

Module 8 –Talking With Mothers About Breastfeeding...During the First Two Weeks

Overview

This eighth module reviews the normal progression of breastfeeding during the early days. It covers common concerns of the first days at home and reviews affirmation as a tool for peer counselors to support mothers. It also provides guidance on when to yield to a WIC designated breastfeeding expert or a healthcare provider.

Learning Objectives

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

- List four things that new mothers commonly deal with when breastfeeding during the first two weeks that may lead to early weaning.
- Identify one strategy for dealing with each of the following situations:
 - Adjusting to being home with baby
 - Fussy baby
 - Nighttime feedings
 - Breast engorgement
 - Plugged milk duct
- Identify two situations in which a peer counselor should refer mothers experiencing concerns outside her counseling scope of practice.

Time Allowed: 1 hour

Background Information

The first seven- to ten-day period is when new mothers are most at risk of early weaning. Positive support from a peer counselor can help increase a new mother's confidence in coping with early situations to continue exclusive breastfeeding. Half of WIC mothers begin supplementing during the first week of baby's birth. Peer counselors are in an ideal position to offer mothers encouragement and practical strategies to continue breastfeeding.

Checklist

- AV Equipment
 - PowerPoint or overhead projector
 - TV/VCR (if using optional video resources)
- Teaching Tools
 - Flip chart and markers
 - Two balloons for trainer to use to demonstrate breast fullness and breast engorgement
 - Enough balloons for all participants to practice hand expression
 - Breast model
 - ABC blocks for barrier activity
 - Note cards with "Mom says" statements on them

- Handouts
 - Handout #8A – How to Hand Express Breast Milk
 - Handout #8B – Opening the Conversation with Mothers During the First 2 Weeks

- Optional Resources
 - *Engorgement During Breastfeeding* produced by the Arkansas Department of Health WIC Program. Available at: www.healthyarkansas.com/breastfeeding/pdf/engorgement_eng.pdf
 - Videos:
 - *Breastfeeding Techniques That Work: Hand Expression*
 - *Breastfeeding Techniques That Work: The First Weeks* (both available from Geddes Productions at: www.geddesproduction.com)

Additional Learning Opportunities

- Provide opportunities for peer counselors to shadow a WIC designated breastfeeding expert who is in the process of counseling a new mother during the early weeks of breastfeeding. Use the Shadowing Breastfeeding Experts: Peer Counselor Log provided in the “Continuing Education of Peer Counselors” section as a guide.
- Read “Beginning to Breastfeed” and “Common Questions” in Amy Spangler's *Breastfeeding: A Parent's Guide*.
- Read Chapter 5, “At Home with your Baby” and Chapter 6, “A Time to Learn” 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 8 – Trainer Notes

Slide #1

Module 8: Talking With Mothers About Breastfeeding ... During the First Two Weeks

During this session, we will explore situations that may arise with mothers and babies in the early days of breastfeeding and ways that peer counselors can provide support.

Slide #2

Learning Objectives

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

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- Identify one strategy for dealing with each of the following situations:
 - Adjusting to being home with baby
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Slide #3

Baby is Home – What Can Moms Expect?

Bringing the baby home from the hospital is an exciting time for new mothers and families. It is also a time of adjustment for everyone. Peer counselors provide support that can help many mothers deal with situations that might otherwise sidetrack them from successfully breastfeeding.

[Activity]

Learning Objective: To help peer counselors identify the common concerns and feelings that new mothers may have in the early days.

Time: 10 minutes

Directions:

- Divide peer counselors into small groups.
- Give each group five or six wooden blocks.
- Ask groups to discuss physical or emotional issues new mothers might face in the first two weeks.
- Ask groups to report by “naming” each block with one of the issues they identified.
- Tell groups to stack their blocks to build a wall or tower.

- Instruct groups that, depending on the size of the training group, the blocks can either be stacked on the table of each group or can be used to build one tower together at the front.
- Ask the groups to leave the block wall or tower in place until the end of the training session.

[Key Talking Points]

- It's easy for a mother and her family members to believe that these issues are a sign that breastfeeding may not be going well.
- These stresses may contribute to feeling less than confident and that may lead to supplementing with formula.
- In this module, peer counselors will learn some practical tools that will help mothers to address their own barriers.

