

Module 11 – Talking With Mothers About Breastfeeding ... When Mother and Baby Are Separated

Overview

Even when mothers and babies are separated, breastfeeding can continue. This eleventh module explores the thoughts and feelings new mothers may encounter during times of separation from their infants. This separation includes times when a baby is premature, sick, or hospitalized; and when a mother is sick or hospitalized, returns to work or school, and takes occasional outings. The module offers ways peer counselors can provide support and ways to affirm mothers and help them maintain their milk supplies.

Learning Objectives

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

- Name two ways to help a mother continue breastfeeding during separation from her baby.
- Name three ways to help a mother maintain her milk supply when she is separated from her baby.
- Identify how long breast milk can safely be stored.

Time Allowed: 1 hour

Background Information

Keeping a new mother and her baby together enables them to learn how to breastfeed, get to know one another, and establish a good milk supply. Unfortunately, the ideal is not always possible. WIC mothers experience times of separation from babies for various reasons. Associated with separation are varied emotions and, often, a drop in milk supply. Maintaining milk supply and returning to work are the most common reasons women give for discontinuing breastfeeding. Peer counselors can encourage new mothers by showing them options for continuing to breastfeed.

Checklist

- AV Equipment
 - PowerPoint or overhead projector
- Teaching Tools
 - Flip chart and markers
 - Multi-user double electric pump and kit provided for WIC mothers by the local agency
 - Breast pump provided by the local agency for WIC mothers who return to work or school
 - Breast model
 - Samples of containers for safe storage of human milk include: plastic bottles, hospital “volu-feed” container, disposable milk storage bags available from breast pump companies, and zip bags.

- Resources
 - “Feeding the Breastfed Baby,” Chapter 3 in USDA Food and Nutrition Service’s *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. Available online at: www.fns.usda.gov/tn/Resources/feeding_infants.html
 - California WIC Website “Resources for Employees.” Available online at: <http://www.wicworks.ca.gov/breastfeeding/BFResources.html>
 - Texas WIC resources for employed mothers. Available online at: <http://www.dshs.state.tx.us/wichd/lactate/mother.shtm>
 - “Working and Breastfeeding: It’s Worth it.” Available online from the Healthy Mothers Healthy Babies Coalition of Washington State at: http://www.hmhbwa.org/forprof/materials/BCW_packet.htm
 - “Using Breast Pumps” chapter in *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
 - “Working and Breastfeeding” pamphlet, available from Best Start Social Marketing at www.beststartinc.org

- Handouts
 - Handout #11A – Supporting Mothers and Babies Who are Separated
 - Handout #11B – How to Handle Human Milk
 - Handout #11C – Practice Counseling Scenario
 - Handout #11D – Opening the Conversation when Mothers and Babies are Separated

Additional Learning Opportunities

- Read “Special Situations,” “Breastfeeding and the Working Mother,” and “Collection and Storage of Human Milk” in Amy Spangler’s *Breastfeeding: A Parent’s Guide*.
- Read *Nursing Mother, Working Mother* by Gale Pryor. Available from La Leche League, International at www.la lecheleague.org
- Watch the video, *A Premie Needs His Mother* by Dr. Jane Morton. Available from: www.ibreastfeeding.com

Module 11 – Trainer Notes

Slide #1

Module 11: Talking With Mothers About Breastfeeding... When Mother and Baby Are Separated

It does happen that a WIC mother is separated from her baby. It is still possible to continue breastfeeding during these times. Peer counselors can provide support for mothers by showing them how they can continue to breastfeed even when they are separated from their babies. They can also help mothers maintain their milk supplies if they are not able to have their babies at the breasts.

Slide #2

Learning Objectives

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

- Name two ways to help a mother continue breastfeeding during separation from her baby.
- Name three ways to help a mother maintain her milk supply when she is separated from her baby.
- Identify how long breast milk can safely be stored.

Slide #3

Supporting Mothers and Babies Who Are Separated

Mothers and babies are separated for many reasons, and the support peer counselors provide can help mothers cope with the variety of emotions they feel during this time.

Discussion:

- What are some reasons a breastfeeding mother might be separated from her baby? [*Write each reason identified by peer counselors on a separate flip chart sheet and post them around the room.*]
- Items to be identified include:
 - Premature infant
 - Sick or hospitalized infant
 - Sick or hospitalized mother
 - Returning to work
 - Returning to school
 - Short-term occasional outings

[Activity]

Learning Objective: To help peer counselors better empathize with a mother's feelings when she must be separated from her baby.

Time: 15 minutes

Handout: #11A – Supporting Mothers and Babies Who Are Separated

Directions:

- Divide the group into six small groups or pairs.
- Assign each group to one of the flip chart sheets.
- Ask each group to identify:
 - Feelings that a mother might experience in this situation
 - Reasons to continue breastfeeding
 - To whom a peer counselor should yield
- Ask each group to report as you show the slide for the corresponding flip chart sheet topic.

