

Module 5

Getting Started With Breastfeeding

Overview

This fifth module provides basic foundational principles every peer counselor must know for helping mothers get off to a good start with breastfeeding. The module reviews the mechanics of milk production, proper breastfeeding technique, feeding frequency, and signs of adequate intake by the baby. The module also provides insight into how the peer counselor can provide support to mothers through effective counseling skills and when to yield to a WIC designated breastfeeding expert.

Learning Objectives

Upon completion of this module, peer counselors will be able to:

- Identify three components necessary for a breastfeeding mother to make a healthy milk supply, including the role of the breast, the brain, and the baby.
- Demonstrate the proper technique for positioning a baby at the breast.
- List three ways to know a baby is taking in a sufficient amount of breast milk.
- Identify situations in which the peer counselor should refer a mother experiencing concerns outside the counseling scope of practice to the WIC designated breastfeeding expert.

Time Allowed: 2 hours

Background Information

Helping a mother during the early days of breastfeeding can be an exciting time for a new peer counselor. She may be anxious to share all the new information she has learned, yet will need guidance in tailoring that information in a way that is simple and builds confidence in the new mother.

Research shows the vital importance of support in the early days of breastfeeding to avoid common concerns that may arise. As experienced breastfeeding mothers, peer counselors are in the best place to share their enthusiasm through simple messages and affirmation that new mothers need to feel confident in their abilities to breastfeed.

Checklist:

- AV Equipment
 - PowerPoint or overhead projector
 - TV/VCR
- Teaching Tools
 - Flip chart and markers
 - Breast model
 - Baby dolls or stuffed animals: You can ask each peer counselor to bring one from home to the training

- Pillows
- Cluster of soft, artificial grapes
- Marble, large marble (or “super ball”), and golf ball
- Bagel or double-decker sandwich
- Sheet of white paper (one for each participant)

- Handouts
 - Handout #5A – How the Breast Makes Milk
 - Handout #5B – How to Position the Baby for Breastfeeding
 - Handout #5C – How to Hold the Baby in Other Positions
 - Handout #5D – How to Know the Baby is Getting Enough Milk
 - Handout #5E – Opening the Conversation with Mothers Getting Started with Breastfeeding

- Optional Resources
 - “How to Know Baby is Getting Enough” card. Available from the Mississippi State Department of Health WIC Program.
 - “Yes! I’m going to Breastfeed.” Available from the Arkansas WIC Program at www.healthyarkansas.com/breastfeeding/pdf/engorgement_eng.pdf
 - “Breastfeeding in the 1st Week: A Counseling Guide for Health Care Professionals.” Available from the Iowa Lactation Task Force at: http://www.nal.usda.gov/wicworks/Sharing_Center/1st_week.pdf
 - “Breastfeeding Promotion and Support Guidelines for Healthy Full-Term Infants.” Available from the Iowa Lactation Task Force at: http://www.nal.usda.gov/wicworks/Sharing_Center/bfguidelines_iowa.pdf
 - “Breastfeeding and the Use of Human Milk,” published in 2005 by the American Academy of Pediatrics. Available online at: <http://www.pediatrics.org/cgi/content/full/115/2/496>
 - “Positioning” handout. Available at <http://www.breastfeedingonline.com/31.html>
 - *Evidence-Based Guidelines for Breastfeeding Management in the First Fourteen Days*. Available for free downloading from the International Lactation Consultant Association at www.ilca.org
 - “How to Breastfeed” pamphlet. Available from Best Start Social Marketing at www.beststartinc.org
 - *Coach’s Notebook: Games and Strategies for Lactation Education*. Available from the Bright Future Lactation Resource Center at <http://www.bflrc.com/>
 - Videos:
 - Website video snippets demonstrating positioning and latch can be downloaded or viewed at:
 - <http://www.thebirthden.com/Newman.html>
(Dr. Jack Newman’s videos)
 - <http://www.breastfeeding.com>
 - *Infant Cues: A Feeding Guide* (available from Childbirth Graphics at www.childbirthgraphics.com)

Additional Learning Opportunities

- Provide opportunities for peer counselors to shadow a WIC identified breastfeeding expert who is in the process of helping a mother with positioning and latching her newborn in the hospital, clinic, or home visit setting. Use the Shadowing Breastfeeding Experts: Peer Counselor Log provided in the “Continuing Education of Peer Counselors” section as a guide.
- Peer counselors can view various breastfeeding positioning video snippets at www.thebirthden/Newman.html or at www.breastfeeding.com. If peer counselors do not have access to a personal computer, explore access through the WIC clinic or through the local library.
- Attend a WIC breastfeeding class.
- Read “Understanding Milk Production” and “Beginning to Breastfeed” in Amy Spangler’s *Breastfeeding: A Parent’s Guide*.
- Read “Your Baby Arrives” in La Leche League’s *Womanly Art of Breastfeeding*.
- Read the International Lactation Consultant Association’s *Evidence-Based Guidelines for Breastfeeding Management in the First Fourteen Days*.