[Instructional Guidance]

- Examples of breastfeeding barriers or issues that could arise include:
 - Embarrassment
 - Fussy or colicky baby
 - Unsupportive family members
 - Competing demands
 - Pain
 - Breast problems
 - Fatigue
 - Too many visitors

Slide #4

Take Time to Recover

The first two weeks are a time for mother and baby to get to know one another and to get comfortable, not only with breastfeeding, but with their new life together.

[Key Talking Points]

- Bringing a new baby home from the hospital is often a thrilling time for new mothers.
- It is easy to overdo activities in the excitement of being a new mother.
- Mothers need lots of rest to continue to heal from childbirth.
- Strategies for taking care of herself during this time include:
 - Nap when baby naps.
 - Try to limit visitors.
 - Let the housework go and accept offers of help.
 - Eat healthy foods and drink plenty of fluids to satisfy her thirst.
- It is common for many mothers to experience “baby blues” during this time.

- This feeling is usually temporary. Resting and taking care of herself will help.
- Yield to the support of her healthcare provider if the mother seems extremely depressed or sad for longer than a few days, or if she reports problems healing from childbirth.

Slide #5

Dealing With Baby’s Transitions

The mother may notice a change in her baby’s behavior once they are home from the hospital. Letting mothers know this is normal can be reassuring.

[Key Talking Points]

- The change in environment from the hospital to home can cause a change in baby’s behavior.
- Babies have a strong need to be close to their mother during this time and may be very vocal about that need.
- Babies may also be ready for a faster flow of milk once they become more accustomed to breastfeeding.
- Giving babies continual access to the breast during this period helps calm them while reducing incidents of engorgement.
- Other calming techniques for a baby in transition include:
 - Holding the baby close with skin-to-skin contact.
 - Rocking or walking the baby.
 - Using a baby sling to keep the baby close.
 - Having someone other than mother hold the baby.
 - Playing calming music.
- Yield to the WIC designated breastfeeding expert if the mother is concerned about excessive crying by her baby.

Slide #6

When Will My Baby Sleep Through the Night?

Although many mothers worry about getting baby to sleep through the night, the reality is that babies are not built to go all night without eating.

[Key Talking Points]

- Mothers have different definitions of what “through the night” means. Researchers use midnight to 5 a.m. as the standard definition; however, many mothers consider it to be much longer.
- Babies need the important nutrition night feedings can provide for growth and development.
- Night feedings help prevent the mother’s breasts from becoming overly full.
- Babies feed at different time intervals. Some babies cluster feed in the late evening and sleep longer at night. Other

babies continue to feed every two to three hours through the night.

[Instructional Guidance]

- New information: Recent research suggests that the mother's milk storage capacity, which is not necessarily related to breast size, may play a role in feeding frequency. Mothers with a larger milk storage capacity may be able to feed less frequently.

Slide #7

What's Happening to My Breasts?

Between days two and five, mothers will experience changes in their breasts as the transition to mature milk begins.

[Key Talking Points]

- The mother's breasts become noticeably fuller as the volume of milk dramatically increases, and additional fluids and nutrients needed for milk production are carried to the breast.
- When the fluid collects in her breast tissue, it is normal for her breasts to enlarge and become swollen.
- Delaying or missing feedings can take a mother past this normal fullness to engorgement.
- Often this happens on the mother's first night home from the hospital if she has missed feedings in the excitement of going home with her baby.
- Engorgement flattens the nipple tissue, making it harder for the baby to latch and may heighten a baby's fussiness.

Slide #8

Dealing With Engorgement

Frequent nursing with good positioning and latch can help prevent engorgement. If engorgement occurs, many ways are offered for mothers to cope.

[Key Talking Points]

- Engorgement is painful and needs to be treated immediately.
- Before feeding the baby, massage the breasts with a warm, not hot, wet washcloth.
- The mother can hand express a little milk to help relieve some pressure so the baby can latch.
- After feedings, the mother could use ice packs to help relieve swelling.
- The mother can breastfeed the baby frequently and/or use a breast pump to remove enough milk to feel comfortable.
- Yield to your WIC designated breastfeeding expert when comfort measures offered do not relieve the mother's engorgement within 24 hours.

