeeding Program, has been developed for an Occupational
Therapist to use, as an intervention method, for the expectant or new mother who is dealing with a mental illness. It is an educational resource and provides valuable training in breastfeeding and related topics.

Education is an important occupation when discussing breastfeeding. The program and related manual is designed to be an 7-week program, in an outpatient behavioral health group setting, with alternative ideas to present the topics in an individual treatment session. Each week has a detailed outline of what will occur and is intended to be 90 minutes long to allow adequate time for participants needs to be met. The occupational therapist can adjust the allowed time as needed. If deemed appropriate, the program can also be used on an individual treatment basis or as a resource.

It is designed to provide an educational and supportive environment for expecting mothers experiencing emotional challenges or mental illness to learn about how it will impact their lives. Educational classes, group settings for mothers with mental illness, and individual treatment sessions are opportunities for the mothers to gain the knowledge about breastfeeding that they may not otherwise seek out or lack experience. Attending prenatal classes or antenatal classes is important to gain the knowledge and support in order for breastfeeding to be successful.

The *Nurture Your Infant and Yourself: A Breastfeeding Program* includes a group treatment plan for each of the following topic areas:

1. Introduction
2. Pre-Screening Assessment
3. Benefits of Breastfeeding
4. Breastfeeding Terminology
5. General *How To* Breastfeeding Instructions
6. Personal Hygiene
   - i. Health Management and Maintenance
7. Stress Management
The occupational therapist can adjust the group sessions, as needed, to be client-centered and appropriate for situations encountered in the future. If a woman has recently given birth, the occupational therapist also has the ability to provide individual treatment sessions that are appropriated for her needs by using the manual as a resource.

**Participant Criterion**

It is beyond the scope of this project to meet the needs all the diagnoses of MI due to various levels of functioning and skill. This program is designed to meet the needs of a specific population who are meet the criterion established and the pre-screen assessment. The criterion includes:

1. Has a diagnosis of anxiety disorder, mood disorder and/or she is at risk for postpartum depression. The decision to limit this program to specific diagnoses is based on the assumption that these women would most likely have custody of their children and have the functional capacity to care for her newborn. It is also a place to begin.
2. Able to function on a day-to-day basis without supervision by the time they are discharged from the hospital postpartum. If they are not living independently, they are unlikely to have custody of their newborn, thus the class would not serve its purpose.
3. The women have a support system available and not require visits from a case manager greater than one time per week. In order for breastfeeding
rates to increase among women, professional support, encouragement and promotion is essential.

4. Are in their third trimester of pregnancy. Special circumstances, where participants are not in their third trimester should be considered on a case-by-case basis and at the discretion of the occupational therapist conducting the individual evaluations.

Utilizing the criteria above, the pre-screen assessment, and clinical expertise the occupational therapist must determine what participants are appropriate for the program. The pre-screening assessment is located in the instructor’s manual.

**Conclusion**

In is indisputable that breast milk is the ideal source of nutrition for infants. The extensive review of literature identified that breastfeeding offers benefits for both the infant and mother that are physiological and psychological in nature. In addition to those benefits experienced by the mother and infant, there are also financial and societal benefits that are unmatched by manufactured formula.

The literature reveals that women managing a mental illness do not have adequate support available for professionals when engaging in the role of motherhood, in particular, breastfeeding. Without the proper support, breastfeeding cessation increases; therefore the benefits of breastfeeding are not experienced. Because so much can affect breastfeeding, it is important that professional support is provided to the mothers who are breastfeeding their infants. The *Nurture Your Infant and You: A Breastfeeding*
Program was developed to provide an educational and supportive environment, from an occupational therapy perspective, that will allow these women the chance to gain the skills necessary to be successful with breastfeeding.
CHAPTER III

METHODS

The *Nurture Your Infant and Your: A breastfeeding Program* is developed for an Occupational Therapist to use, as an intervention method, for the expectant or new mother who is dealing with a mental illness. It is an educational resource that provides valuable training in breastfeeding and related topics.

The process of developing this breastfeeding program began with personal experience of the struggles surrounding the ‘natural’ process of breastfeeding. During this process, support was provided from an occupational therapist that was serving as a lactation consultant. This experience spawned curiosity on defining the potential role of occupational therapy in breastfeeding. With this spark of curiosity, an extensive literature review was conducted on search engines such as: PubMed, Google Scholar, OT Search and the non-profit organization La Leche League. Several other resources including books and textbooks were utilized to gather the information necessary to complete an extensive review of current literature. The focus of the review was on the benefits of breastfeeding, factors influencing breastfeeding success and cessation, the struggles of women with mental illness, and the role of occupational therapy.

In the beginning of this process, several lactation consultants were contacted to obtain information about the role occupational therapy can play with breastfeeding. Based upon the discussion with the lactation consultants, the scholarly project’s aim was
modified as the project narrowed to women with mental illness and program criterion established.

In addition, a Level II occupational therapy fieldwork was completed in an inpatient acute behavioral health unit. On the Level II fieldwork, life skills groups were developed and implemented on topics such as: stress management, time management, nutrition and the importance of support systems. The experience in the development of these life skills groups provided guidance and background knowledge for the design of

_Nurture Your Infant and Your: A breastfeeding Program_

The _Nurture Your Infant and Your: A breastfeeding Program_ manual will serve as a resource for occupational therapists that are currently working with expecting mothers who plan on breastfeeding. This breastfeeding program manual will add to the current literature available, which is limited. It is important for the literature to continue to grow and provide the support these women need.
CHAPTER IV

PRODUCT

The purpose of this scholarly project was to design a breastfeeding program that guides occupational therapists in providing an educational and supportive group environment for expecting mothers. The focus is on mothers are experiencing emotional challenges or mental illness. The mothers will have an opportunity to learn the different aspects of breastfeeding and how it will impact their lives. The *Nurture Your Infant and You: A breastfeeding Program* is designed to be implemented in an outpatient behavioral health setting. If deemed appropriate, the program can also be used on an individual treatment basis or as a resource.

The product, *Nurture Your Infant and You: A breastfeeding Program*, is designed utilizing the principles from the Model of Human Occupational (MOHO). MOHO also focuses on the environment that the individual is in because it influences the individual’s ability to effectively function within the three elements. This model believes that the individual is composed of three elements/subsystems; 1) volition, 2) habituation and 3) performance capacity.

Volition can be described as the motivating factor for a person and their ability to make decisions about the occupations in which they engage in (Kramer, Hinojosa, & Royeen, 2003). For the purposes of this breastfeeding program, the participants have the choice to be involved and the individual makes the decision intimately to breastfeed her
infant. The women are provided with the resources and education they need, but the individual must be motivated to follow through with breastfeeding in addition to the challenge of dealing with her mental illness.

The second element, identified by MOHO, is habituation. “The habituation subsystem organizes occupational behavior into the recurrent patterns of behavior that make up much of our daily routines” (Kramer, Hinojosa, & Royeen, 2003). The program addresses the component of habituation through the development of activities that help these women establish health habits and routines for breastfeeding. With the development of a health routine, these women will be able to more effectively manage their mental illness.

The third element, identified by MOHO, is performance capacity. Performance capacity is the physical and mental abilities that allow the person to engage in his or her occupations (Kramer, Hinojosa, & Royeen, 2003). Is she effective at organizing the information she needs for success and acting upon that information both physically and mentally? This is determined by the pre-screen assessment.

All three of these elements of the woman is impacted and influenced by her environment. “Each environment potentially offers opportunities, resources, demands and constraints” (Kramer, Hinojosa, & Royeen, 2003, p. 58). This area includes the support, encouragement and resources she may or may not have. It also includes the demands and challenges she faces in her environment. In order to effectively adapt, she must be able to recognize changes, demands and challenges and react with the necessary skills. To determine how the environment will influence a person, it must be assessed on an individual basis. The *Nurture Your Infant and You: A breastfeeding Program*
does discuss the social environment to the women and serves as a value resource for them.

The *Nurture Your Infant and You: A breastfeeding Program*, is also designed to correlate with the OT Framework. “Occupational therapists and occupational therapy assistants direct their expertise to the broad range of human occupations and activities that make up people’s lives” (AOTA, 2002, p. 612). The activities that one may engage in are sorted into “areas of occupation.” Breastfeeding is a co-occupation of the parent and child. “The parent orchestrates the child’s occupation during the day and provides the support and assistance to enable the child’s successful participation in activities” (Case-Smith, 2001, p.454).

Breastfeeding relates to several different areas of occupations including: activities of daily living, instrumental activities of daily living, education, work, and social participation. Under instrumental activities of daily living, breastfeeding can be classified with child rearing and health management and maintenance.

Child rearing consists of supporting the development needs of the infant through the care provided by the mother or caregiver (AOTA, 2002). During breastfeeding, the mother must provide the physical support for positioning, presentation of the breast for latching, and handling of the breast to allow for latching.

Health management and maintenance is a vital element contributing to breastfeeding because a mother must be able to manage her nutrition intake, decreasing or stop risking behaviors she may be involved in and manage medications that affect breastfeeding. The decisions a mother makes in these areas directly affect the infant’s health and development.
Breastfeeding can also be incorporated into several areas under activities of daily living such as eating, feeding, and personal hygiene and grooming. The mother is responsible for feeding, which is bringing the food to the mouth of the infant. Personal hygiene and grooming affect breastfeeding through the mother taking care of her skin involving her breasts and nipples in order to prevent skin irritation or infections and cause harm to the infant. In order to determine whether or not a mother and her child have the performance components necessary to successfully engage in the co-occupation of breastfeeding, a trained professional can assess their abilities.

Occupational therapists are trained in skilled observation and certain assessments to determine what skills a client possesses that are effective or ineffective in relation to the occupation in which they are engaged in. Currently, there are no standardized assessments developed that determine if a mother has adequate skills to engage in breastfeeding. When an occupational therapist analyzes (assesses) the performance of a mother breastfeeding her infant, he or she is identifying precisely the skills that are sufficient or insufficient during the act of breastfeeding. These skills are categorized as: motor skills, process skills, and communication/interaction skills. In order for a mother and infant to successfully engage in the co-occupation of breastfeeding she must have specific effective skills in the following described areas.

Motor Skills: AOTA (2002) defines motor skills as “skills in moving and interacting with task, objects, and environment” (p.621). The mother must possess the posture, coordination, strength and effort, and the energy necessary to perform the act of breastfeeding and general care of the infant. In this transitional period of a woman’s life, one may find it difficult provided the change in hormones, amount of sleep, and stress
level to maintain the energy necessary to care for the baby and provide the nutrition. “Fatigue clearly has an impact on maternal functioning and outcomes. It is one of the most commonly cited reasons for early weaning in breastfeeding” (Callahan, Sejourne, & Denis, 2006, p. 182).

Process Skills: Another important element of breastfeeding is the process skills that a mother must possess which are core skills needed for breastfeeding to be successful. AOTA (2000) states that, process skills are the “skills. . . used in managing and modifying actions en route to the completion of daily life task” (p.621). The mother must possess the knowledge to seek and gather the necessary information related to breastfeeding. She must posses the ability to initiate, sequence, and terminate the act of breastfeeding, which is categorized as temporal organization (AOTA, 2002). It is vital that the mother posses the skill of adaptation which is defined by AOTA (2002) as; relating to the ability to anticipate, correct for, and benefit by learning from the consequences of errors that arise in the course of task performance” (p.622).

Breastfeeding is a learning process for both the mother and infant. The mother must be able to recognize the problems that occurring. For instance, if the mother’s nipples become sore, there are a variety of problems that could be causing the pain. The mother must analyze the situation to determine if the problem stems from incorrect positioning, incorrect use of a breastpump, etc. Once the mother recognizes the problem, she may correct the situation and in the future attempt to not repeat the mistake. The mother is able to adapt to the situations that occur.

Communication Skills: During the act of breastfeeding, the relationship of the mother and infant develops and strengthens. The mother must be able to communicate
and interact with the infant appropriately in order for the relationship to develop properly. As a component of communication and interaction skills, physicality is the non-verbal component that is vital to the development of the bond between the infant and mother. As a mother communicates with her infant it is important that she is able to engage, express the emotion, and modulate her tone to enhance the bond that is being developed as she interacts with the infant during breastfeeding. The mother must also be able to communicate effectively with her physician, the pediatrician and other healthcare professionals who can assist her.

**Intervention**

Occupational therapists can serve as an additional support system for mothers preparing for the adventure ahead with their newborn. Without the additional support that these women need, they may cease breastfeeding or not initiate in the first place for the fear of failure or lack of direction. For these reasons, an Occupational Therapy Breast Feeding Program and Manual was developed.

**Program Criterion**

It is beyond the scope of this project to meet the needs all the diagnoses of MI due to various levels of functioning and skill. This program is designed to meet the needs of a specific population who are meet the criterion established and the pre-screen assessment. The criterion includes:

1. Has a diagnosis of anxiety disorder, mood disorder and/or she is at risk for postpartum depression. The decision to limit this program to specific diagnoses is based on the assumption that these women would most likely
have custody of their children and have the functional capacity to care for her newborn. It is also a place to begin.

2. Able to function on a day-to-day basis without supervision by the time they are discharged from the hospital postpartum. If they are not living independently, they are unlikely to have custody of their newborn, thus the class would not serve its purpose.

3. The women have a support system available and not require visits from a case manager greater than one time per week. In order for breastfeeding rates to increase among women, professional support, encouragement and promotion is essential.

4. Are in their third trimester of pregnancy. Special circumstances, where participants are not in their third trimester should be considered on a case-by-case basis and at the discretion of the occupational therapist conducting the individual evaluations.

Utilizing the criteria above, the pre-screen assessment, and clinical expertise the occupational therapist must determine what participants are appropriate for the program. The pre-screening assessment is located in the instructor’s manual.

The program, in its entirety, is in Appendix A due to its size. The educational program, *Nurture Your Infant and Yourself*, is based on a current review of the literature. It is designed for the occupational therapist to use with the implementation of the 7-week breastfeeding program in an outpatient behavioral health group setting. Each week has a detailed outline of what will occur and is intended to be 90 minutes long to allow adequate time for
participants needs to be met. The occupational therapist can adjust the allowed
time as needed. If deemed appropriate, the program can also be used on an
individual treatment basis or as a resource. It is recommended that the
occupational therapists, who implements this program, receive additional
education and experience in the area of lactation consulting.
CHAPTER V
SUMMARY

Women, who are trying to manage their mental illness, as well as fulfill the role of motherhood and breastfeeding, have a limited professional support system available. Breastfeeding can be interrupted, become difficult or not even be initiated due to numerous factors that are involved. Mothers, with limited personal resources and environmental supports, who breastfeed are at risk for early cessation. The personal resources to consider include: the woman’s age, mood, and her confidence level. The environmental supports that influence breastfeeding duration include; education level, access to healthcare and services as well as social network.