Module 5 – Trainer Notes

Slide #1

Module 5: Getting Started With Breastfeeding

This module gives peer counselors a simple overview of basic breastfeeding techniques. The material focuses on the three most important concepts that form the foundation for successful breastfeeding:

- Establishing a good milk supply.
- Positioning and latching the baby appropriately.
- Early success tips that ensure baby gets enough milk.

Slide #2

Learning Objectives

Upon completion of this module, peer counselors will be able to:

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- Demonstrate the proper technique for positioning a baby at the breast.
- List three ways to know a baby is taking in a sufficient amount of breast milk.
- Identify situations in which the peer counselor should refer a mother experiencing concerns outside the counseling scope of practice to the WIC designated breastfeeding expert.

Slide #3

What to Expect

[Activity]

Learning Objective: To help peer counselors understand the value of anticipatory guidance with new mothers.

Time: 10 minutes

Directions:

- Divide peer counselors into small groups of three or four.
- Ask each group to select one of the following three scenarios (or select another scenario appropriate for your population of peer counselors).
- Discuss how they would help prepare their friend or family member for the anticipated activity.
- The three activities to choose from are:
 - Preparing their 15-year-old sister to learn how to drive.
 - Preparing a friend for owning her first pet dog.
 - Preparing a friend who has never left your hometown for her first vacation.

- Groups should consider the following questions:
 - What kind of information does she need to know?
 - What challenges might arise?
 - How can she keep those challenging situations from occurring?
- Ask groups to report.
- Explain to trainees that they have just created a plan for anticipatory guidance.

Discussion:

- If your sister or friend received this anticipatory guidance, how much more likely will she get off to a good start in her new activity?

[Key Talking Points]

- It is usually easier to learn a new task when we know what to expect.
- Anticipatory guidance is simply preparing someone for what lies ahead and explaining how to avoid pitfalls that can make the journey more difficult.
- Showing mothers what to expect with breastfeeding can help them prevent many common challenges.
- As a peer counselor, you can help new mothers feel more confident in their ability to breastfeed.
- Tips for helping mothers know what to expect include:
 - Provide information in simple, easy-to-remember segments.
 - Focus on the basics.
 - Affirm the mothers often.
- Peer counselors should review these core breastfeeding techniques during the mother's pregnancy and reinforce them after the baby is born.

Slide #4

Core Area #1: Making a Good Milk Supply

For most new breastfeeding mothers, making enough milk is their most important concern. Concern over milk supply is a key reason women wean their babies from the breast in the first 6 months.

Slide #5

How Mothers Make Milk - Role of the Breast

The breast is the central production factory where milk is made.

Handout: #5A – How the Breast Makes Milk

[Key Talking Points]

- The human breast has many parts, each with very specific functions that help the mother produce milk for her baby.

- Milk production occurs within the *alveoli* that are grape-like clusters of cells located deep within the breast.
- Once the milk is produced, it is squeezed out through the *alveoli* into the *milk ducts* that resemble highways to transport the milk through the breast.
- The milk is released through openings in the nipple that many mothers cannot see until lactation begins.

[Instructional Guidance]

- Use the breast model to point out the various parts of the breast as you explain them.
- Use soft artificial grapes as a visual aid to show peer counselors how the *alveoli* and *milk ducts* are connected.
- Use the diagram on the slide to point out the various parts of the breast as you refer to them. Refer peer counselors to Handout #5A – How the Breast Makes Milk, for later referral.

Slide #6

How Mothers Make Milk – Role of the Brain

The mother’s brain releases important hormones that signal her body to begin making milk.