[Key Talking Points]

- A mother can continue to breastfeed even during separation from her baby.
- Peer counselors can be sensitive to the mother's feelings and help her explore options for continuing to breastfeed.
- Expressing milk can be challenging for women.
- Peer counselors can affirm the mother by reassuring her that she is a good mother and supporting the ultimate decisions that are best for her.
- Helping mothers maintain their milk supplies, even when they must be separated from their babies, can improve the length of time a woman chooses to breastfeed her baby.
- While providing support to mothers who are separated from their babies, peer counselors should be aware that mothers will likely also be followed by a WIC designated breastfeeding expert or a medical or health professional.
- Support personnel for women separated from their babies include:
 - Physician
 - WIC staff
 - Nurse
 - IBCLC
 - Other experts
- The role of the peer counselor includes:
 - Assisting mothers with expressing their milk
 - Providing emotional support
 - Reinforcing the efforts of other healthcare professionals

[Instructional Guidance]

- In making group assignments, consider asking if anyone in the room has ever personally experienced a separation from her baby for any of the reasons stated. If so, allow that person to be in the group covering that issue so she can share her thoughts and feelings.

- In this module, the peer counselor groups should do the majority of the talking. Use the Key Talking Points to simply fill in if important points are missed.
- Consider asking a few breastfeeding mothers who may have experienced these situations to visit the session and give a brief report of their experiences. This helps put a “face” to these situations so peer counselors can better provide the support mothers need.
- Encourage peer counselors to write down the ideas reported by the groups on their handouts so they will have something to refer to later.

Slide #4

Premature Infants

A baby who is premature receives wonderful benefits from the mother’s milk even though the baby may not be able to be at the breast immediately after delivery. Peer counselors can support a mother who feels sad at being separated from her premature baby and praise her for expressing her milk for her tiny baby.

[Key Talking Points]

- Common feelings of a mother of a premature baby include:
 - Happiness that her baby is being well cared for.
 - Anxiety over seeing her baby connected to medical equipment helping him or her stay alive.
 - Worries over how baby is progressing.
 - Impatience if the baby must be in the hospital neonatal intensive care unit (NICU) for a long period of time.
- Reasons to continue breastfeeding include:
 - Preterm breast milk provides ingredients that full-term milk does not including: extra fat, protein, iron, and infection-fighting ingredients.
 - These infection-fighting ingredients mean the baby can use his or her energy to grow and develop rather than fighting infections.
 - A premature baby who gets mother’s milk:
 - Is released from the hospital sooner.
 - Has greater brain development.
 - Is less likely to develop dangerous infections common with premature babies.
 - Pumping milk for a premature baby can help the mother form a connection with her baby and help her grow more confident in caring for her baby.
 - Pumping also helps the mother feel she is doing something important for her baby at a time when the NICU staff members seem to be in charge of her baby.

Discussion:

- What are some ways a peer counselor can support a mother of a premature infant? Some ideas are:
 - Encourage the mother to begin pumping right away.
 - Praise the mother for expressing her milk for her baby.
 - Encourage the mother to talk with the physician and nurses about her wishes to provide milk for her baby.
 - Yield to the WIC designated breastfeeding expert who can help the mother with pumping her milk and beginning to breastfeed when baby is ready.

[Instructional Guidance]

- Demonstrate to peer counselors how to use the breastfeeding equipment provided by the WIC local agency for mothers who wish to express milk for premature babies.

Slide #5

Sick or Hospitalized Infant

Peer counselors can support mothers of sick or hospitalized infants by affirming their efforts to continue breastfeeding.

[Key Talking Points]

- Common feelings of a mother who has a sick infant include:
 - Worries about her baby's health and well-being.
 - Fear of the hospital setting and procedures.
 - Sadness at being separated from her baby.
- Reasons to continue breastfeeding include:
 - The infection-fighting ingredients in mother's milk help her baby while he or she is sick.
 - Breastfeeding can help calm the baby in the hospital environment.
 - Breastfeeding or expressing milk can help the mother feel connected to her baby.

Discussion:

- What are some ways a peer counselor can support a mother whose baby is sick or hospitalized? Some ideas are:
 - Encourage the mother to talk with the baby's doctor and nurses about her desire to breastfeed. Perhaps the hospital will allow her to breastfeed while baby is in the hospital.
 - If she is not able to have her baby at the breast, encourage her to express her milk for her baby.
 - Praise the mother for continuing to breastfeed.
 - Yield to the WIC designated breastfeeding expert for the specialized help the mother may need.

Slide #6

Sick or Hospitalized Mother

Mothers who are sick or hospitalized themselves may not feel able to continue breastfeeding. Peer counselors can affirm mothers for any amount of breastfeeding they were able to do and make sure they get help from a WIC designated breastfeeding expert.