Because so much can affect breastfeeding, it is important that professional support is provided, whether it is through lactation consultant that is a doctor, nurse, occupational therapist, etc. Each discipline brings a different perspective, but they have the same end goal in mind; to provide guidance/assistance so the mother can provide the gift of human milk to the infant. Breastfeeding has so many benefits but the primary is the relationship between the mother and child that could blossom. Without support, women are more likely not to initiate breastfeeding or to cease breastfeeding prematurely.

When a mental illness interferes with a woman’s abilities to engage in activities such as self-cares, work, play, and social participation, there are services and professionals available including occupational therapy to assist them.
Occupational therapists can provide individual and group treatment sessions to address the occupation of motherhood. It is hoped that in the future, women with mental illness, gain the support they need from occupational therapists and other appropriate professionals in order to be successful with the occupation of breastfeeding. The *Nurture Your Infant and You: A breastfeeding Program* was developed to begin the process of meeting the needs of women, with mental illness, whose needs are not currently being met.

**Limitations of the Project**

Currently there is limited research about the role occupational therapy plays to support the mother, with MI, in the co-occupation of breastfeeding. It is difficult to determine what support and the level of support that is needed to have a significant positive impact on breastfeeding duration due to the limited research currently available. The literature just primarily states professional support will increase breastfeeding duration.

The project is limited by the diagnoses that were chosen. The diagnoses identified were chosen for the simple fact that women with these diagnoses will have a higher likelihood of being the primary caregiver. This project is limited because women with other diagnoses definitely have the potential to breastfeed and care for their infants. These women have additional needs above and beyond the scope of this program and therefore were not included.

**Proposed Project Implementation**

The *Nurture Your Infant and Yourself: A breastfeeding Program* has been designed for an occupational therapist to implement. This program is intended to
serve as an additional support and educational experience but not to replace individual consultation with a certified lactation consultant and/or physician intervention.

The participants for this program should be evaluated and determined appropriate by utilizing the pre-screening assessment developed and the occupational therapist’s clinical reasoning skills. The participant should meet the following criteria: 1) a diagnosis of anxiety disorder, mood disorder and/or at risk for postpartum depression; 2) meet the established functional level, and 3) the women participants should be in their third trimester of pregnancy. Special circumstances, where participants are not in their third trimester of pregnancy, will need to be considered. This will be evaluated on an individual basis and at the discretion of the occupational therapist conducting the individual evaluations.

The occupational therapist should utilize the manual information provided but may wish to move around the topics to meet the unique and individual needs of the mothers. An occupational therapist could modify the material present and meet the needs of these individuals. For the purposes of this scholarly project, this was not done solely due to time restraints, professional experience, and resources available.

If the occupational therapist plans on utilizing the manual for individual treatment, additional assessment of the individual’s needs, abilities, and goals should be determined. Once additional assessment is completed, the manual can be adapted utilizing additional resources to better meet the needs of the individual.


Recommendations

The following are recommendations for future action, development or research:

1. It is recommended that the occupational therapist seek further training in lactation consulting and have experience work with mothers managing mental illness.

2. Developing or identifying a cognitive test for mothers that have suffered a brain injury or dealing with a mental illness would be beneficial to determine a mother’s ability to care for a child including the components of breastfeeding.

3. There is a strong need for further research in a variety of areas dealing with breastfeeding:
   a. Increasing the level of resources and information that address occupational therapy’s role with motherhood especially for women with mental illnesses.
   b. Identifying or developing appropriate assessments to utilize for infants and mothers when dealing with breastfeeding. The development of an assessment that incorporates all aspects of breastfeeding is important to have a holistic view on breastfeeding.
   c. Research focusing on how health care professionals can support women, with mental illness, become successful in this occupation including the decision to breastfeed.
REFERENCES


California Department of Health Services. (2006). *Sample Schedule for expressing*


Posey, A. (1995). Quick guide to lactation teaching. Retrieved May 1, 2006, from The State University of New York School of Nursing Website: http://www.nnursece.snnysb.edu/CESSstdl.nsf/04e0f8b796dd2e65852568e30055b5ef08a68d8b01e890a8525687700612ef5?openDocument


APPENDICES
NUTURE YOUR INFANT AND YOURSELF: A Breastfeeding Program

By Kathryn J. Conrad, MOTS
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Participant Booklet
Pre-Screen Assessment for
Nurture Your Infant and Yourself

The following pre-screening tool should be utilized in conjunction with your clinical expertise to determine whether a participant is deemed appropriate for the breastfeeding program. Feel free to utilize other assessments to determine the participant’s cognitive level. They should also meet the criteria identified in the manual.

1. What is your name?

2. What is your due date?

3. Do you have any other children?

4. Describe how you pregnancy has been? Have you had any complications?

5. Are you currently receiving prenatal care? If so, please describe?

6. Are you currently on any medications?

7. Are you planning on breastfeeding?
8. Have you received any breastfeeding education or have any experience?

9. What current stressors are you experiencing?

10. How do you deal with the stress in your life?

11. Have you been hospitalized for your mental illness? If so, what is the most recent time and for what reason?

12. Do you have a support system currently in place?

13. Do you have a case manager? If so, what is their name?

14. Are you currently working?

15. Please describe a typical day that you have?

16. How have you been preparing for the birth of this child?

17. Do you feel as though your illness or stresses will interfere with your ability to care for your infant? If so, how?

18. Have people voiced concerns with your parenting ability?

19. Where can you go to learn more about parenting and breastfeeding?
20. Do you feel that you will be a good mother and have the ability to breastfeed?

21. Are you capable at this time of caring for your newborn?

22. Do you want help to learn about breastfeeding?
Week 1: Deciding to Breastfeed

Introduction:
It is important to prepare for transitional periods of people's lives such as motherhood and breastfeeding. The decision to breastfeed is a huge commitment that only a mother herself can choose to make if a mother chooses to breastfeed. The mother must possess the motivation to engage in this occupation. It is important that a mother has resources available including education classes, professional support, and her family support when embarking on this life-changing role.

Purpose:
1. Help group members become comfortable with one another.
2. Educate the woman about the benefits of breastfeeding.
3. Help the mother make an informed decision in regards to breastfeeding.
4. Alleviate fears or concerns that the woman may have about breastfeeding.
5. Allow the women to understand applicable breastfeeding terminology.

Materials Needed:
- Participant booklets
- Pens
- Dry erase board
- Dry erase markers
- Starburst candy or candy of choice
- Lap trays

Week 1 Session Outline
1. Provide an introduction to the participants about yourself and the 7-week program.
2. Activity #1: Colors of your life
   - This is a warm-up activity for group members to briefly get to know one another.
   - Pass around a bag of starbursts (you can choose other candies such as M & Ms and adapt the game as you like).
• Instruct the group members to grab a handful of candy.
• Each starburst color represents a question.
  - Red: One thing you are proud of
  - Yellow: A hobby or leisure activity you enjoy
  - Orange: A favorite book, movie, or TV show
  - Pink: Tell us one thing about your family
• After everyone has selected their candy, explain to them what the colors represent.
• One at a time, each member will introduce themselves to the group and answer the questions based on the candy they grabbed.

3. Activity #2: Deciding to Breastfeed
   Warm-up question: (Select from the following or incorporate your own)
   • What is your biggest fear or concern with breastfeeding?
   • What is one positive aspect of breastfeeding?
   • What is one negative opinion regarding breastfeeding?
   • What myths have you heard about breastfeeding?
   • How do people in your family feel about breastfeeding?

4. Discuss the importance of preparing oneself when deciding to breastfeeding and how a woman may need to weigh out the positive and negative aspects. The woman's decision directly affects herself and her newborn. She needs to prepare herself for the impact it has on her new life to come.

5. Instruct the women in the group to complete the handout independently, please refer the participants to the “Deciding to Breastfeed?” worksheet in their booklet.

6. After the women are allowed appropriate time to complete handout, bring them together to discuss their results. It may be beneficial for the women to write down the results on a dry erase board. It may be necessary for a group member or you to take notes on the discussion being held for the other group members. You may decide to provide copies of the notes taken. Feel free to
adapt the group discussion or note taking as you see fit to meet the needs of the participants.

7. **Activity #3: Breastfeeding Terminology**
   - Have the participants complete the breastfeeding terminology worksheet in pairs that is located in their participant booklet.
   - After they have completed the worksheet, go through the correct answers.
   - Provide the participants with the complete definition sheet following the activity.
   - Ask participants if they have come across any other breastfeeding terminology previously that they do not understand.
   - Encourage participants to ask questions in the future if they do not understand terminology being utilized.

8. There is an additional resource about the benefits of breastfeeding. If time permits, you can discuss it with the group during the session. Please refer to Appendices A.

9. Provide a conclusion for the discussion. Allow time for potential questions that the participants may have. Encourage the participants to write down any questions they may think of after the class so they can be answered during the following session. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

10. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Deciding to Breastfeed?

Fill out the chart with the pros and cons of breastfeeding. Identify things that affect your infant, yourself, and your family. After filling out the chart, answer the questions on the next page.

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What would you like to learn about breastfeeding?

Would you like to breastfeed your baby? Why?

What do you think will be challenging about breastfeeding?

What do you think will make breastfeeding easier?

List any questions or concerns that you may have in regards to breastfeeding.
Breastfeeding Terminology

- ALVEOLI
- AREOLA
- COLOSTRUM
- DUCTS
- MASTITIS
- MECONIUM
- MILK SINOUSSES
- OXYTOCIN
- PROLACTIN
- JAUNDICE
DEFINITIONS

A. “A somewhat common condition in newborn babies, marked by a yellowing of the skin and caused by the immature liver’s inability to process excess red blood cells. Treatment for mild cases will include allowing your baby to spend time in sunlight, though in more severe cases, the baby will be admitted to the hospital and placed under lights which synthesize the sun’s rays (minus harmful UV radiation).”

B. “are small balloon-like sacs where newly produced milk is stored. They are located under the areola and drain to the outside of the breast through openings in the nipple.”

C. “are the grape-like clusters of cells inside the breast that produce human milk”

D. “is a hormone produced in the brain that causes milk production”

E. “are small tubes that carry milk from the alveoli to the milk sinuses”

F. “is an infection in the breast. Signs of mastitis include flu-like symptoms, fever, pain, and redness”

G. “is the dark part of the breast around the nipple”

H. “is a black, sticky material found in the lower bowel of newborns”

I. “is the first milk produce in the breasts. This thick, yellow fluid is produced during the last weeks of pregnancy and the first 3-5 days after birth.”

J. “is a hormone produced in the brain that causes the uterus and the small muscles around the milk-producing cells (alveoli) to contract.”
# Breastfeeding Terminology

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alveoli</td>
<td>“are the grape-like clusters of cells inside the breast that produce human milk”</td>
</tr>
<tr>
<td>Areola</td>
<td>“is the dark part of the breast around the nipple”</td>
</tr>
<tr>
<td>Colostrum</td>
<td>“is the first milk produce in the breasts. This thick, yellow fluid is produced during the last weeks of pregnancy and the first 3-5 days after birth.”</td>
</tr>
<tr>
<td>Ducts</td>
<td>“are small tubes that carry milk from the alveoli to the milk sinuses”</td>
</tr>
<tr>
<td>Mastitis</td>
<td>“is an infection in the breast. Signs of mastitis include flu-like symptoms, fever, pain, and redness”</td>
</tr>
<tr>
<td>Meconium</td>
<td>“is a black, sticky material found in the lower bowel of newborns”</td>
</tr>
<tr>
<td>Milk sinuses</td>
<td>“are small balloon-like sacs where newly produced milk is stored. They are located under the areola and drain to the outside of the breast through openings in the nipple.”</td>
</tr>
<tr>
<td>Oxytocin</td>
<td>“is a hormone produced in the brain that causes the uterus and the small muscles”</td>
</tr>
</tbody>
</table>
around the milk-producing cells (alveoli) to contract.”

**Prolactin:** “is a hormone produced in the brain that causes milk production”

**Jaundice:** “A somewhat common condition in newborn babies, marked by a yellowing of the skin and caused by the immature liver’s inability to process excess red blood cells. Treatment for mild cases will include allowing your baby to spend time in sunlight, though in more severe cases, the baby will be admitted to the hospital and placed under lights which synthesize the sun’s rays (minus harmful UV radiation).”

These definitions were obtained utilizing the following resources:


Week 2: The Start of Breastfeeding Education

Introduction:
It's important for a mother that plans to breastfeed to understand the basic components of breastfeeding and how it works physiologically. Mothers that breastfeed should understand their anatomy and how milk production occurs. Basic understand typical feeding patterns and how to deal with fussy or sleepy babies will help mothers prepare for future. These are the basic components of breastfeeding that are essential in order to increase the likelihood of success. With the educational background, these women will be able to develop their habits and routines easier.

Purpose:
1. Educate women about breast anatomy.
2. Educate women about milk production.
3. Help women learn to cope with fussy or sleep babies.

Materials Needed:
- Participant Booklets
- Pens
- Lap trays
- Dry erase board to record groups answers
- Dry erase markers
- Cloth breast model
- Optional: Laptop computer, PowerPoint Projector, and projection screen.

Week 2 Session Outline
1. Allow for time to discuss any questions women have from the previous session.

2. Activity #1: Education on Breast Anatomy, Milk Production & Feeding Patterns
   - Utilizing the PowerPoint handouts, present information on breast anatomy, milk production, and feeding patterns. When presenting the information on the types of nipples, utilize the
cloth breast model to demonstrate an inverted nipple. The cloth breast model can also be used to explain the anatomy of the breast including the structures under the skin.

• Refer the participants to their booklets for the information presented.
• Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
• Allow for discussion about the information if the participants have questions.
• At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.
• It may be beneficial to use a dry erase board to illustrate the information.