[Key Talking Points]

- When the baby suckles, important nerve endings inside the breast send a message to the brain.
- The brain then signals the pituitary gland to release two important hormones.
 - *Prolactin* that causes the *alveoli* to begin making milk.
 - *Oxytocin* that causes the muscles around those cells to contract and squeeze the milk out through the ducts.
- When milk is released it is called a “Milk Ejection Reflex,” also known as “let down.”
- Being relaxed helps oxytocin release milk, so the more relaxed and comfortable mom is, the more milk her baby will receive.
- Yield to your WIC identified breastfeeding expert if the mother reports she has had breast reduction surgery. Such surgery can affect milk supply if important nerve endings were cut.

[Instructional Guidance]

- New information: Recent research suggests that women may actually have several “Milk Ejection Reflexes” (MER) during a feeding. Each MER releases around 1 ounce of milk to the baby.

Slide #7

How Mothers Make Milk – Role of the Baby

The baby also plays an important role in milk production through suckling at the breast and removing milk.

[Key Talking Points]

- When the baby is latched on correctly so that he or she has a mouth full of breast, the special nerve endings that signal the brain to release milk-producing hormones are stimulated.
- The baby also helps by removing milk. The more milk the baby removes, the more milk the mother will make.
- Length of time at the breast is not an indicator that baby is removing milk. Some babies are efficient at removing milk quickly, while others take longer or are latched on incorrectly so that they are removing very little milk.
- If the baby cannot go to the breast right away, the milk needs to be removed with a breast pump or through hand expression so the mother can establish a good milk supply.
- Frequent breastfeeding or milk removal (8 to 12 times every 24 hours) helps mothers make a good milk supply.
- Yield to your WIC designated breastfeeding expert if the mother reports a medical reason why her baby is not able to go to the breast or if he or she is not willing to latch. To build a good milk supply, the mother will need help removing the milk until her baby can go to the breast.

Slide #8

Baby's First Milk

The milk a mother makes for her baby is perfect for his or her needs.

[Key Talking Points]

- Baby's first milk is *colostrum*, a thick, yellowish fluid that is full of important infection-fighting ingredients that prepare baby for living in the new world.
- The amount of colostrum babies get in each feeding is very small. This is important because baby can learn how to breastfeed easier in the first few hours and days when dealing with a small amount of milk.
- Around day two to five, when baby is learning how to breastfeed well, the higher volume milk begins to come in. This is sometimes called "transitional" milk.
- By around two weeks, the breast makes mature milk that looks thinner and more watery than colostrum or transitional milk.
- Though mature milk looks thin, it is full of important infection-fighting ingredients.
- Mature milk is usually released in stages, with thinner, lower-fat milk coming out first, and the thicker, creamier part of the milk coming after baby has been nursing awhile. This thicker part of the milk is high in fat and helps baby feel full and sleepy.

Slide #9

Facts About Milk Supply

People have many ideas about what makes a good milk supply. Peer counselors can help new mothers dispel myths they may have heard from friends and family members about making milk.

[Key Talking Points]

- Good news: Breast size does not determine how much milk mothers will make.
- Breasts are unique. It is common for mothers to make more milk on one side than another due to different storage capacities of each breast.
- A mother does not have to drink milk to make milk.
- Being worried or upset does not spoil a mother's milk; however, stress can keep her body from releasing the milk to the baby.
- Some herbs and medications may affect milk supply. The mother should talk with her healthcare provider before using herbal remedies.

Slide #10

Core Area #2: Attaching Baby to the Breast

Peer counselors can help mothers with comfortable breastfeeding by reinforcing with them how to position and latch their babies properly.

[Key Talking Points]

- It is common for a mother's breasts to be tender in the first few days. This is normal because her breasts have not been used in this way before.
- Breastfeeding should not be painful. If it is painful, it is a sign that the mother should seek help.
- Positioning and latching the baby properly can prevent soreness.

Slide #11

Step 1: Get Comfortable

When beginning to breastfeed, mothers should get into a comfortable position.

[Key Talking Points]

- Pillows behind her back can help a mother feel more comfortable and relaxed.
- Mother should not be hunched over to breastfeed. This can cause back problems later.
- Her feet should be flat on the floor or supported with a book or a box under her feet.

[Instructional Guidance]

Ask a volunteer to come forward with a baby doll and demonstrate the steps to positioning a baby at the breast. Use affirming words to demonstrate how to talk with a new mother.

- Place pillows behind the volunteer's back to help her get comfortable.
- Provide a small footstool, telephone book, or textbooks for her to rest her feet upon.