[Instructional Guidance]

- Show peer counselors how engorgement can flatten the mother's nipple, making it hard for baby to latch.
 - Blow up two balloons.
 - One balloon should be only partially full so the instructor can grasp the other end.
 - Second balloon should be as full as possible.
 - Show how the end on the full balloon disappeared and cannot be grasped. This is what happens to the breast when it is engorged.
- New information: While mothers were commonly told in the past to apply heat to the engorged breast, note that too much heat for a prolonged time can actually worsen the swelling. Moist warmth and massage before feeding and ice packs afterwards ("Warm before and cool afterwards") is the current recommendation.

Slide #9

Hand Expressing Milk

Hand expressing some milk before feeding the baby can relieve the pressure in the mother's breast and soften the areola so her baby can latch on.

[Key Talking Points]

- Gently massaging the breast before hand expression can be helpful.
- Every breast is different. Each mother will need to find the right place on her breast to start. A general guideline area is on the edge of the areola, where the dark meets the lighter part of her skin.
- With thumb on top and pointer finger underneath, go back towards the chest wall with the hand then gently roll the fingers forward towards the nipple.
- After a few tries, most mothers will see milk begin to drip or spray. Use this result as an opportunity to praise the mother.
- Avoid sliding fingers towards the nipple or pinching directly behind the nipple. These actions can damage the sensitive nipple tissue and cut off the flow.

[Instructional Guidance]

- Use a breast model to demonstrate hand expression as you explain the principles.
- Provide each participant with a water-filled balloon. Ask participants to practice the hand expression techniques using Handout #8A – How to Hand Express Breast Milk, as a reference. As each peer counselor demonstrates competency at the technique, sign and date her Peer Counselor Skills

Checklist Card, Module 8 – Hand Expressing Breast Milk section.

- Encourage peer counselors who are currently breastfeeding to practice the technique on their own breasts outside the class session.

[Optional Resources]

- Play the video, *Breastfeeding Techniques that Work: Hand Expression* by Kittie Frantz. Peer counselors could follow along with the video as they practice the hand expression technique with their balloon.

Slide #10

Dealing with a Plugged Milk Duct

When engorgement is not relieved, or when baby is not latched on well, milk can collect in the ducts and form a thick plug that can be uncomfortable. Peer counselors can use the many tools they have been taught in their training to help mothers deal with plugged ducts.

[Key Talking Points]

- Mothers with a plugged duct may feel it as a small bump or lump in their breast that is tender to the touch.
- To prevent a plugged milk duct, do the following:
 - Position the baby correctly.
 - Vary the positions used to breastfeed throughout the day.
 - Do not delay or miss feedings.
 - Do not allow breast fullness or engorgement to go untreated.
 - Avoid bras that are too tight.
- Comfort measures for a plugged duct include:
 - Place warm water on the plugged area before each breastfeeding.
 - Begin feeding baby on the side with the plug.
 - Gently massage the plugged area while baby is feeding.
 - Breastfeed more often during the day.
 - Hand express or pump after feeding the baby to remove the plug and to relieve fullness.
- Yield to your WIC designated breastfeeding expert if these common comfort measures do not resolve the plug, or if the mother reports she feels feverish or has flu-like symptoms.

Slide #11

Talking with Mothers in the Early Weeks

It's easy when peer counselors feel pressed for time or are anxious about a mother's frustrations to jump straight into educating before listening and affirming her.

[Activity]

Learning Objective: To practice the *3-Step Counseling Strategy*© skills to address situations that may arise during the first two weeks.