3. Activity #2: Education on Breastfeeding a Sleepy or Fussy Baby
• Utilizing the PowerPoint handouts, present information on breastfeeding a sleepy or fussy baby.
• Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
• Refer the participants to their booklets for the information presented.
• Have the women answer the two questions in relationship to sleepy and fussy babies.
• After the women are allowed appropriate time to complete the questions, bring them together to discuss their results. It may be beneficial for the women to write down the results on a dry erase board.

4. It may be necessary for a group member or you to take notes on the discussion being held for the other group members. You may decide to provide copies of the notes taken. Feel free to adapt the group discussion or note taking as you see fit to meet the needs of the participants.

5. Provide a conclusion for the discussion. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after
the class so they can be answered in the following session. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

6. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Educational Material:
- Breast Anatomy
- Milk Production
- Feed Patterns
- Sleepy/Fussy Babies

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Breast Anatomy

• Breast Size
  - Depends on fatty tissue
  - Not related to making milk
  - One breast often different than the other

• During pregnancy
  ✓ Breasts get larger
  ✓ Veins show more
  ✓ Area around the nipple darkens

Breast Anatomy

• Areola
  - Darker skin around the nipple
  - Visual target for the baby
  - Size and color differ for every woman
  - Larger and darker during pregnancy

• “Montgomery glands”
  - Protects the nipple from dryness
  - Odor helps baby find the breast
Breast Anatomy

- Alveoli
  - Grape-like clusters where milk is made

- Milk Ducts
  - Carry milk from the alveoli through the nipple

Breast Anatomy

- Nipples
  - Made of muscles & nerves
  - 7-15 openings for milk excretion
  - Many shapes & sizes
  - Change during pregnancy & after childbirth
  - Latching regardless of size/shape
  - No need to “ready” nipples for breastfeeding
Types of Nipples

- Everted (most common type)
- Flat
- Semi-Inverted
- Inverted

Type of Nipples (continued)

- Wide or non-stretchable
  - May not reach back of baby’s mouth
  - Hard for a newborn to latch-on
  - May need a breast pump to express milk

💡 You can talk to a lactation specialist if you are concerned
Breast Surgery

- Most mothers who have had surgery for:
  - Larger breasts (implants)
  - Smaller breasts (reduction)
  - Other chest surgery
    ...Can breastfeed!

- Some breast/chest surgeries may limit the amount of milk you can make

Breast Anatomy

Cross-section of the Breast

- Breast: Where milk is produced
- Milk Duct: Tube through which milk travels
- Nipple
- Areola: The dark area around the nipple
Milk Production

• Hormones cause many of the feelings mothers have while breastfeeding
  - 2 important hormones during breastfeeding are...
    • Prolactin
    • Oxytocin

Milk Production - Hormones

• Prolactin
  - Tells the breast to make milk
  - Makes you feel sleepy & calm
  - Delays your periods
  - Causes “motherly” feelings
Milk Production -
Hormones

- **Oxytocin**
  - Makes milk flow out of the breast (Milk Ejection Reflex)
  - Makes you feel relaxed and sleepy
  - Helps uterus shrink to normal size
  - Causes you to bleed less after delivery
  - Helps you have warm, loving feelings for her baby

---

Stages in Milk Production

- **Colostrum - The First Milk**
- What have you heard others say about colostrum?
Colostrum - The First Milk

- Thick, yellow milk
- Made last 3 months of pregnancy & after delivery
- Perfect for newborns
- “First Immunization”
- Helps baby go poop

Colostrum - The First Milk

- Healthy newborns ONLY need
  - Breastmilk (colostrum)
    - No formula
    - No water
    - No sugar water
    - Unless there is a special problem
Colostrum - The First Milk

- Colostrum changes to mature milk
  - Between 2nd - 5th day after birth
  - Change in breasts
    - Extra fluid moves to the breast
    - Breasts fuller, heavier, more sensitive, warmer
  - Transitional milk (takes about 1-2 weeks)

Mature milk changes to meet baby’s needs

- At the beginning of a feeding, breastmilk may be:
  - Bluish and watery
  - High in milk sugar (lactose)
  - Low in fat
  - Sometimes called “foremilk”
Breastmilk

- Towards the end of the feeding, breastmilk is:
  - Thicker
  - Whitish (not clear)
  - Higher in fat, lower in milk sugar
  - Higher in calories (energy)
  - Sometimes called “hindmilk”
  - Needed for growth
    * Baby needs hindmilk before switching to the other breast

Feeding Patterns

- Newborns breastfeed 8-12 times in 24 hrs.
  - Feed for close to an hour or just “snack”
  - Feed quickly or slowly
  - Don’t “Watch the Clock!”
  - Breastfeed when baby is hungry
  - Newborns sleep 4-5 hour stretch
Cluster Feeding

• Breastfeed several times - short time period
• Helps meet sleep needs or a growth spurt

• Mothers may think something is wrong
  “They are eating all of the time!”

• It is NORMAL

Too much time breastfeeding?

• Babies also breastfeed for other reasons
  • closeness
  • comfort
  • Security

• Healthy newborns breastfeed ~ 7 hrs/day
Sleepy Babies

• “Sleepy babies” or “very good babies”
  - Sleep for long periods of time or fall asleep after breastfeeding for only a short time
  - May not be getting enough breastmilk!
  - Count the number of wet and poopy diapers to make sure that baby is getting enough breastmilk

Sleepy Babies

• Help sleepy babies stay awake & breastfeed
  - Especially if:
    • baby falls asleep after breastfeeding for only a few minutes
    • breasts have not softened
• Babies feed with bursts of sucks & pauses
• Sleepy babies may pause longer
Fussy or Colicky Babies

- Babies are often “fussy” late afternoon/evening
- Some have “colic” and get more upset
  - May pull legs toward stomach and cry loudly
  - Cause unknown
  - Can be stressful
  - Usually goes away ~ 3 months

Help for a Colicky Baby

- Breastfeed to comfort colicky baby
- Try to be patient with the Baby
- Avoid using formula, herbal teas, or solid foods unless direct by your physician
  
  (Often makes baby feel WORSE!!)

-
Activity

• Write down three strategies to arouse or wake a “sleepy baby”

Activity

• Write down three ways to calm a fussy baby.
Week 3: Personal Hygiene and Breastfeeding

Introduction:
Personal Hygiene is a very vital component of a healthy, happy life. Even though it is so important, it is often overlooked. With a baby arriving, it is easy for a mother to stick to her typical habits and routines that she has developed. It is important that a mother learn to develop a healthy routine of habits for personal hygiene when breastfeeding her infant. Without a routine established, the way a mother feels, her stress level, and her level of success with breastfeeding may be jeopardized. It is essential that this activity of daily living not be overlooked.

Purpose:
1. Educate the woman about how personal hygiene can affect her and her infant.
2. Educate the mother about personal hygiene tasks that are involved in breastfeeding.

Materials Needed:
- Participants booklets
- Pens
- Lap trays
- Dry erase board to record groups answers
- Dry erase markers
- Balloon
- Optional: Laptop computer, PowerPoint Projector, and projection screen.

Week 3 Session Outline

1. Allow for time to discuss any questions women have from the previous session.

2. Activity #1: Taking care of Yourself
   Warm-up question: (Select from the following or incorporate your own)
   - What is one self care that you don’t think you will have time for after the baby is born?
- What is your favorite way to pamper yourself?
- What do you think is the most important self-care?

3. Introduce the topic of personal hygiene

4. Instruct the women in the group to complete the handout independently, please refer to the "Taking Care of Yourself" worksheet.

5. After the women are allowed appropriate time to complete the handout, bring them together to discuss their results. It may be beneficial for the women to write down the results on a dry erase board.

6. Open a discussion about how to make time for personal hygiene.

7. Discuss how personal hygiene may affect breastfeeding. Transition session into education about how to prepare your body for breastfeeding.

8. Activity #2: Education on Preparing for Breastfeeding
   - Utilizing the PowerPoint handouts, present information on how to prepare for breastfeeding.
   - Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
   - Refer the participants to their booklets for the information presented.
   - Allow for discussion about the information if the participants have questions.
   - At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.

9. Activity #3: Education on Potential Problems for the Mother
   - Utilizing the PowerPoint handouts, present information on potential breastfeeding problems that the mother may experience.
• Refer the participants to their booklets for the information presented.
• Allow for discussion about the information if the participants have questions.
• At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.
• Utilize the additional resources for the women to learn about what to expect in the first week.

10. Provide a conclusion for the educational session. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after the class so they can be answered in the following session. In the participant booklet, there is a page for the participants to write down questions they may come across. Please refer them to the corresponding page in their participant booklet.

11. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Taking Care of Yourself

I have trouble taking care of myself because... How does my personal hygiene make me feel?

How does my personal hygiene affect the baby? How do I prepare my body for breastfeeding?

Don’t worry!! We will talk about this.

Write down three goals about your personal hygiene once the baby arrives?

1.
2.
3.
Educational Material:

• Preparing to Breastfeed
• Potential Problems for the Mother

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
How to prepare for breastfeeding

• To prevent nipples from drying out, a woman should begin to wash your breasts once a day with just water.

• If one's nipples become excessively dry, use only a small amount of unscented lotion.

How to prepare for breastfeeding

• Allow breasts to be exposed to the air at least one time per day if possible.

• Allow bare skinned breast to be exposed to clothing without a bra on. Some women prefer to wear nursing bras and leave the flap open.

• This should occur for a period of time each day. This allows the clothing to gently rub against the breasts.

• Some women find it easy to fit this time into their schedule each morning while they are getting ready for their day.
Postpartum Nipple Care

- Use only clean water to wash breasts.
- Avoid over cleansing of breast to prevent dryness.
- If possible, allow for air drying following a feeding.
- Frequently change breast pads.
- If soreness occurs, use a small amount of breastmilk and place on the areola following each feeding. Continue this process until soreness discontinues.
- If the nipples are cracked or bleeding, apply a small amount of lanolin. Please refer to the directions on the medication for further details. Any questions or concerns can be addressed with your physician.

Potential Problems with Breastfeeding For the Mother
Potential Breastfeeding Problems

- Sore Nipples
- Blisters
- Engorgement
- Plugged Duct
- Mastitis (Breast Infection)
- Leaking

Discussion

- What concerns do you have in regards to breastfeeding problems?

- Have you had any friends that have experienced these problems? If so, what have you heard about it?
Sore Nipples

- Nipple soreness in beginning - NORMAL

- NOT normal:
  - Bruised
  - Bleeding
  - Blistered nipples

Sore Nipples

- In just 1 day, nipples can become sore/injured
- Most common causes:
  - Poor Positioning
  - Poor Latch
  - Relief right away with correct positioning/latch
Sore Nipples

- Continue to breastfeed while nipples heal
- Drying drops of breastmilk helps healing
- NO soap or alcohol
- Follow postpartum breast care suggestions
- Use a variety of breastfeeding positions
- Break the seal of the baby’s mouth prior to pulling the baby away from the breast.

If sore nipples continue after helping with position and latch on... Talk to a lactation consultant or a physician.

Blisters

- SIGN: A collect of fluid underneath the skin surface.
- Place warm water on blister prior to feeding to soften blister and prevent cracking.
Normal Fullness vs. Engorgement

- Normal Fullness
  - Normal between day 2-4
  - Breasts get fuller, heavier & larger
  - Colostrum is changing to mature milk
- Engorgement - Not normal
  - Breasts are hard, red & painful
  - Mother not breastfeeding enough
  - Fluid and milk builds up

Activity: Engorgement

- Blow up a balloon – until nipple disappear

- Why do you think a breast that looks like this would be more difficult to latch onto?
Helping Mothers with Engorgement

• Breastfeed often! (8-12 times in 24 hrs.)
• Hand express or pump small amount
• Lean breasts into a bowl of warm water & lightly massage
• If leaking or can express milk - lightly massage & apply heat just before breastfeeding

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Helping Mothers with Engorgement

• If not able to express any milk - apply cold compresses - SEEK HELP!
• Apply pressure around nipple
• Apply cold cloths often between feedings

If you have tried all of the above and baby is still having problems latching on...

鹳Talk to a lactation specialist or your physician

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Plugged Ducts

- A plugged duct:
  - Tender spot or lump in breast caused by the duct getting blocked with thick milk
  - Happens slowly
  - May not let milk drain

Plugged Ducts

- May happen because:
  - Missed feedings
  - Bra too tight
  - Pulling up bra (instead of loosening it)
  - Carrier straps on front – diaper bags/purses
  - Mother sleeping on stomach
  - Too much pressure on breasts while feeding
Plugged Duct

- Place warm water on plugged area prior to feeding.
- Begin feeding on the breast that has the plugged duct.
- Gently massage the plugged area during feeding.

Plugged Ducts

- You may feel ok - no fever
- If not treated, may cause mother to:
  - make less milk
  - get a breast infection

If you have symptoms for more than a few days or starts to get a fever...

Contact a health care provider or a lactation specialist
**Mastitis**

- Breast infection
- Can happen at anytime
- Happens quickly
- Mother feels like she has the flu (fever ~101 degrees)
- Treated with antibiotics
- You need to be seen by health care provider!

---

**Mastitis**

- SIGNS: Flu-like symptoms with painful, red, and hot breasts.
- Avoid bras that are too tight or ones that bind.
- Gradually weaning can help reduce risk of mastitis.
Mastitis

• If you have mastitis:
  - Breastfeed often (milk is not infected)
  - See health care provider & follow instructions
  - Get plenty of rest
  - Drink plenty of fluids (even when not thirsty)
  - Breastfeed often!

Medications & Breastfeeding

• Check with health care provider before taking
  ANYTHING – including “over the counter”

• If need to stop breastfeeding
  - “pump and dump”
  - pump often – keep up milk supply
Mothers with Minor Illnesses

- Most of the time you can continue breastfeeding
- Colds and flu do not pass through breastmilk
- By the time you know you are sick the baby is already exposed
- You give antibodies to your baby
  - May protect the baby from getting sick
  - Baby will get better faster
- Everyone should wash their hands before touching baby!

Mothers Who are Sick

- Mothers told not to breastfeed due to illness or treatment should . . .
  - Pump & throw away breastmilk – keeps up supply
  - Talk with lactation specialist or physician.
  - Get breastmilk from the human milk bank
Week 4: Breastfeeding Positions

Introduction:

It is essential for a mother to learn about the various breastfeeding positions. The variety of breastfeeding positions utilized by the mother can help decrease the potential breastfeeding problems. Each of the breastfeeding positions has their positive and negative aspects. Having an understanding of the breastfeeding positions can help alleviate some of the stress associated with the first few weeks.