Slide #12

Step 2: Position the Baby Facing the Breast

Once the mother is comfortable, she should position her baby so he or she is facing the breast.

Handout: #5B – How to Position the Baby for Breastfeeding

[Key Talking Points]

- Sometimes mothers try to position baby in the same way they have seen a baby being bottle-fed, lying on the back. A baby lying on the back will have to turn his or her head to reach the food.
- A baby who has to turn his or her head to eat cannot swallow easily and will often try to take the mother's breast with him or her while turning the head around to comfortably swallow.
- Instead, turn the baby so his or her body faces the mother, "chest to chest, chin to breast."
- The body should be in a straight line, not curled under, and supported by the mother's forearm.
- This position is commonly called the "cradle hold." Other positions will be discussed later.

[Instructional Guidance]

- New information: Although the terminology "tummy to tummy" has been widely used to describe correct positioning, it has been discontinued by many breastfeeding experts because the literal interpretation does not truly reflect correct positioning. "Chest to chest" is more commonly accepted today.
- Ask peer counselors to use the stuffed animal or doll they brought to class and follow along as you demonstrate.
- Ask the volunteer to demonstrate proper positioning.
 - First have her hold the baby on his or her back, turning his or her head to reach the food to demonstrate wrong positioning.
 - Then turn the doll on its side, facing the mother's body, to demonstrate proper positioning.

- If breastfeeding peer counselors are comfortable doing so, they could use their own infants to help demonstrate proper positioning to the group.
- Refer peer counselors to Handout #5B – How to Position the Baby for Breastfeeding, for later referral.

Slide #13

Step 3: Support the Breast

Supporting the breast allows for better latch by the baby.

[Key Talking Points]

- Place her fingers underneath the breast against the chest wall, and her thumb well behind the areola. This is where the baby’s mouth will go.
- For babies with very tiny mouths, mothers can compress their fingers together to create a “sandwich” that is easier for baby to grasp.

[Instructional Guidance]

- Use the breast model with your hands to demonstrate supporting the breast. The breast model can also be used to demonstrate how compressing the fingers around the breast can create a narrow “sandwich” that is easier for some babies to latch onto.

Slide #14

Step 4: Connect

When the baby opens wide and takes in a large mouthful of breast, milk can be transferred to him or her efficiently and painlessly.

[Key Talking Points]

- The sensitive nipple tissue is not made to withstand the strong pressure of a baby’s powerful suck.
- If a baby “nipple feeds,” he or she does not get much milk and his mother can become very sore.
- To breastfeed:
 - Aim the baby’s mouth so his or her chin is touching the mother’s breast and the nose is aimed toward the top of the mother’s nipple (“asymmetric latch”).
 - Touch the baby’s upper lip with her nipple and wait for a wide open mouth.
 - Quickly move the baby onto the breast.
- The baby is latched well when:
 - The nipple is deep into baby’s mouth.
 - A large part of the dark area around her nipple is covered by the baby’s bottom lip.
 - Baby’s lips are flanged outward.
 - Breastfeeding is free from pain.

- Yield to your WIC designated breastfeeding expert if the mother is having trouble latching her infant, or if she reports pain with latching her baby that does not go away within 24 hours.

[Instructional Guidance]

- New information: The “asymmetric latch” is the current recommendation for how the baby should attach to the breast, as opposed to centering the baby’s mouth “bull’s eye” over the breast. The asymmetric latch reduces soreness in the mother and allows the baby to remove milk more efficiently.
- Ask peer counselors to lower their heads to their chests and attempt to open their mouths. It is impossible since only the lower jaw moves. Positioning the baby so the bottom jaw is well under the areola will assure that vigorous sucking action will be occurring against breast tissue that is made to withstand the pressure.
- Use a large bagel or double-decker sandwich to demonstrate the principles of latch, noting that it is impossible to get much in our mouths if we center it directly in front of our mouths. We have to turn the bagel slightly and allow our lower jaws to go well under the sandwich.