Time: 15 minutes

Directions:

- Divide peer counselors into small groups of three to four each or into pairs.
- Give each group or pair one or two note cards with a common concern printed on each one. See sample list below.
- Ask participants to work together to create an open-ended question, an affirmation, and one or two points on which to educate for each concern.
- *For small training groups*, do this activity as a group discussion.
- *For large training groups*, place more people within the group and discuss only one note card.
- Note card scenarios:
 - He's such a good baby – he sleeps all the time.
 - Ouch.
 - He never seems satisfied.
 - Just one bottle at night would help me get some rest.
 - I don't want to nurse in front of all our visitors.
 - What's with all this leaking?
 - He cries all the time.
 - My mom says I should give him formula or cereal after feedings to fill him up.
 - I don't want to be a human pacifier.
 - Can't I just pump?
 - My mother-in-law says I'm spoiling him.
 - He wants to eat again! I must not have enough milk.
 - He prefers his pacifier to me.
- Ask groups to report their ideas to the group.
- As they report, each group leader should remove one of the blocks from the wall of barriers as a visual symbol of the power of affirmation and information.

Discussion:

- What was hardest about this exercise? Why?

[Key Talking Points]

- Listening is just as powerful as education.
- Many believe that weaning to the bottle will solve all problems.
- Monitor infant's intake as well as mother's comfort.

- Affirm milk supply to build confidence.
- Affirmation can help break down barriers that mothers face in the early weeks by giving them confidence in their abilities to cope.

[Instructional Guidance]

- Refer to Module 4 to refresh affirmation skills.
- Affirming statements can be helpful for mothers in the early weeks. Several examples follow:
 - It sounds like you've tried a lot of different things to address this issue.
 - This must be frustrating for you.
 - It sounds like you are really trying to make this work.
 - You are doing such a good job with breastfeeding.

[Optional Teaching Tools]

- Show the video, *Breastfeeding Techniques that Work: The First Weeks* by Kittie Frantz. Ask participants to pay special attention to the way the counselor talks to this new mother. Ask discussion questions, such as:
 - What are your reactions to her counseling style?
 - What are some affirming statements she used?
 - What are some examples of where she truly listened to the mother's concerns?

Slide #12

When to Contact Mothers

New mothers will benefit from frequent contacts from peer counselors in the first two weeks of breastfeeding.

[Key Talking Points]

- Peer counselors should make calls every day or two in the early days of breastfeeding. Calls should taper off as the mother becomes more confident, and things are going well.
- Follow up within 24 hours if a mother is experiencing a breastfeeding problem.
- Peer counselors can gauge their contact frequency according to how the mother is doing, how much support she has at home, and how receptive she is to the peer counselor's support.
- Provide information in small chunks.
- Remind mothers to keep appointments with WIC for herself and her baby as well as appointments with the baby's doctor.
- Tell peer counselors that they can use their handouts as an ongoing reference when they counsel new mothers.

Slide #13
[Activity]

Opening the Conversation With Mothers

Learning Objective: To help peer counselors identify common open-ended questions to ask a mother in the early days of breastfeeding.

Time: 15 minutes

Handout: #8B – Opening the Conversation With Mothers During the First 2 Weeks

Directions:

- Ask the group to identify open-ended questions that can be used to begin a dialogue with a breastfeeding mother in the first two weeks.
- Tell peer counselors to write down the questions on their handouts for later reference.
- Affirm peer counselors as they share questions they develop.
- After peer counselors identify questions, or if they are having trouble identifying opening questions, mention the sample questions on the slide. Those questions are also found on the back of their handouts.
 - What was your first day home from the hospital like for you and your baby?
 - Can you tell me how you are feeling about breastfeeding now that you are home from the hospital?
 - What people are around to help you right now? What are some of the ways they are helping?
 - What are some of these people telling you about breastfeeding? How does that make you feel?
 - How does your baby show you that he or she is ready to eat?
 - What is your baby's typical feeding pattern?
 - How is everyone in the house sleeping now that there's a new baby in the house?
 - How are your breasts feeling before and after feeding your baby?
- Praise peer counselors for any questions they come up with that are similar to those on the slide or handout.
- Tell peer counselors their handouts are useful tools for helping them counsel new mothers.

Slide #14

Final Thought

“My peer counselor helped me breastfeed my son. On one occasion in the early days when I was having such a hard time, I told her it would be easier to just bottle feed, and she encouraged me to breastfeed. She explained the process and helped me successfully breastfeed. Now I feel happy because my son is so healthy and strong.”

WIC Mother