Purpose:

1. Educate the mother about the various breastfeeding positions.
2. Each mother has the opportunity to trial each breastfeeding position.
3. Educate mothers about what to expect the first few weeks of breastfeeding and the potential infant problems that are associated with them.

Materials Needed:

- Participant booklets
- Pens
- Lap trays
- Dry erase board to record groups answers
- Dry erase markers
- Pillows & boppies

Week 4 Session Outline

1. Allow for time to discuss any questions women have from the previous session.

2. Activity #1: Breastfeeding Positions
   Warm-up question: (Select from the following or incorporate your own)
   - What breastfeeding position do you plan on using?
   - What breastfeeding position are you most familiar with?
3. Demonstrate each position listed below utilizing pillows or a boppy. Allow each woman to trial each position with a baby doll and pillows or boppies.
   - Cradle position
   - Football position
   - Sidelying position
   - Cross cradle position

4. Following each position ask the following questions.
   - What do you enjoy about this position?
   - What are your concerns with this position?
   - When would this position best be used?
   - What are benefits you can see from using this position?

5. Following the discussion session, it is important to stress the importance of using all the positions will help prevent breastfeeding problems to occur. Please refer to the breast problem information for further information.

6. If any of the women are carrying multiple fetuses, please provide additional resources for breastfeeding with twins.

7. Activity #2: Education on Breastfeeding Positions and Latching on
   - Following the breastfeeding positions activity, utilize the PowerPoint handouts on breastfeeding positions and latching on.
   - Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
   - Refer the participants to their booklets for the information presented.
   - Allow for discussion about the information if the participants have questions.
   - At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.

8. Activity #3: Education on How to Get Breastfeeding off to a Good Start
• Utilizing the PowerPoint handouts, present information on how to get breastfeeding off to a good start, the signs that breastfeeding is going well, and the potential problems that the infant may experience.
• Refer the participants to their booklets for the information presented.
• Allow for discussion about the information if the participants have questions.
• At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.
• Utilize the additional resources for the women to learn about what to expect in the first week. Please refer to Appendices B.

9. Provide a conclusion for the educational session. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after the class so they can be answered in the following session. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

10. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Educational Material:

- Breastfeeding Positions
- Latching On
- Getting Off To a Good Start
- Potential Problems for the Infant

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Positioning

- 4 common positions
  - Clutch Hold (football)
  - Cross-Cradle Hold (transitional)
  - Cradle Hold (traditional)
  - Sidelying Hold

• For all breastfeeding positions:
  - Breast must be easy to get to
  - You need to be comfortable
  - Back straight & arms supported
  - Knees level with hips when sitting
  - Remove extra clothing
Positioning

- Hold baby with your palm facing ceiling
- Bring baby to breast
- Baby's head, chest & knees face same direction

Clutch Hold (football)

- Good choice:
  - after c-section
  - premature infants
  - mothers with large breasts
  - most newborns
- Mothers can see baby's mouth open wide & help them latch
Cradle Hold

(breastfeeding position used most often)

Cross-Cradle Hold

- Helpful in early weeks of breastfeeding
- When baby’s neck needs more support
- When you need to support your breast
- Move to cradle hold after baby has latched on
Side-lying Hold

- When you want to rest
- Avoid breastfeeding in waterbeds or with fluffy blankets/comforters
- May be difficult to learn
- Can start in cradle hold at side of bed & slowly lower yourself & baby to a lying down position

Latch on
Latch-On

- Way the baby attaches to the breast
- Correct latch-on is important to:
  - Make sure baby gets enough milk
  - Avoid sore nipples
  - Get the breast to make more milk
- Some babies need a little help

4 Steps to a Successful Latch

- “Ridge” the breast (sandwich)
- Bring baby’s nose toward nipple
- Lower lip touches breast first
- Mouth takes in the underside of the areola & breast
  “Breastfeeding” not “Nipple feeding”
Getting Breastfeeding off to a Good Start

Signs of a Good Latch

- Lack of constant pain
- Chin touching the breast
- Cheeks rounded
- Nipple may come out longer, not pinched or discolored
- Lips curled outward
- Nostrils barely touch breast
- Baby’s swallows can be heard
- Breasts are softer & feel lighter after feeding
Making Enough Milk

- Breastfeed within the 1st hour after birth
- Breastfeed often (8-12+ times in 24 hrs.)
- Stimulate both breasts
- EXCLUSIVELY breastfeed
- Avoid pacifiers and artificial nipples
- Obtain breastfeeding help when necessary, at least by day 3

Signs that Breastfeeding is Going Well
Weight Gain

• Best sign baby is getting enough breastmilk

• Babies lose weight after birth - regain weight by 10-14 days

• Babies should gain:
  - Half pound a week for the 1st month
  - 1-2 pounds a month in the next few months

• Birth weight doubles by 6 months & triples by 1 year

Adequate Output

• Another way to tell if baby is getting enough breastmilk
• Count the number of wet and poopy diapers
  - Wet Diapers:
    • For the first 5 days of life: 1 wet diaper for each day of life
    • After day 5: 6-8 wet diapers each day
  - Poopy Diapers:
    • Increase each day for the first few days
    • Major changes in color and texture (NORMAL)
    • May poop every time they breastfeed (1st few weeks)
Potential Problems for the Infant

Jaundice

- Caused by build up of bilirubin
  - yellow substance in blood
- Skin or whites of eyes become yellow
- Common in newborns
- Baby may be sleepy & not breastfeed enough
- Prevented by:
  - breastfeeding as soon as possible after birth
  - breastfeeding 8-12 times per day
Jaundice

- All babies are born with extra red blood cells
- Red blood cells break down – bilirubin builds up
- If baby doesn’t poop enough in first few days, bilirubin level goes up – causes jaundice
- When baby gets a lot of colostrum (breastmilk), it makes baby stool (poop)

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Jaundice

- If your newborn has signs of jaundice, contact your physician.

    Baby needs to be seen by health care provider – ASAP

- Severe jaundice can harm baby’s brain
Spitting Up

- Babies spit up for many reasons:
  - Strong milk ejection reflex (MER)
  - Allergy to some formulas
  - Illness
  - Too much breastmilk at a feeding
  - Taking formula before or after breastfeeding
  - Strong gag reflex (urge to throw up)

Spitting Up

- Normal

- Nothing to worry about if baby is:
  - Gaining enough weight
  - Not projectile vomiting
  - Not choking
  - Not having trouble breathing

- Outgrow spitting up by 4–6 months
Spitting Up

• Suggestions that may help:
  - Keep baby in semi-reclined position
  - If the baby is gulping/choking - burp baby
  - Breastfeed on one side at each feeding

Spitting Up

• Spitting up too much - not enough weight gain
  • Gastroesophageal Reflux Disease (GERD)
  • Serious health problem
  • Babies with GERD can continue to breastfeed

If you are worried about your baby spitting up...
Talk to your baby’s health care provider
Slow Weight Gain

- Can be caused by:
  - Not feeding often enough
  - Limiting length of feedings
  - Weak milk ejection reflex
  - Mother not making enough milk
  - Baby not able to get enough milk
  - Baby is sick

Babies that Refuse to Breastfeed

- Baby may not want to breastfeed after breastfeeding has been going well
  - Mother may think something wrong with milk
  - Mother may have hurt feelings

- Two main reasons why baby may refuse:
  - Bottle nipple preference
  - Nursing strikes
Bottle Nipple Preference

- “Nipple confusion”
- Giving bottles &/or pacifiers too soon
- Flow of the milk from bottle
  - Faster
  - “Easier” for baby to get milk
- Encourage mothers – no bottles/pacifiers until baby is 3–6 weeks old

Nursing Strikes

- Suddenly refuses breast
- Way of telling mother there’s a problem
- Rarely lasts longer than a couple days
Nursing Strikes

- Common causes:
  - Return of mother's period or pregnancy
  - New soap, perfume or deodorant
  - Change in mother's diet
  - Baby - earache, cold or other health problems
  - Teething
  - Recently separated from mother (work/school)
  - If lasts more than 24 hours, contact a lactation specialist

Babies Who are Sick

- Most get better faster with breastmilk
- Breastfeed to prevent dehydration
- Breastfeed more for comfort
- Some only want to breastfeed when sick
- Some too weak to breastfeed or do not want to
  - Talk about pumping to keep up milk supply
  - Contact your baby's health care provider or a lactation specialist
**Week 5: Stress Management and Nutrition**

**Introduction:**
It is important to prepare for transitional periods of people's lives such as motherhood and breastfeeding. During these times, often women experience an increase in the amount of stress experienced due to life changes, hormone levels, and lack of sleep. Women's habits and typical routine are interrupted. Establishing stress management techniques prior to this transitional period will assist with decreasing the women's stress levels. It is vital to re-establish a healthy routine.

**Purpose:**
1. Increase awareness of stress symptoms.
2. Promote effective stress management during the transitional period of motherhood.
3. Increase awareness of stress relieving activities to be done alone or with others.

**Materials Needed:**
- Participant booklets
- Pens
- Lap trays
- Dry erase board to record groups' answers
- Dry erase markers
- Optional: Additional Resources for stress management strategies

**Week 5 Session Outline**

1. Allow for time to discuss any questions women have from the previous session

2. **Activity #1: Stress Management and the Newborn**
   **Warm-up question:** (Select from the following or incorporate your own)
   - What is your first sign that you are under stress?
   - Are others able to easily sense when you are under stress and why?
3. Discuss the importance of understanding how one's body reacts to stress. Increasing the awareness of stress symptoms will improve one's ability to manage stress.

4. Instruct the women in the group to complete the handout independently.

5. After the women are allowed appropriate time to complete handout, bring them together to discuss their results. It may be beneficial to the women to write down the results on a dry erase board.

6. Further discussion on benefits of coping with stress can be held if time permits.

7. Provide a transition to nutrition and breastfeeding. Explain how nutrition can affect stress management.

8. Activity #2: Check Your Eating Habits
   - Instruct the participants to complete the "Check Your Eating Habits" worksheet in their booklet independently.
   - After the participants have completed the worksheet, lead a discussion based on the worksheet. If the participants have check off 8-11 items, their eating habits are doing great.

9. Activity #3: Education on Nutrition
   - Utilizing the PowerPoint handouts, present information on nutrition and breastfeeding.
   - Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
   - Refer the participants to their booklets for the information presented.
   - Allow for discussion about the information if the participants have questions.
   - At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.
9. Provide a conclusion for the session. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after the class so they can be answered in the following session. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

10. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Stress Management & the Newborn

Fill out the boxes with pictures or words to describe the activities. Try to think of at least 2-3 activities in each box.

**Things I can do to relax outside your home alone**
- Exercise at the gym
- Being involved in a support group
- Journaling
- Getting a massage
- Meditation
- Hobbies

**Quick things I can do to relax**
- Deep breathing exercises
- Physical Stretching
- Laughing
- Talking to a friend on the phone
- Affirmations
- Cuddling with your newborn

**How I can relax with my baby**
- Walking with a stroller
- Baby Yoga
- Listening to music
- Jogging with a stroller
- Rocking in a rocking chair
- Hot pack on your neck
- Soaking your feet
- Laughing

**How I can to relax when my baby is sleeping**
- Exercise video
- Warm bath
- Cleaning
- Watching a comedy
- Reading
- Playing piano or instrument

Fill out the boxes with pictures or words to describe the activities. Try to think of at least 2-3 activities in each box.
Stress Management & the Newborn

Fill out the boxes with pictures or words to describe the activities. Try to think of at least 2-3 activities in each box.

- Quick things I can do to relax
- Things I can do to relax outside your home alone
- How I can relax with my baby
- How I can relax when my baby is sleeping
CHECK ALL APPROPRIATE BOXES

☐ I eat one “fresh” fruit and one “fresh vegetable each day.
☐ I have at least 1800 calories each day.
☐ I am aware of and limit my cholesterol and fat intake.
☐ I am aware of my fiber intake.
☐ I am aware of my calcium intake.
☐ I am taking a prenatal vitamin with folic acid each day.
☐ I eat at least three times a day
☐ I eat slowly in relaxed, appropriate surroundings.
☐ I drink at least eight 8-ounce glasses of water each day
☐ I do not consume alcohol.
☐ I limit the amount of fast food that I consume each week.
Educational Material:

- Nutrition & Breastfeeding

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Not Eating Right?

- Eat by appetite for the first 4–6 weeks in order to establish your milk supply (Spangler, 2000)
- After your milk supply has been established, it is okay to reduce to 1800 calories per day
  - This will maintain your milk supply
  - Can help lose weight (Spangler, 2000)
- You do not have to drink milk to make milk
  - Eat the way you ate during pregnancy
  - Eating poorly - you may feel tired/sick more often

Eating & Breastfeeding

- You can eat all types of foods without baby getting an upset stomach
- Many nutritionists recommend 500 additional calories per day (Spangler, 2000)
- Important to have an iron supplement while breastfeeding, discuss this with your physician (Spangler, 2000)
Eating & Breastfeeding

- If you think that your baby is fussy/colicky after she eats a certain food...
  - You may want to stop eating that food for a week
  - See if it makes a difference (if the signs go away)

Foods Thought to Cause Baby to be Fussy

- Common foods eaten thought to possibly upset baby's tummy:
  - cabbage, broccoli, cauliflower, brussel sprouts
  - milk
  - chocolate
  - garlic
  - spicy foods
  - drinks with caffeine
What you drink can cause your baby to be fussy

- Drink to thirst
  - Drinking more will not increase milk supply
- Whenever breastfeeding, have something to drink
- Limit caffeine
- Caffeine passes to breastmilk
  - Baby can be fussy &/or not sleep well

Key Element to Nutrition when Breastfeeding

EVERYTHING IN MODERATION !!!!!!!!!
Week 6: Expressing Milk

Introduction:
One important aspect to discuss about breastfeeding is expressing milk. The mother is the primary caregiver and supplies the nutrition for the infant. If a mother plans to separate from her infant for a given period of time, expressing the milk is vital. There are a variety of breastpumps that a mother can choose to utilize. Each type of breastpumps offers positive and negative aspects. A mother must choose what is appropriate for her situation.