Slide #15

Latching the Baby

[Instructional Guidance]

- Show a video snippet to demonstrate to peer counselors the appropriate latch of a breastfed infant. Some ideas:
 - Download a video snippet, such as Dr. Jack Newman’s “First Latch,” and imbed into your Power Point Presentation. Dr. Newman’s video snippets are available from <http://www.thebirthden.com>.
 - If your agency does not have the technology to present PowerPoint visuals, you can still use these video snippets to educate your peer counselors. If peer counselors do not have a personal computer, make arrangements to show them at a WIC clinic or agency computer that has Internet access. Or, arrange for this training module to be presented at a facility such as the local library that might offer Internet access.
 - Show a video such as *Infant Feeding Cues*, listed in the Resource section of this module.
 - Ask a breastfeeding mother to bring her baby and demonstrate appropriate latch.

Slides #16-19

What's Wrong With This Picture?

[Instructional Guidance]

- Show a series of four slides demonstrating incorrect breastfeeding attachment. Ask peer counselors to identify what they might fix in each of these pictures. Slides show:
 - Mother in an uncomfortable breastfeeding position.
 - Baby does not have a wide open mouth.
 - Baby is only latched onto the mother's nipple.
 - Baby is lying on the back to breastfeed.
- Another option is to ask a volunteer to come forward. Give her the doll and assist her in positioning the doll in a series of wrong positions as described above. Ask the group to identify how they would "fix" her breastfeeding technique.

Slide #20

Peer Counselor Skills Checklist

[Activity]

Learning Objective: To help peer counselors practice teaching a mother to breastfeed in a counseling setting.

Time: 10-15 minutes

Directions:

- Ask peer counselors to find a partner.
- Practice teaching one another how to position and latch their babies using the doll or stuffed animal they brought to class.
- After practicing, ask peer counselors to sit back to back and practice again to simulate teaching a mother over the telephone.
- The person playing the "mother" should follow the instructions given by the person playing the "counselor" exactly. When done, turn around so the counselor can see how the baby is positioned.

Discussion:

- What was easy about this activity?
- What made it hard?
- What kinds of "picture words" were effective in communicating the steps to breastfeeding?

[Instructional Guidance]

- While peer counselors practice the activity, walk among participants to listen and provide assistance, if needed.
- Use lots of affirming statements to reassure peer counselors they are doing well. Point out expressions they use that are effective and praise them in front of their peers.

- During the group discussion, write down the picture words that peer counselors felt were most effective in communicating how to breastfeed to a new mother. Ask peer counselors to write these down in their binders for later reference.
- When the activity is completed, sign and date the Peer Counselor Skills Checklist Card, Module 5 – Positioning Practice section.
- *For smaller groups*, this activity can be done as a demonstration by the instructor or one of the experienced peer counselors attending the training. Avoid asking a new peer counselor to demonstrate the activity in front of the class.

Slide #21

Other Breastfeeding Positions

The mother can try other positions for breastfeeding that are comfortable for her and her baby. In each case, baby is still positioned to face the food, and the asymmetric latch principle is used.

Handout: #5C – How to Hold the Baby in Other Positions

[Key Talking Points]

- Clutch position (also known as the “football hold”) has the baby at the mother’s side.
 - This works well for mothers who have had a cesarean section since it takes pressure off their incisions.
 - Mothers with large breasts often feel this position works well since they have a better view of how the baby is latched.
- Side lying position helps mothers rest with their baby.
 - Baby should face the mother, not lie flat on his or her back.
 - A rolled-up receiving blanket behind baby’s back provides support.
 - Pillows between the mother’s legs and behind her back provide her with good support.
- Cross-cradle hold can be used when babies need more support.

[Instructional Guidance]

- Refer to the diagrams on the slide and on the peer counselor’s reference Handout #5C – How to Hold the Baby in Other Positions.
- Use your doll to demonstrate the clutch and cross-cradle holds.
- If peer counselors with breastfeeding babies are willing to serve as models, they can also demonstrate the cross-cradle and clutch holds.

Slide #22

**Core Area #3: Tips for Early Success
Watch the Baby, Not the Clock**

Giving the new mother guidelines on when and how often to breastfeed will help her establish a strong and healthy milk supply and help her baby to grow.

[Activity]

Learning Objective: To help participants become aware of the amount of milk a baby can hold.

Time: 3 minutes

Directions:

- Ask peer counselors to take a pen and sheet of paper and draw how big they estimate the size of an average newborn's stomach might be.
- Show peer counselors a marble that demonstrates the actual size of a newborn's stomach on the first day of life. Show them a large marble or "super ball" to demonstrate the size of baby's stomach by day three. Show them a golf ball to demonstrate the size of baby's stomach by day ten.