Purpose:
1. Educate the mother about expressing milk.
2. Each mother has the opportunity to trial the various types of breastpumps.
3. Educate the mother about storing breastmilk.
4. Explore returning to work and breastfeeding.

Materials Needed:
• Participant booklets
• Pens
• Blank paper
• Lap trays
• Dry erase board to record groups answers
• Dry erase markers
• Cloth breast model
• Sample breastpumps (manual and automatic types)

Week 6 Session Outline
1. Allow for time to discuss any questions women have from the previous session.

2. Warm-up question: (Select from the following or incorporate your own)
   • What are you concerns regarding breastpumping?
   • Do you plan on using a breastpump? Why or why not?
3. **Activity #1: Education on Expressing Milk and Weaning**
   - Utilize the PowerPoint handouts on expressing milk.
   - Feel free to use the PowerPoint slides on a projector if you feel it would be beneficial for your participants.
   - Refer the participant to their booklets for the information presented.
   - Allow for discussion about the information if the participants have questions.
   - At your discretion, ask participants to paraphrase the information presented in order to assure that they comprehend the content.

4. **Activity #2: Pros and Cons to Expressing Milk**
   - Separate the participants into two groups.
   - Provide the participants with blank paper.
   - One group will brainstorm the pros or benefits of expressing milk.
   - One group will brainstorm the cons or negative aspects of expressing milk.
   - Have the groups present the information they have identified.

5. **Activity #3: Breastpumps**
   - Demonstrate how to use each type of breastpump on the cloth breast model.
   - Allow each participant the chance to explore the breastpumps and learn how assemble the breastpumps.
   - Separate the participants into two groups.
   - Provide the participants with blank paper.
   - One group will brainstorm the pros and cons of manual breastpumps.
   - One group will brainstorm the pros and cons of automatic breastpumps.
   - Have the groups present the information they have identified.

6. Explain the importance of storing the expressed milk correctly. Have each participant read the handout provided in their booklets. Answer any questions that the woman may have. Please refer to Appendices C for the resource.
7. If applicable to the participants, discuss returning to work and breastfeeding. Present the information presented in the handout provided, please refer to Appendices D. Answer any questions that the woman may have.

8. Provide a conclusion for the session. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after the class so they can be answered the following session. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

9. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
Educational Material:
• Expressing Milk
• Breastpumps
• Weaning

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Expressing Milk

- Helps you to start making milk
- Helps keep your milk supply up
- Mothers express breastmilk when:
  - Babies cannot breastfeed
  - They are away from their babies

Ways to Express Milk

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

Lactation specialist can help choose best pump (for situation)
Expressing Milk By Hand

- Easy way for some mothers to express milk
- Some like this method better than using a pump
- Facilitator will demonstrate one method of hand expression (using a breast model)

Pumps
Manual Pumps

- Not expensive
- Used by mothers who will not be pumping very often
- 3 types of manual pumps:
  - Cylinder pumps
    (e.g. Medela manual pump)
  - Trigger pumps
  - Rubber bulb pumps
    (bicycle horn)

Battery Operated Pumps

- Suction controlled
- Mothers who only pump a few times per week
- Batteries need to be changed often
- Used pumps may not work well

- Mothers should NEVER share a manual or battery operated pump with other mothers!
Electric Pumps

For mothers who need to express milk many times during the day

Pump both breasts at same time

- 3 types of pumps
  - Semiautomatic
  - Personal Use
  - Hospital Grade

Putting Together Pump Kit

- Watch facilitator put together a pump kit & connect it to an electric pump

- Divide into 2 teams

  - Each team - practice putting kit together

  - When ready, teams will “race”
Helpful Tips for Pumping

- You should know . . .
  - Normal for one breast to give more milk
  - Normal for milk to change color
  - Continue pumping after 1st Milk Ejection Reflex
    - Milk flow will slow or stop
    - Another MER will occur - more milk will flow

Weaning
Weaning

- Baby fed anything other than Breastmilk
- Most of us think of weaning – stop breastfeeding
- Once mothers start giving formula – they breastfeed less & stop sooner

Weaning

- Wean slowly
- If stop suddenly...
  - Baby loses favorite way to be comforted
  - Your breasts may become engorged
- Can be an emotional time for mother
  - Some feel sad
  - Others feel satisfied – ready to stop
Week 7: Time Management and Support Systems

Introduction:
Time management is an important aspect of a person's life. Adding a newborn into the picture is not exactly easy. Planning ahead is important, but it is essential to be flexible when you are on “baby time.” Prior to having a child a person may have certain priorities and responsibilities. With a baby in the picture, those same responsibilities and priorities may change especially when breastfeeding.

It is important for a mother to re-examine her responsibilities and their priority level. Then a mother can determine what she wants to be responsible for and what she wants to delegate if able. Having a strong support system identified and established can assist during this difficult time. It is important for first time mothers to realize the importance of having help around and available during the transition of becoming a new mother.

Purpose:
1. Increase awareness of how the newborn and breastfeeding affect time management.
2. Providing opportunities for the mother to re-examine her priorities.
3. Establish an action plan for the responsibilities that the individual identifies.
4. To identify one’s support system in preparation for breastfeeding.
5. To identify resources to establish or increase one’s support system.
6. To identify the importance of a support system.

Materials Needed:
- Participant booklets
- Pens
- Lap trays
- Dry erase board to record groups answers
- Dry erase markers
- Optional: Additional Resources for establishing a support system.

Week 7 Session Outline
1. Allow for time to discuss any questions the women may have from the previous session

2. Activity #1: Life After Baby
   Warm-up question: (Select from the following or incorporate your own)
   - What is one household chore that you must have control over?
   - What is one method you use to organize your duties?
   - What is your biggest fear after the baby arrives in relation to managing your responsibilities?

3. Provide an introduction to the topic of time management and the newborn.

4. Instruct the women in the group to complete the handout "Life after Baby" independently. Refer them to their participant booklet.

5. After the women are allowed appropriate time to complete handout, bring them together to discuss their results. It may be beneficial for the women to write down the results on a dry erase board.

6. Discuss the importance of time management and its relationship having a support system.

7. Activity #2: Building a Bridge of Support
   Warm-up question: (Select from the following or incorporate your own)
   - What is the first thing you do when you have a problem?
   - Describe a time when you needed help and what you did to solve the problem.
   - If you needed to talk, who would be the first person you would call?
   - Would you rather deal with a problem yourself or ask for help? Why?

8. Introduce the topic of support systems.
9. Instruct the women in the group to complete the handout “Building a Bridge of Support” independently.

10. After the women are allowed appropriate time to complete handout, bring them together to discuss their results. It may be beneficial for the women to write down the results on a dry erase board.

11. Provide a conclusion for the session. Allow time for potential questions that the participants may have. Encourage the participants to write down any question they may think of after the class and they may contact you at a later time. In the participant booklet, there is page for the participants to write down question they may come across. Please refer them to the corresponding page in their participant booklet.

12. Optional: Allow for the last 5-10 minutes as a reflection period for the participants. Please refer the participants to the reflection worksheet in their participant booklet.
<table>
<thead>
<tr>
<th>Responsibilities or chores that I have</th>
<th>Rank Importance of the items listed</th>
<th>Is this a priority for you to do after the baby is born?</th>
<th>Action Plan for when baby arrives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Doing the dishes.</td>
<td>#1</td>
<td>Not for myself, but someone needs to do it.</td>
<td>Have other family member take over the responsibility.</td>
</tr>
</tbody>
</table>
Building a Bridge of Support

Fill in the names of people in your life that you can lean on for support. These people can be family member, friends,

My supports are . . .

1. 
2. 
3. 
4. 
5. 

If you can not identify 5 people in your support system, what resources can you utilize to establish your support system?  

Why is it important to have a good support system established?

__________________________

__________________________

__________________________

__________________________

__________________________
Benefits of Breastfeeding

Human milk is uniquely suited for human infants

- Babies were born to be breastfed.
- Human milk is easy to digest and contains more than 200 components that babies need in the early months of life.
- Factors in breast milk protect infants from a wide variety of illnesses.
- Children who have been breastfed have less risk of becoming overweight or obese, even as adults.
- Research has shown that children who had been breastfed had higher IQs.

Breastfeeding saves lives

- Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- Human milk protects premature infants from life-threatening gastrointestinal disease.
- Breastfed children have lower risk of dying before their first birthday.

Breastfed infants are healthier

- Formula fed infants have twice the risk of having ear infections in the first year than infants who are exclusively breastfed for at least 4 months.
- Breastfeeding reduces the incidence, and lessens the severity of a large number of infections, including pneumonia and meningitis in infants.
- Breastfeeding protects infants against a variety of illnesses, such as diarrhea and infant botulism.
- Breastfed babies have less chance of allergies, asthma and eczema.
- Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (DDM).
- Breastfeeding may reduce the risk for subsequent inflammatory bowel disease, multiple sclerosis, rheumatoid arthritis and childhood cancers.
Breastfeeding helps mothers recover from childbirth

- Breastfeeding helps the uterus to shrink to its pre-pregnancy state and reduces the amount of blood lost after delivery.
- Mothers who breastfeed for at least 3 months may lose more weight than mothers who do not breastfeed.
- Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than mothers who do not breastfeed.

Breastfeeding keeps women healthier throughout their lives

- Exclusive breastfeeding for the first 6 months can help in child spacing among women who do not use contraceptives (The Lactation Amenorrhea Method).
- Breastfeeding reduces the risk of breast and ovarian cancer.
- Breastfeeding may reduce the risk of osteoporosis.

Breastfeeding is economical

- The cost of infant formula has increased 150 percent since the 1980's.
- Breastfeeding reduces health care costs.

Breastfeeding is environmentally sound

- Unlike infant formula, breastfeeding requires no fossil fuels for its manufacture or preparation.
- Breastfeeding reduces pollutants created as by-products during the manufacture of plastics for bottles and metal for cans to contain infant formula.
- Breastfeeding reduces the burden on our landfills, as there are no cans to throw away.

WIC can help you with breastfeeding. Find out if you qualify.

WIC serves low-income pregnant women, breastfeeding and new moms, and children under 5 years old.

Women, Infants and Children Supplemental Nutrition Program
Call Toll-Free:
1-888-WIC WORKS
Or Check Our Web Site:
www.wicworks.ca.gov

WIC is an equal opportunity program.
What else should I know?

- Your nipples will be slightly tender. If you have concerns, call WIC.

- Your breasts will feel more full around days 2–5 and then feel less full around day 7.

- All babies have times when they want to eat more often (cluster feeding). Breastfeed at these times even if your baby was just fed—you are always making milk.

- Breastfeeding takes practice—just like learning a new dance. It will get easier as your baby grows. By the time he or she is 6 weeks old, you will both be experts!

- Baby may lose some weight but should be back to birth weight by 7–10 days.

Babies are born to breastfeed!

If you have any questions about breastfeeding, please call:

What to Expect in the First Week of Breastfeeding
What do I need to know about breastfeeding in the first week?

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

Your baby’s stools will change:

<table>
<thead>
<tr>
<th>Days 1-2</th>
<th>Wet Diapers</th>
<th>Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, thick, and sticky</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days 3-4</th>
<th>Wet Diapers</th>
<th>Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenish to yellow and less thick</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By Day 5</th>
<th>Wet Diapers</th>
<th>Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mustard or yellow, seedy and watery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

How do I know my baby is getting enough milk?

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

Circle how many diapers your baby uses:

<table>
<thead>
<tr>
<th>Baby’s Age</th>
<th>Wet Diapers</th>
<th>Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Days Old</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When should I call my doctor?

If your baby:

- has a dry mouth
- has red-colored urine
- has yellow skin (jaundice)
- does not have enough wet or dirty diapers (see chart above)
- will not wake up to eat at least 8 times in 24 hours
You will know that your baby is getting plenty of breastmilk in the first week of life when...

1. Your baby was on the breast as soon as possible after the delivery (ideally within one hour of birth).
2. Your baby is interested in feeding every 1-1/2 to 2 hours. Babies have small stomachs and it is normal for them to be hungry often.
3. Your baby can be heard or seen swallowing.
4. Your baby seems satisfied and content after feeding.
5. Your breasts feel softer after each feeding.
6. Your baby has enough wet diapers and poops.

I have an appointment for my baby’s check up on [Date]

Call ______ if you have any questions about breastfeeding. You may also bring your baby to your WIC Center so they can help you with breastfeeding. Bring this sheet with you to your WIC visit.

COUNT THE DIAPERS

Check the boxes below to help keep track of how many poops and wet diapers your baby has each day (example: ✓)

The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is indicated.

<table>
<thead>
<tr>
<th>Baby’s age</th>
<th>wet</th>
<th>poops</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY 1 (Birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Watch for the poops to change during the first week.

The color and texture of your baby’s poops will change.

<table>
<thead>
<tr>
<th>Color and texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1-2</td>
</tr>
<tr>
<td>Thick, terry and black</td>
</tr>
<tr>
<td>Day 3-4</td>
</tr>
<tr>
<td>Greenish yellow</td>
</tr>
<tr>
<td>By day 5</td>
</tr>
<tr>
<td>Seedy, watery mustard color</td>
</tr>
</tbody>
</table>

Call your doctor immediately or go to the emergency room if your baby has:

* a dry mouth
* sunken "soft spot" in the head
* red brick dust in urine or red colored urine
* baby’s skin looks yellow (jaundice)

This handout is designed to be used until your baby is one week old.
Collecting and Storing Breastmilk

These guidelines apply to collecting and storing breastmilk for home use for healthy, full-term babies. For other situations, such as a premature baby or milk for hospital use, please see your health care provider.

Handling breastmilk:
- Wash hands before expressing or handling breastmilk.

Collecting breastmilk:
- Collect milk in clean bottles or bags strong enough to hold milk.
- Fill bottles or bags in the portion size needed for feedings. (2 or 3 ounces per bottle usually works well.)
- Leave space at the top for expansion of the liquid if freezing.
- Date all bottles and bags. Use milk with the oldest date first.
- Clean your breastpump after each use.

Storing breastmilk:
At work:
- Store milk in your own cooler with ice/ice gel pack or in the company refrigerator.

At home:
- Milk may be stored in the refrigerator up to 3 days, at a temperature less than 40 F.
- Milk may be stored in the freezer up to 3-4 months, at a temperature less than 32 F.
- Milk may be stored in a deep freezer for 6 months or longer at a temperature less than 0 F.
- Store milk in the back of the refrigerator and freezer where the temperature is lower. Do NOT store milk in the door of the refrigerator or freezer.
Thawing and warming breastmilk:
- Thaw or warm the amount of breastmilk that is needed for a feeding.
- Thaw frozen breastmilk by putting it in the refrigerator the night before use.
- If frozen milk is not thawed in the refrigerator set the container in a pan or bowl of cool water.
- To warm milk, run warm water from the tap over the bottle or bag or set it in a pan or bowl of warm water. Do NOT boil or microwave breastmilk.
- Gently rotate the container to mix before feeding it to your baby. This helps mix the fat and water layers that separate when stored.
- Use the milk right away after thawing and warming. The milk should be used:
  - Within 24 hours if refrigerated and
  - Within 1 hour if at room temperature.
- Discard any breastmilk left in your baby's bottle after feeding. Bacteria in your baby's saliva can spoil milk and make it unsafe to drink.

Adapted with permission from the Texas Department of Health.
Working and Breastfeeding

Many mothers juggle being a mom and working outside the home. Women who return to work and continue to breastfeed their babies say it is “well worth the effort” and they would “do it again with the next baby.”

Mothers, babies, families and employers all benefit from breastfeeding.

Your employer can help

California law supports breastfeeding mothers who are working. Beginning January 1, 2002, employers are required to provide:

- a reasonable amount of normal break time to accommodate an employee desiring to express breastmilk, and
- make a reasonable effort to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee’s work area, for the employee to express milk in private.

If possible, the break time should coincide with the employee’s paid break time. If not, the break time need not be paid. Employers are exempt from providing the additional break time if to do so would seriously disrupt operations. To read the actual law, go to www.assembly.ca.gov. Click on legislation, then search for AB 1025.

Talk with your employer before returning to work to arrange where and when you will be able to express milk at work. Check into the use of a vacant office or a break room, or borrowing a co-worker’s office while he/she is on break. Initially, plan on 30 minute breaks about every three hours to express milk. Adjust the schedule to your individual needs.

Tips before returning to work:

- Take as long of a maternity leave as you can. The early weeks are important for bonding with your baby and building your milk supply.
- Rest, relax and focus on getting breastfeeding off to a good start.
- Establish a good milk supply by breastfeeding often. Beware of supplementing with infant formula; it may cause your body to make less milk.
- If you plan to use a bottle or cup when you and baby are separated, introduce the bottle to your baby a few weeks before you return to work. Then offer the bottle or cup every once in a while so baby learns how to drink from it.
- If your baby will not take a bottle or cup from you, have someone else give it.
  - Choose a childcare provider that supports breastfeeding moms.
  - Start storing expressed milk at least 2 weeks before going back to work. Store milk in small amounts, 2 to 4 ounces per bottle. Label bottles with the date collected and baby's name.
  - Confirm plans with your employer on when and where you will express milk at work.
  - Take a day to practice and see what returning to work will be like. Example: Get baby and yourself ready for the day, nurse, drop baby off at day care, go to work, pump during the day, pick baby up from day care, nurse, spend your evening as usual.
- If possible go back to work slowly—part time, ½ time and then gradually going to full time.

Tips when back on the job:

- Consider making your first day back at work a Thursday. Working 2 days at first is easier than working an entire week.
- Nurse your baby before going to work.
- Pump your milk as often as you would nurse your baby. Label the container with the date and store it in a refrigerator or ice chest.
- Express breastmilk before your breasts start to feel full.
- Give your caregiver containers of expressed breastmilk to feed your baby.
- Ask your caregiver to avoid feeding baby close to the time you expect to pick up your child, so baby will be eager to breastfeed when you arrive.
- Nurse your baby when you return home, evenings, on weekends, and as often as you can whenever you are with your baby.
Sample Schedule for Expressing Breastmilk at Work

Make a plan for when you will need to express breastmilk at work. You will need to express milk at the times you would normally breastfeed your baby. It is common for a working mother to express her milk during 30-minute breaks* about every 3 hours. As the baby gets older, the pumping sessions will probably decrease in number and length of time needed.

Here is an example of a schedule for a mother working between the hours of 8 a.m. and 5:30 p.m., allowing two 30 minute breaks for expressing breastmilk, and an hour lunch to eat and express breastmilk:

<table>
<thead>
<tr>
<th>Time</th>
<th>Place</th>
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<tbody>
<tr>
<td>7:00 am before work</td>
<td>At home and/or childcare</td>
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<tr>
<td>Start work at 8:00 am</td>
<td>At Work</td>
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<td>10:00 am break</td>
<td>At Work</td>
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<td>12:30 pm lunch</td>
<td>At Work</td>
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<tr>
<td>3:30 pm break</td>
<td>At Work</td>
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<tr>
<td>End work at 5:30 pm</td>
<td>At Work</td>
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<tr>
<td>6:00 pm after work</td>
<td>At childcare or home</td>
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<tr>
<td>Evening and nighttime</td>
<td>At home</td>
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* The time needed to express milk varies from mother to mother. Mothers who pump both breasts simultaneously normally need less time than mothers who pump one breast at a time.

Individualize your plan to meet your needs.

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Women, Infants and Children Supplemental Nutrition Program
Call Toll-Free:
1-888-WIC WORKS
Or Check Our Web Site: www.wicworks.ca.gov

WIC is an equal opportunity program.
• Talk with other working breastfeeding mothers to share ideas and encourage each other.

**Concerned with a low milk supply?**

• Nurse more often. Nursing your baby is the best way to help you make more milk. Supplementing with infant formula may keep your body from making enough milk.
• Pump more often at work.
• Double pump—pump both breasts at the same time.
• Massage breasts, relax, and think of your baby while expressing your milk.
  • Reduce stress—after work take a warm bath, listen to soothing music, and be physically active.
  • Make life simpler—get help with chores at home and limit errands and extra responsibilities.
  • Get more rest on weekends and during the night. Take baby to bed with you and nurse often.
• If trying to lose weight, lose no more than 1-2 pounds a week.
• See your health care provider or lactation specialist to discuss your situation.

**How long should you breastfeed?**

The American Academy of Pediatrics recommends breastfeeding at least until your baby is one year of age, and as long as you wish beyond that time. Enjoy the health benefits and closeness breastfeeding brings while you breastfeed and also later in life.

Adapted with permission from the Texas Department of Health.
NUTURE YOUR INFANT AND YOURSELF: A Breastfeeding Program

By Kathryn J. Conrad, MOTS
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Additional Resources

- Benefits of Breastfeeding
- First Week of Breastfeeding
- Collecting and Storing Milk
- Working and Breastfeeding
WEEK 1
Deciding to Breastfeed?

Fill out the chart with the pros and cons of breastfeeding. Identify things that affect your infant, yourself, and your family. After filling out the chart, answer the questions on the next page.

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What would you like to learn about breastfeeding?

Would you like to breastfeed your baby? Why?

What do you think will be challenging about breastfeeding?

What do you think will make breastfeeding easier?

List any questions or concerns that you may have in regards to breastfeeding.
A. “A somewhat common condition in newborn babies, marked by a yellowing of the skin and caused by the immature liver's inability to process excess red blood cells. Treatment for mild cases will include allowing your baby to spend time in sunlight, though in more severe cases, the baby will be admitted to the hospital and placed under lights which synthesize the sun's rays (minus harmful UV radiation).”

B. “are small balloon-like sacs where newly produced milk is stored. They are located under the areola and drain to the outside of the breast through openings in the nipple.”

C. “are the grape-like clusters of cells inside the breast that produce human milk”

D. “is a hormone produced in the brain that causes milk production”

E. “are small tubes that carry milk from the alveoli to the milk sinuses”

F. “is an infection in the breast. Signs of mastitis include flu-like symptoms, fever, pain, and redness”

G. “is the dark part of the breast around the nipple”

H. “is a black, sticky material found in the lower bowel of newborns”

I. “is the first milk produce in the breasts. This thick, yellow fluid is produced during the last weeks of pregnancy and the first 3-5 days after birth.”

J. “is a hormone produced in the brain that causes the uterus and the small muscles around the milk-producing cells (alveoli) to contract.”
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 1

[Blank space for reflection]

[Pages dedicated for reflection]
WEEK 2
Educational Material:

- Breast Anatomy
- Milk Production
- Feed Patterns
- Sleepy/Fussy Babies

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Breast Anatomy

- Breast Size
  - Depends on fatty tissue
  - Not related to making milk
  - One breast often different than the other

- During pregnancy
  - Breasts get larger
  - Veins show more
  - Area around the nipple darkens

Breast Anatomy

- Areola
  - Darker skin around the nipple
  - Visual target for the baby
  - Size and color differ for every woman
  - Larger and darker during pregnancy

- “Montgomery glands”
  - Protects the nipple from dryness
  - Odor helps baby find the breast
Breast Anatomy

• Alveoli
  - Grape-like clusters where milk is made

• Milk Ducts
  - Carry milk from the alveoli through the nipple

Breast Anatomy

• Nipples
  - Made of muscles & nerves
  - 7-15 openings for milk excretion
  - Many shapes & sizes
  - Change during pregnancy & after childbirth
  - Latching regardless of size/shape
  - No need to "ready" nipples for breastfeeding
Types of Nipples

- Everted (most common type)
- Flat
- Semi-Inverted
- Inverted

Type of Nipples (continued)

- Wide or non-stretchable
  - May not reach back of baby’s mouth
  - Hard for a newborn to latch-on
  - May need a breast pump to express milk

💡 You can talk to a lactation specialist if you are concerned
Breast Surgery

- Most mothers who have had surgery for:
  - Larger breasts (implants)
  - Smaller breasts (reduction)
  - Other chest surgery
    ...Can breastfeed!

- Some breast/chest surgeries may limit the amount of milk you can make

Breast Anatomy

Cross-section of the Breast

- Breast: Organ that produces milk
- Milk Duct: Tunnel through which milk travels
- Nipple: Area around the peak
- Areola: The dark area around the nipple
Milk Production

- Hormones cause many of the feelings mothers have while breastfeeding
  - 2 important hormones during breastfeeding are...
    - Prolactin
    - Oxytocin

Milk Production - Hormones

- Prolactin
  - Tells the breast to make milk
  - Makes you feel sleepy & calm
  - Delays your periods
  - Causes “motherly” feelings
Milk Production -
Hormones

- Oxytocin
  - Makes milk flow out of the breast (Milk Ejection Reflex)
  - Makes you feel relaxed and sleepy
  - Helps uterus shrink to normal size
  - Causes you to bleed less after delivery
  - Helps you have warm, loving feelings for her baby

Stages in Milk Production

- Colostrum - The First Milk
- What have you heard others say about colostrum?
Colostrum - The First Milk

- Thick, yellow milk
- Made last 3 months of pregnancy & after delivery
- Perfect for newborns
- "First Immunization"
- Helps baby go poop

Colostrum - The First Milk

- Healthy newborns ONLY need
  - Breastmilk (colostrum)
    - No formula
    - No water
    - No sugar water
    - Unless there is a special problem
**Colostrum – The First Milk**

- Colostrum changes to mature milk
  - Between 2nd - 5th day after birth
  - Change in breasts
    - Extra fluid moves to the breast
    - Breasts fuller, heavier, more sensitive, warmer
  - Transitional milk (takes about 1-2 weeks)

---

**Mature milk changes to meet baby's needs**

- At the *beginning* of a feeding, breastmilk may be:
  - Bluish and watery
  - High in milk sugar (lactose)
  - Low in fat
  - Sometimes called “foremilk”
Breastmilk

• Towards the end of the feeding, breastmilk is:
  - Thicker
  - Whitish (not clear)
  - Higher in fat, lower in milk sugar
  - Higher in calories (energy)
  - Sometimes called “hindmilk”
  - Needed for growth
    • Baby needs hindmilk before switching to the other breast

Feeding Patterns

• Newborns breastfeed 8-12 times in 24 hrs.
  - Feed for close to an hour or just “snack”
  - Feed quickly or slowly
  - Don’t “Watch the Clock!”
  - Breastfeed when baby is hungry
  - Newborns sleep 4-5 hour stretch
Cluster Feeding

- Breastfeed several times - short time period
- Helps meet sleep needs or a growth spurt
- Mothers may think something is wrong
  “They are eating all of the time!”
- It is NORMAL

Too much time breastfeeding?

- Babies also breastfeed for other reasons
  - closeness
  - comfort
  - Security
- Healthy newborns breastfeed ~ 7 hrs/day
Sleepy Babies

- “Sleepy babies” or “very good babies”
  - Sleep for long periods of time or fall asleep after breastfeeding for only a short time
  - May not be getting enough breastmilk!
  - Count the number of wet and poopy diapers to make sure that baby is getting enough breastmilk

Sleepy Babies

- Help sleepy babies stay awake & breastfeed
  - Especially if:
    - baby falls asleep after breastfeeding for only a few minutes
    - breasts have not softened
- Babies feed with bursts of sucks & pauses
- Sleepy babies may pause longer
Fussy or Colicky Babies

- Babies are often “fussy” late afternoon/evening
- Some have “colic” and get more upset
  - May pull legs toward stomach and cry loudly
  - Cause unknown
  - Can be stressful
  - Usually goes away ~ 3 months

---

Help for a Colicky Baby

- Breastfeed to comfort colicky baby
- Try to be patient with the Baby
- Avoid using formula, herbal teas, or solid foods unless direct by your physician

(Often makes baby feel WORSE!!)
Activity

• Write down three strategies to arouse or wake a “sleepy baby”

Activity

• Write down three ways to calm a fussy baby.
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 2
WEEK 3
Taking Care of Yourself

I have trouble taking care of myself because... How does my personal hygiene make me feel?

How does my personal hygiene affect the baby? How do I prepare my body for breastfeeding?

Don’t worry!! We will talk about this.

Write down three goals about your personal hygiene once the baby arrives?

1.
2.
3.
Educational Material:
• Preparing to Breastfeed
• Potential Problems for the Mother

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
How to prepare for breastfeeding

• To prevent nipples from drying out, a woman should begin to wash your breasts once a day with just water.
• If one’s nipples become excessively dry, use only a small amount of unscented lotion.