[Key Talking Points]

- Because babies have such tiny stomachs, they cannot hold much in the early days. Colostrum is the perfect first food because it is small in quantity and helps baby get used to breastfeeding before the faster flow of milk arrives.
- Breast milk is easily and quickly digested within 1.5 hours.
- Breastfeed as soon as possible after delivery, preferably within the first hour, to accomplish the following:
 - Begin the milk production process.
 - Help the baby learn to breastfeed while alert and ready to learn.
- Mothers should keep baby close so he or she can breastfeed frequently: 8 to 12 times every 24 hours.
- It is normal for some babies to "cluster feed," or breastfeed more frequently at certain times of the day, and go longer periods without breastfeeding at other times of the day or night.

[Instructional Guidance]

- Pass around the visual aids demonstrating the size of baby's stomach. Or hand out a marble for each peer counselor to hold.

Slide #23

Cues That Baby is Ready to Eat

For the mother, scheduling her baby's feeds seems comforting because it is one less decision to make during this confusing time. Yet timed feeds are not best for babies. It is better to watch babies for signs of readiness to eat.

[Key Talking Points]

- The mother can follow baby's cues for signs he or she is ready to eat including:
 - Smacking lips
 - Sucking on the hand
 - Moving head around
 - Rooting or turning the head to search for the breast
- Crying is a late sign of hunger. Some babies become so distraught that it is difficult to get them to calm down.
- Some babies are too sleepy to wake up on their own.
- During the newborn period, mothers should wake a baby who has been sleeping for four hours. She can:
 - Change the diaper.
 - Remove the blanket.
 - Wash the baby's bottom with a cool washcloth.
 - Place the baby in a sitting position on her lap, support the chin in one hand, and massage his or her back with the other.
- Yield to your WIC designated breastfeeding expert when baby does not waken to breastfeed 8 to 12 times every 24 hours, or if the mother is concerned about her baby's feeding patterns.

[Instructional Guidance]

- Use a doll to demonstrate massaging baby's back to wake him or her. Ask peer counselors to follow along with their stuffed animal, doll, or breastfeeding baby.

[Optional Resources]

Show the brief segment on feeding cues from the video, "*Infant Cues: A Feeding Guide*." This can also be viewed at www.breastfeeding.com if peer counselors have computer access, or if you are conducting your training at the WIC clinic, a local library, or other location where Internet access is available.

Slide #24

Allow Baby to Finish the First Breast First

Every baby has his or her own unique feeding style. A mother can follow her baby's cues to be sure she is not limiting the time at the breast.

[Key Talking Points]

- Babies have many unique feeding styles. Some are efficient at removing milk and spend less time at the breast. Others prefer to “graze” and take longer to remove milk.
- Following the baby’s lead by not limiting feeds helps make sure baby gets plenty of the high fat milk at the end of the feed so he or she feels full.
- The mother can offer the first breast for as long as baby is drinking milk. The mother should watch for swallowing and use “breast compression” to keep baby interested.
- If baby is still breastfeeding after 30 minutes, the mother can gently wake, burp, and offer the second breast to the baby.
- If the mother’s first breast still feels full and firm, she can put the baby back on that same breast.
- If baby is not interested in the second breast, the mother may offer it first at the next feeding.
- End the feeding when the baby’s fist relaxes, he or she stops drinking, and releases latch at the breast.
- If the mother needs to end the feed, she can slip a finger into the corner of the baby’s mouth to break the suction.

Slide #25

Breast Compression

Some babies like to “hang out” at the breast without sucking or swallowing much, or some are too sleepy to breastfeed. Simple compression, a gentle squeeze of the breast, can help renew interest.

- Whenever the baby stops suckling and swallowing, gently squeeze the breast with the hand well back on the breast.
- Hold the compression until baby starts to suckle again for around 15 to 20 “suck/swallow/breathe” cycles.
- Release the compression and repeat.

[Instructional Guidance]

- Use the breast model to demonstrate breast compression.
- Download the video snippet, “Breast Compression,” available at www.thebirthden.com, and imbed into your Power Point presentation. Or, show the video snippet to peer counselors at the WIC clinic or other location with Internet access.
- Point out how the baby in the video began drinking more actively when the mother compressed her breast.

Slide #26

Avoid Bottles and Pacifiers

Babies do something very different with their tongue when they breastfeed than when they take a bottle. Give babies time to learn how to breastfeed before offering other nipples.