How to prepare for breastfeeding

• Allow breasts to be exposed to the air at least one time per day if possible.
• Allow bare skinned breast to be exposed to clothing without a bra on. Some women prefer to wear nursing bras and leave the flap open.
• This should occur for a period of time each day. This allows the clothing to gently rub against the breasts.
• Some women find it easy to fit this time into their schedule each morning while they are getting ready for their day.
Potential Problems with Breastfeeding For the Mother

- Use only clean water to wash breasts.
- Avoid over cleansing of breast to prevent dryness.
- If possible, allow for air drying following a feeding.
- Frequently change breast pads.
- If soreness occurs, use a small amount of breastmilk and place on the areola following each feeding. Continue this process until soreness discontinues.
- If the nipples are cracked or bleeding, apply a small amount of lanolin. Please refer to the directions on the medication for further details. Any questions or concerns can be addressed with your physician.
Potential Breastfeeding Problems

- Sore Nipples
- Blisters
- Engorgement
- Plugged Duct
- Mastitis (Breast Infection)
- Leaking

Discussion

- What concerns do you have in regards to breastfeeding problems?

- Have you had any friends that have experienced these problems? If so, what have you heard about it?
**Sore Nipples**

- Nipple soreness in beginning - NORMAL

- **NOT** normal:
  - Bruised
  - Bleeding
  - Blistered nipples

---

**Sore Nipples**

- In just 1 day, nipples can become sore/injured

- Most common causes:
  - Poor Positioning
  - Poor Latch
  - Relief right away with correct positioning/latch
Sore Nipples

- Continue to breastfeed while nipples heal
- Drying drops of breastmilk helps healing
- NO soap or alcohol
- Follow postpartum breast care suggestions
- Use a variety of breastfeeding positions
- Break the seal of the baby’s mouth prior to pulling the baby away from the breast.
If sore nipples continue after helping with position and latch on... Talk to a lactation consultant or a physician.

Blisters

- SIGN: A collect of fluid underneath the skin surface.
- Place warm water on blister prior to feeding to soften blister and prevent cracking.
**Normal Fullness vs. Engorgement**

- **Normal Fullness**
  - Normal between day 2-4
  - Breasts get fuller, heavier & larger
  - Colostrum is changing to mature milk

- **Engorgement - Not normal**
  - Breasts are hard, red & painful
  - Mother not breastfeeding enough
  - Fluid and milk builds up

---

**Activity: Engorgement**

- Blow up a balloon – until nipple disappear

- Why do you think a breast that looks like this would be more difficult to latch onto?
Helping Mothers with Engorgement

• Breastfeed often! (8-12 times in 24 hrs.)

• Hand express or pump small amount

• Lean breasts into a bowl of warm water & lightly massage

• If leaking or can express milk - lightly massage & apply heat just before breastfeeding

---

Helping Mothers with Engorgement

• If not able to express any milk
  - apply cold compresses - SEEK HELP!

• Apply pressure around nipple

• Apply cold cloths often between feedings

  If you have tried all of the above and baby is still having problems latching on...

 🌸 Talk to a lactation specialist or your physician
Plugged Ducts

- A plugged duct:
  - Tender spot or lump in breast caused by the duct getting blocked with thick milk
  - Happens slowly
  - May not let milk drain

Plugged Ducts

- May happen because:
  - Missed feedings
  - Bra too tight
  - Pulling up bra (instead of loosening it)
  - Carrier straps on front – diaper bags/purses
  - Mother sleeping on stomach
  - Too much pressure on breasts while feeding
Plugged Duct

- Place warm water on plugged area prior to feeding.
- Begin feeding on the breast that has the plugged duct.
- Gently massage the plugged area during feeding.

Plugged Ducts

- You may feel ok - no fever
- If not treated, may cause mother to:
  - make less milk
  - get a breast infection

If you have symptoms for more than a few days or starts to get a fever...
Contact a health care provider or a lactation specialist
Mastitis

- Breast infection
- Can happen at anytime
- Happens quickly
- Mother feels like she has the flu (fever ~101 degrees)
- Treated with antibiotics
- **You need to be seen by health care provider!**

---

Mastitis

- **SIGNS:** Flu-like symptoms with painful, red, and hot breasts.
- Avoid bras that are too tight or ones that bind.
- Gradually weaning can help reduce risk of mastitis.
Mastitis

• If you have mastitis:
  - Breastfeed often (milk is not infected)
  - See health care provider & follow instructions
  - Get plenty of rest
  - Drink plenty of fluids (even when not thirsty)
  - Breastfeed often!

Medications & Breastfeeding

• Check with health care provider before taking ANYTHING – including “over the counter”

• If need to stop breastfeeding
  - “pump and dump”
  - pump often – keep up milk supply
Mothers with Minor Illnesses

- Most of the time you can continue breastfeeding
- Colds and flu do not pass through breastmilk
- By the time you know you are sick the baby is already exposed
- You give antibodies to your baby
  - May protect the baby from getting sick
  - Baby will get better faster
- Everyone should wash their hands before touching baby!

Mothers Who are Sick

- Mothers told not to breastfeed due to illness or treatment should . . .
  - Pump & throw away breastmilk – keeps up supply
  - Talk with lactation specialist or physician.
  - Get breastmilk from the human milk bank
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 3

[Blank space for text]
Educational Material:

• Breastfeeding Positions
• Latching On
• Getting Off To a Good Start
• Potential Problems for the Infant

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Positioning

- 4 common positions
  - Clutch Hold (football)
  - Cross-Cradle Hold (transitional)
  - Cradle Hold (traditional)
  - Sidelying Hold

- For all breastfeeding positions:
  - Breast must be easy to get to
  - You need to be comfortable
  - Back straight & arms supported
  - Knees level with hips when sitting
  - Remove extra clothing
Positioning

- Hold baby with your palm facing ceiling
- Bring baby to breast
- Baby's head, chest & knees face same direction

Clutch Hold (football)

- Good choice:
  - after c-section
  - premature infants
  - mothers with large breasts
  - most newborns
- Mothers can see baby's mouth open wide & help them latch
Cradle Hold

(breastfeeding position used most often)

Cross-Cradle Hold

- Helpful in early weeks of breastfeeding
- When baby's neck needs more support
- When you need to support your breast
- Move to cradle hold after baby has latched on
Side-lying Hold

- When you want to rest
- Avoid breastfeeding in waterbeds or with fluffy blankets/comforters
- May be difficult to learn
- Can start in cradle hold at side of bed & slowly lower yourself & baby to a lying down position

Latch on
**Latch-On**

- Way the baby attaches to the breast
- Correct latch-on is important to:
  - Make sure baby gets enough milk
  - Avoid sore nipples
  - Get the breast to make more milk
- Some babies need a little help

---

**4 Steps to a Successful Latch**

- “Ridge” the breast (sandwich)
- Bring baby’s nose toward nipple
- Lower lip touches breast first
- Mouth takes in the underside of the areola & breast
  “Breastfeeding” not “Nipple feeding”
Signs of a Good Latch

- Lack of constant pain
- Chin touching the breast
- Cheeks rounded
- Nipple may come out longer, not pinched or discolored
- Lips curled outward
- Nostrils barely touch breast
- Baby's swallows can be heard
- Breasts are softer & feel lighter after feeding

Getting Breastfeeding off to a Good Start
Making Enough Milk

- Breastfeed within the 1st hour after birth
- Breastfeed often (8-12+ times in 24 hrs.)
- Stimulate both breasts
- EXCLUSIVELY breastfeed
- Avoid pacifiers and artificial nipples
- Obtain breastfeeding help when necessary, at least by day 3

Signs that Breastfeeding is Going Well
**Weight Gain**

- Best sign baby is getting enough breastmilk
- Babies lose weight after birth - regain weight by 10-14 days
- Babies should gain:
  - Half pound a week for the 1st month
  - 1-2 pounds a month in the next few months
- Birth weight doubles by 6 months & triples by 1 year

**Adequate Output**

- Another way to tell if baby is getting enough breastmilk
- Count the number of wet and poopy diapers
  - Wet Diapers:
    - For the first 5 days of life: 1 wet diaper for each day of life
    - After day 5: 6-8 wet diapers each day
  - Poopy Diapers:
    - Increase each day for the first few days
    - Major changes in color and texture (NORMAL)
    - May poop every time they breastfeed (1st few weeks)
Potential Problems for the Infant

Jaundice

- Caused by build up of bilirubin
  - yellow substance in blood
- Skin or whites of eyes become yellow
- Common in newborns
- Baby may be sleepy & not breastfeed enough
- Prevented by:
  - breastfeeding as soon as possible after birth
  - breastfeeding 8-12 times per day
Jaundice

- All babies are born with extra red blood cells
- Red blood cells break down – bilirubin builds up
- If baby doesn’t poop enough in first few days, bilirubin level goes up – causes jaundice
- When baby gets a lot of colostrum (breastmilk), it makes baby stool (poop)

Jaundice

- If your newborn has signs of jaundice, contact your physician.

  Baby needs to be seen by health care provider – ASAP

- Severe jaundice can harm baby’s brain
Spitting Up

- Babies spit up for many reasons:
  - Strong milk ejection reflex (MER)
  - Allergy to some formulas
  - Illness
  - Too much breast milk at a feeding
  - Taking formula before or after breastfeeding
  - Strong gag reflex (urge to throw up)

Spitting Up

- Normal

- Nothing to worry about if baby is:
  - Gaining enough weight
  - Not projectile vomiting
  - Not choking
  - Not having trouble breathing

- Outgrow spitting up by 4–6 months
Spitting Up

• Suggestions that may help:
  - Keep baby in semi-reclined position
  - If the baby is gulping/choking - burp baby
  - Breastfeed on one side at each feeding

Spitting Up

• Spitting up too much - not enough weight gain
  • Gastroesophageal Reflux Disease (GERD)
  • Serious health problem
  • Babies with GERD can continue to breastfeed

If you are worried about your baby spitting up...

Talk to your baby's health care provider
Slow Weight Gain

- Can be caused by:
  - Not feeding often enough
  - Limiting length of feedings
  - Weak milk ejection reflex
  - Mother not making enough milk
  - Baby not able to get enough milk
  - Baby is sick

Babies that Refuse to Breastfeed

- Baby may not want to breastfeed after breastfeeding has been going well
  - Mother may think something wrong with milk
  - Mother may have hurt feelings

- Two main reasons why baby may refuse:
  - Bottle nipple preference
  - Nursing strikes
Bottle Nipple Preference

• “Nipple confusion”

• Giving bottles &/or pacifiers too soon

• Flow of the milk from bottle
  - Faster
  - “Easier” for baby to get milk

• Encourage mothers - no bottles/ pacifiers until baby is 3-6 weeks old

Nursing Strikes

• Suddenly refuses breast

• Way of telling mother there’s a problem

• Rarely lasts longer than a couple days
Nursing Strikes

• Common causes:
  - Return of mother’s period or pregnancy
  - New soap, perfume or deodorant
  - Change in mother’s diet
  - Baby - earache, cold or other health problems
  - Teething
  - Recently separated from mother (work/school)
  - If lasts more than 24 hours, contact a lactation specialist

Babies Who are Sick

• Most get better faster with breastmilk
• Breastfeed to prevent dehydration
• Breastfeed more for comfort
• Some only want to breastfeed when sick
• Some too weak to breastfeed or do not want to
  - Talk about pumping to keep up milk supply
  - Contact your baby’s health care provider or a lactation specialist
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 4
WEEK 5
Stress Management & the Newborn

Fill out the boxes with pictures or words to describe the activities. Try to think of at least 2-3 activities in each box.

Quick things I can do to relax

Things I can do to relax outside your home alone

How I can relax with my baby

How I can to relax when my baby is sleeping


**CHECK ALL APPROPRIATE BOXES**

- I eat one “fresh” fruit and one “fresh vegetable each day.
- I have at least 1800 calories each day.
- I am aware of and limit my cholesterol and fat intake.
- I am aware of my fiber intake.
- I am aware of my calcium intake.
- I am taking a prenatal vitamin with folic acid each day.
- I eat at least three times a day
- I eat slowly in relaxed, appropriate surroundings.
- I drink at least eight 8-ounce glasses of water each day
- I do not consume alcohol.
- I limit the amount of fast food that I consume each week.
Educational Material:

• Nutrition & Breastfeeding

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Not Eating Right?

- Eat by appetite for the first 4–6 weeks in order to establish your milk supply (Spangler, 2000)
- After your milk supply has been established, it is okay to reduce to 1800 calories per day
  - This will maintain your milk supply
  - Can help loose weight (Spangler, 2000)
- You do not have to drink milk to make milk
  - Eat the way you ate during pregnancy
  - Eating poorly - you may feel tired/sick more often

Eating & Breastfeeding

- You can eat all types of foods without baby getting an upset stomach
- Many nutritionists recommend 500 additional calories per day (Spangler, 2000)
- Important to have an iron supplement while breastfeeding, discuss this with your physician (Spangler, 2000)
Eating & Breastfeeding

- If you think that your baby is fussy/collicky after she eats a certain food...
  - You may want to stop eating that food for a week
  - See if it makes a difference (if the signs go away)

Foods Thought to Cause Baby to be Fussy

- Common foods eaten thought to possibly upset baby’s tummy:
  - cabbage, broccoli, cauliflower, brussel sprouts
  - milk
  - chocolate
  - garlic
  - spicy foods
  - drinks with caffeine
What you drink can cause your baby to be fussy

- Drink to thirst
  - Drinking more will not increase milk supply
- Whenever breastfeeding, have something to drink
- Limit caffeine
- Caffeine passes to breastmilk

- Baby can be fussy &/or not sleep well

Key Element to Nutrition when Breastfeeding

EVERYTHING IN MODERATION !!!!!!!!
Write down any questions that you think of after the session. The questions can be discussed the following session.
WEEK 6
Educational Material:
• Expressing Milk
• Breastpumps
• Weaning

The Following Information was adapted from the WIC Breastfeeding Peer Counselor Training Manual
Expressing Milk

- Helps you to start making milk
- Helps keep your milk supply up
- Mothers express breast milk when:
  - Babies cannot breastfeed
  - They are away from their babies

Ways to Express Milk

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

💡 Lactation specialist can help choose best pump (for situation)
Expressing Milk By Hand

- Easy way for some mothers to express milk
- Some like this method better than using a pump
- Facilitator will demonstrate one method of hand expression (using a breast model)

Pumps
**Manual Pumps**

- Not expensive
- Used by mothers who will not be pumping very often
- 3 types of manual pumps:
  - Cylinder pumps (e.g. Medela manual pump)
  - Trigger pumps
  - Rubber bulb pumps (bicycle horn)

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**Battery Operated Pumps**

- Suction controlled
- Mothers who only pump a few times per week
- Batteries need to be changed often
- Used pumps may not work well

Mothers should **NEVER** share a manual or battery operated pump with other mothers!
Electric Pumps

For mothers who need to express milk many times during the day
Pump both breasts at same time

• 3 types of pumps
  - Semiautomatic
  - Personal Use
  - Hospital Grade

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Putting Together Pump Kit

• Watch facilitator put together a pump kit & connect it to an electric pump

• Divide into 2 teams
  - Each team - practice putting kit together
  - When ready, teams will “race”
Helpful Tips for Pumping

- You should know . . .
  - Normal for one breast to give more milk
  - Normal for milk to change color
  - Continue pumping after 1st Milk Ejection Reflex
    • Milk flow will slow or stop
    • Another MER will occur - more milk will flow

Weaning
Weaning

- Baby fed anything other than Breastmilk

- Most of us think of weaning - stop breastfeeding

- Once mothers start giving formula - they breastfeed less & stop sooner

Weaning

- Wean slowly

- If stop suddenly...
  - Baby loses favorite way to be comforted
  - Your breasts may become engorged

- Can be an emotional time for mother
  - Some feel sad
  - Others feel satisfied - ready to stop
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 6

[Blank space for writing]
WEEK 7
<table>
<thead>
<tr>
<th>Responsibilities or chores that I have</th>
<th>Rank Importance of the items listed</th>
<th>Is this a priority for you to do after the baby is born?</th>
<th>Action Plan for when baby arrives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Doing the dishes.</td>
<td>#1</td>
<td>Not for myself, but someone needs to do it.</td>
<td>Have other family member take over the responsibility.</td>
</tr>
</tbody>
</table>
Building a Bridge of Support

Fill in the names of people in your life that you can lean on for support. These people can be family members, friends, etc.

My supports are . . .

1.
2.
3.
4.
5.

If you can not identify 5 people in your support system, what resources can you utilize to establish your support system?

Why is it important to have a good support system established?

____________________
____________________
____________________
____________________
____________________
Write down any questions that you think of after the session. The questions can be discussed the following session.
Reflection Week 7
Benefits of Breastfeeding

Human milk is uniquely suited for human infants

- Babies were born to be breastfed.
- Human milk is easy to digest and contains more than 200 components that babies need in the early months of life.
- Factors in breast milk protect infants from a wide variety of illnesses.
- Children who have been breastfed have less risk of becoming overweight or obese, even as adults.
- Research has shown that children who had been breastfed had higher IQs.

Breastfeeding saves lives

- Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- Human milk protects premature infants from life-threatening gastrointestinal disease.
- Breastfed children have lower risk of dying before their first birthday.

Breastfed infants are healthier

- Formula fed infants have twice the risk of having ear infections in the first year than infants who are exclusively breastfed for at least 4 months.
- Breastfeeding reduces the incidence, and lessens the severity of a large number of infections, including pneumonia and meningitis in infants.
- Breastfeeding protects infants against a variety of illnesses, such as diarrhea and infant botulism.
- Breastfed babies have less chance of allergies, asthma and eczema.
- Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (DDM).
- Breastfeeding may reduce the risk for subsequent inflammatory bowel disease, multiple sclerosis, rheumatoid arthritis and childhood cancers.
Breastfeeding helps mothers recover from childbirth

- Breastfeeding helps the uterus to shrink to its pre-pregnancy state and reduces the amount of blood lost after delivery.
- Mothers who breastfeed for at least 3 months may lose more weight than mothers who do not breastfeed.
- Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than mothers who do not breastfeed.

Breastfeeding keeps women healthier throughout their lives

- Exclusive breastfeeding for the first 6 months can help in child spacing among women who do not use contraceptives (The Lactation Amenorrhea Method).
- Breastfeeding reduces the risk of breast and ovarian cancer.
- Breastfeeding may reduce the risk of osteoporosis.

Breastfeeding is economical

- The cost of infant formula has increased 150 percent since the 1980’s.
- Breastfeeding reduces health care costs.

Breastfeeding is environmentally sound

- Unlike infant formula, breastfeeding requires no fossil fuels for its manufacture or preparation.
- Breastfeeding reduces pollutants created as by-products during the manufacture of plastics for bottles and metal for cans to contain infant formula.
- Breastfeeding reduces the burden on our landfills, as there are no cans to throw away.

**WIC can help you with breastfeeding. Find out if you qualify.**

WIC serves low-income pregnant women, breastfeeding and new moms, and children under 5 years old.

**WIC**

Women, Infants and Children Supplemental Nutrition Program

Call Toll-Free:
1-888-WIC WORKS
Or Check Our Web Site:
www.wicworks.ca.gov
What else should I know?

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

Babies are born to breastfeed!

If you have any questions about breastfeeding, please call:

What to Expect in the First Week of Breastfeeding
What do I need to know about breastfeeding in the first week?

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

Your baby’s stools will change:

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

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

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

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

How do I know my baby is getting enough milk?

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

Circle how many diapers your baby uses:

<table>
<thead>
<tr>
<th>Baby’s Age</th>
<th>Wet Diapers</th>
<th>Dirty Diapers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Days Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Days Old</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When should I call my doctor?

If your baby:
- has a dry mouth
- has red-colored urine
- has yellow skin (jaundice)
- does not have enough wet or dirty diapers (see chart above)
- will not wake up to eat at least 8 times in 24 hours
You will know that your baby is getting plenty of breastmilk in the first week of life when...

1. Your baby was on the breast as soon as possible after the delivery (ideally within one hour of birth).
2. Your baby is interested in feeding every 1-1/2 to 2 hours. Babies have small stomachs and it is normal for them to be hungry often.
3. Your baby can be heard or seen swallowing.
4. Your baby seems satisfied and content after feeding.
5. Your breasts feel softer after each feeding.
6. Your baby has enough wet diapers and poops.

I have an appointment for my baby's check up on

Call ____________________________ if you have any questions about breastfeeding.
You may also bring your baby to your WIC Center so they can help you with breastfeeding. Bring this sheet with you to your WIC visit.

COUNT THE DIAPERS

Check the boxes below to help keep track of how many poops and wet diapers your baby has each day (example: ✓)

The boxes show the smallest number of diapers for most babies. It is okay if your baby has more diapers than what is indicated.

<table>
<thead>
<tr>
<th>Baby's age</th>
<th>wet</th>
<th>poops</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY 1 (Birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAY 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Watch for the poops to change during the first week.

The color and texture of your baby's poops will change.

<table>
<thead>
<tr>
<th>Color and texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thick, terry and black</td>
</tr>
<tr>
<td>Greenish yellow</td>
</tr>
<tr>
<td>Seedy, watery mustard color</td>
</tr>
</tbody>
</table>

Call your doctor immediately or go to the emergency room if your baby has:

* a dry mouth
* sunken "soft spot" in the head
* red brick dust in urine or red colored urine
* baby's skin looks yellow (jaundice)

Your baby may have more than 6 poops a day after the 1st week.

This handout is designed to be used until your baby is one week old.
Collecting and Storing Breastmilk

These guidelines apply to collecting and storing breastmilk for home use for healthy, full-term babies. For other situations, such as a premature baby or milk for hospital use, please see your health care provider.

Handling breastmilk:
- Wash hands before expressing or handling breastmilk.

Collecting breastmilk:
- Collect milk in clean bottles or bags strong enough to hold milk.
- Fill bottles or bags in the portion size needed for feedings. (2 or 3 ounces per bottle usually works well.)
- Leave space at the top for expansion of the liquid if freezing.
- Date all bottles and bags. Use milk with the oldest date first.
- Clean your breastpump after each use.

Storing breastmilk:
At work:
- Store milk in your own cooler with ice/ice gel pack or in the company refrigerator.

At home:
- Milk may be stored in the refrigerator up to 3 days, at a temperature less than 40 F.
- Milk may be stored in the freezer up to 3-4 months, at a temperature less than 32 F.
- Milk may be stored in a deep freezer for 6 months or longer at a temperature less than 0 F.
- Store milk in the back of the refrigerator and freezer where the temperature is lower. Do NOT store milk in the door of the refrigerator or freezer.
Thawing and warming breastmilk:
- Thaw or warm the amount of breastmilk that is needed for a feeding.
- Thaw frozen breastmilk by putting it in the refrigerator the night before use.
- If frozen milk is not thawed in the refrigerator set the container in a pan or bowl of cool water.
- To warm milk, run warm water from the tap over the bottle or bag or set it in a pan or bowl of warm water. Do NOT boil or microwave breastmilk.
- Gently rotate the container to mix before feeding it to your baby. This helps mix the fat and water layers that separate when stored.
- Use the milk right away after thawing and warming. The milk should be used:
  - Within 24 hours if refrigerated and
  - Within 1 hour if at room temperature.
- Discard any breastmilk left in your baby's bottle after feeding. Bacteria in your baby's saliva can spoil milk and make it unsafe to drink.

Adapted with permission from the Texas Department of Health.
Working and Breastfeeding

Many mothers juggle being a mom and working outside the home. Women who return to work and continue to breastfeed their babies say it is “well worth the effort” and they would “do it again with the next baby.”

Mothers, babies, families and employers all benefit from breastfeeding.

Your employer can help

California law supports breastfeeding mothers who are working. Beginning January 1, 2002, employers are required to provide:

- a reasonable amount of normal break time to accommodate an employee desiring to express breastmilk, and
- make a reasonable effort to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee’s work area, for the employee to express milk in private.

If possible, the break time should coincide with the employee’s paid break time. If not, the break time need not be paid. Employers are exempt from providing the additional break time if to do so would seriously disrupt operations. To read the actual law, go to www.assembly.ca.gov. Click on legislation, then search for AB 1025.

Talk with your employer before returning to work to arrange where and when you will be able to express milk at work. Check into the use of a vacant office or a break room, or borrowing a co-worker’s office while he/she is on break. Initially, plan on 30 minute breaks about every three hours to express milk. Adjust the schedule to your individual needs.

Tips before returning to work:

- Take as long of a maternity leave as you can. The early weeks are important for bonding with your baby and building your milk supply.
• Rest, relax and focus on getting breastfeeding off to a good start.
• Establish a good milk supply by breastfeeding often. Beware of supplementing with infant formula; it may cause your body to make less milk.
• If you plan to use a bottle or cup when you and baby are separated, introduce the bottle to your baby a few weeks before you return to work. Then offer the bottle or cup every once in a while so baby learns how to drink from it.
• If your baby will not take a bottle or cup from you, have someone else give it.
  • Choose a childcare provider that supports breastfeeding moms.
  • Start storing expressed milk at least 2 weeks before going back to work. Store milk in small amounts, 2 to 4 ounces per bottle. Label bottles with the date collected and baby’s name.
  • Confirm plans with your employer on when and where you will express milk at work.
  • Take a day to practice and see what returning to work will be like. Example: Get baby and yourself ready for the day, nurse, drop baby off at day care, go to work, pump during the day, pick baby up from day care, nurse, spend your evening as usual.
• If possible go back to work slowly—part time, ½ time and then gradually going to full time.

Tips when back on the job:

• Consider making your first day back at work a Thursday. Working 2 days at first is easier than working an entire week.
• Nurse your baby before going to work.
• Pump your milk as often as you would nurse your baby. Label the container with the date and store it in a refrigerator or ice chest.
• Express breastmilk before your breasts start to feel full.
• Give your caregiver containers of expressed breastmilk to feed your baby.
• Ask your caregiver to avoid feeding baby close to the time you expect to pick up your child, so baby will be eager to breastfeed when you arrive.
• Nurse your baby when you return home, evenings, on weekends, and as often as you can whenever you are with your baby.
Sample Schedule for Expressing Breastmilk at Work

Make a plan for when you will need to express breastmilk at work. You will need to express milk at the times you would normally breastfeed your baby. It is common for a working mother to express her milk during 30-minute breaks* about every 3 hours. As the baby gets older, the pumping sessions will probably decrease in number and length of time needed.

Here is an example of a schedule for a mother working between the hours of 8 a.m. and 5:30 p.m., allowing two 30 minute breaks for expressing breastmilk, and an hour lunch to eat and express breastmilk:

<table>
<thead>
<tr>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am before work</td>
<td>At home and/or childcare</td>
</tr>
<tr>
<td>Start work at 8:00 am</td>
<td></td>
</tr>
<tr>
<td>10:00 am break</td>
<td>At Work</td>
</tr>
<tr>
<td>12:30 pm lunch</td>
<td>At Work</td>
</tr>
<tr>
<td>3:30 pm break</td>
<td>At Work</td>
</tr>
<tr>
<td>End work at 5:30 pm</td>
<td></td>
</tr>
<tr>
<td>6:00 pm after work</td>
<td>At childcare or home</td>
</tr>
<tr>
<td>Evening and nighttime</td>
<td>At home</td>
</tr>
</tbody>
</table>

* The time needed to express milk varies from mother to mother. Mothers who pump both breasts simultaneously normally need less time than mothers who pump one breast at a time.

Individualize your plan to meet your needs.

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Women, Infants and Children Supplemental Nutrition Program
Call Toll-Free: 1-888-WIC WORKS
Or Check Our Web Site: www.wicworks.ca.gov

WIC is an equal opportunity program.
Talk with other working breastfeeding mothers to share ideas and encourage each other.

Concerned with a low milk supply?

- Nurse more often. Nursing your baby is the best way to help you make more milk. Supplementing with infant formula may keep your body from making enough milk.
- Pump more often at work.
- Double pump—pump both breasts at the same time.
- Massage breasts, relax, and think of your baby while expressing your milk.
  - Reduce stress—after work take a warm bath, listen to soothing music, and be physically active.
  - Make life simpler—get help with chores at home and limit errands and extra responsibilities.
  - Get more rest on weekends and during the night. Take baby to bed with you and nurse often.
- If trying to lose weight, lose no more than 1-2 pounds a week.
- See your health care provider or lactation specialist to discuss your situation.

How long should you breastfeed?

The American Academy of Pediatrics recommends breastfeeding at least until your baby is one year of age, and as long as you wish beyond that time. Enjoy the health benefits and closeness breastfeeding brings while you breastfeed and also later in life.

Adapted with permission from the Texas Department of Health.