Discussion:

- Think back on a new skill you learned as an adult.
- How did you feel when you first started learning this skill?
- Can you describe any awkward or funny moments you had while learning it?
- Imagine you are learning how to swim for the first time. Before you have a chance to really learn the first stroke, the instructor begins teaching you a second and then a third stroke and then expects you to swim. How would you feel?

[Key Talking Points]

- Some babies find it hard to learn several skills at once.
- Offering bottles before baby has a chance to learn to breastfeed can cause the baby to prefer a bottle nipple over the breast since the milk comes out faster.
- There is no way to tell by looking which baby will prefer another nipple besides the breast.
- Give the baby some time to learn to breastfeed for a few weeks before introducing other nipples.

[Instructional Guidance]

- New information: Breastfeeding experts currently use the term “nipple preference” instead of “nipple confusion” to indicate that babies can show a preference for bottle nipples.
- Replace the concept of “swimming” strokes with an activity commonly enjoyed by people in your community. Examples could be: roller blading, video games, dancing, skiing, or other activities.

Slide #27

How to Know Breastfeeding is Going Well

Though breasts do not come with measurements, babies do give plenty of clues they are getting enough milk. It is very empowering for a new mother to be reassured she is doing a good job of feeding her baby.

[Key Talking Points]

- Signs breastfeeding is going well include:
 - Baby feeds 8 to 12 times every 24 hours, including at night.
 - Baby wakes to feed.
 - The mother can hear swallowing when baby breastfeeds, although she may not hear swallowing the first few days.
 - The baby seems satisfied and content after feeding.
 - The mother’s breasts soften during the feeding.
 - The baby has plenty of wet and dirty diapers:
 - 3-5 urines and 3-4 poops per day by 3-5 days of age
 - 4-6 urines and 3-6 poops per day by 5-7 days of age

- Baby’s first poops are dark, tarry stools called “meconium.” Colostrum helps baby eliminate this to prevent jaundice.
- As the mother’s milk transitions in, the stools change colors to a seedy, yellowish color that looks like a mixture of water, yellow mustard, cottage cheese, and sesame seeds.
- Yield to your WIC designated breastfeeding expert if baby is not wetting and pooping often enough, or if baby’s poops have not turned a yellowish color by day five.
- Yield if the mother says her baby looks “yellow” or jaundiced, if her baby’s urine has red specs, or if the mother is uneasy about whether her baby is doing well.

[Instructional Guidance]

- Refer peer counselors to Handout #5D – How to Know Baby is Getting Enough Milk, as a way of keeping track of baby’s bowel movements and urines.

Slide #28

When to Contact Mothers

Mothers benefit from frequent phone contacts in the early days of breastfeeding. Many say that these early calls from their peer counselors made the difference in how long they breastfed.

[Key Talking Points]

- Contact mothers every day or two to check on them and provide support.
- Discuss her progress with breastfeeding and determine how often she would like you to call her.
- If she reports breastfeeding concerns, follow up within 24 hours and yield to your WIC designated breastfeeding expert.

Slide #29

Opening the Conversation with Mothers

Learning Objective: To help peer counselors identify common open-ended questions to ask a mother getting started with breastfeeding.

Time: 15 minutes

Handout: #5E – Opening the Conversation with Mothers Getting Started with Breastfeeding

Directions:

- Ask the group to identify open-ended questions that can be used to begin a dialogue with a breastfeeding mother.
- Instruct peer counselors to write down the open-ended questions on their handout for later reference.

[Instructional Guidance]

- Affirm peer counselors as they share questions they develop.
- After the activity, show the open-ended questions on the slide, also listed on the back of their handout.
- Praise peer counselors for any questions they create that are similar to those on the slide, also listed on the back of their handout:
 - How is breastfeeding going?
 - What do you know about how your body makes milk?
 - Who has been helping you with breastfeeding?
 - How does breastfeeding feel to you?
 - What kind of visitors have you had? What do they say about breastfeeding?
 - How is your baby showing you that he or she is ready to eat?
- Tell peer counselors that they can use their handout as an ongoing reference when they counsel new mothers.

Slide #30

Final Thought

“Being a peer counselor has allowed me the opportunity to help new moms do the best they can to give their babies the healthiest start possible. When a mom tells me how helpful I was, it makes me proud to have made a difference in her life.”

WIC Peer Counselor