[Key Talking Points]

- Common feelings of the mother who is sick or hospitalized include:
 - Too ill to consider expressing her milk.
 - Sadness at the loss of control.
 - Worries that her illness may be transferred to her baby.
 - Frustration if she is admitted to an area of the hospital where staff members are not as familiar with how to support breastfeeding.
- Reasons to continue breastfeeding include:
 - Breastfeeding keeps her breasts from becoming painfully full.
 - Baby can continue to receive the benefits of her milk.
 - Expressing her milk can help her feel she is doing something good for her baby.

Discussion:

- What are some ways a peer counselor can support a mother who is sick or hospitalized? Some ideas are:
 - Encourage the mother to speak about her breastfeeding or milk expression wishes with the physician and nurses.
 - Praise the mother, even if she feels she cannot express milk during this time.
 - Yield to the WIC designated breastfeeding expert to give the mother the specialized help she needs.

Slide #7

Returning to Work

Many WIC mothers choose to return to work after their babies are born. Peer counselors can give mothers helpful tips for combining work and breastfeeding.

[Key Talking Points]

- Common feelings of a mother who returns to work include:
 - Fulfillment at being able to be in the workplace again.
 - Sadness or guilt for leaving her baby.
 - Fatigue as she juggles the demands of work and home.
 - Frustrations over time demands that make pumping milk at work difficult or time consuming.

- Reasons to continue breastfeeding include:
 - Helps the mother feel connected to her baby.
 - Lowers baby's risk of sickness from viruses and germs in the childcare center.
 - A healthier baby means mother and dad are both less likely to have to miss work to care for a sick child.
 - Saves money for the family and the company.
 - Expressing milk during a busy day at work helps mother relax.

Slide #8

Strategies for Working Mothers

Regardless of the type of working environment, many strategies are available that peer counselors can share with mothers to help them continue breastfeeding after returning to work.

[Key Talking Points]

- Breastfeed as exclusively as possible during maternity leave and when she is home with her baby.
- Talk with her supervisor about returning to work more slowly. Some ideas are:
 - Work part-time for a week or two before working full-time.
 - Return to work in the middle of the week rather than on Monday to give her body time to recover from the initial separation and rebuild her milk supply over the weekend.
 - Take off one day in the middle of the week to give her body time to rebuild milk supply.
- Explore childcare options that have the baby as close to the mother's workplace as possible so she could possibly breastfeed during the day.
- Encourage the mother to talk with her supervisor about a place where she might be able to express milk during her breaks while she is at work. Expressing milk every two to three hours will help her maintain her milk supply.
- If the mother is not able to express milk at work, encourage her to breastfeed when she is with her baby.
- Praise the mother for any amount of breastfeeding she is able to do, even if it's just once or twice a day.
- Yield to your WIC designated breastfeeding expert if the mother notices a drop in her milk supply or needs help with expressing her milk.

[Instructional Guidance]

- Demonstrate to peer counselors the use of the breastfeeding equipment provided by the WIC local agency for mothers who are returning to work or school.

- Do more in-depth teaching on strategies for combining work and breastfeeding at a monthly peer counselor staff meeting.

Slide #9

Returning to School

Mothers who return to school can continue to breastfeed. Peer counselors can help student mothers feel good about their decision to finish school while providing for their baby.

[Key Talking Points]

- Common feelings of a mother who returns to school include:
 - Pride in her decision to continue her education.
 - Desire to re-engage in activities with friends.
 - Fatigue, especially if school policies do not allow for long maternity leaves.
 - Uneasiness about discussing breastfeeding with male school officials.
 - Frustrations over time demands of school and caring for a new baby.
- Reasons to continue breastfeeding include:
 - Helps the mother recover from pregnancy faster. This is especially important if she is not able to have a long maternity leave.
 - Helps mother feel more “in charge” of caring for her baby.
 - Builds a sense of responsibility in the mother.
 - Babies are healthier. This means a mother is less likely to need to miss classes to care for a sick baby.

Discussion:

- What are some ways a peer counselor can support a mother returning to school with continued breastfeeding? Some ideas are:
 - Encourage the mother to talk with a female teacher or counselor about her desire to breastfeed.
 - Help the mother explore options for expressing milk during the time she is at school.
 - If she is unable to express milk at school, encourage her to breastfeed when she is with baby.
 - Praise the mother for any amount of breastfeeding she is able to do.
 - Yield to a WIC designated breastfeeding expert if the mother notices a drop in her milk supply or needs help with expressing milk.

Slide #10

Occasional Outings

Most new mothers find times when they need an occasional break from caring for their babies. Peer counselors can help new mothers learn how to maintain their milk supplies and remain comfortable during these occasional outings.

[Key Talking Points]

- Common feelings of a mother who wants to take occasional outings away from the baby include:
 - Excitement at taking a much needed break.
 - Guilt over feeling the need for a break.
 - Worries over how the baby will do when separated from the mother.
- Reasons to continue breastfeeding include:
 - Breastfeeding can be very doable for short separations.
 - Re-establishes a strong connection with the baby when mother returns.

Discussion:

- What are some ways peer counselors can support the mother who wants to take occasional outings away from her baby? Some ideas are:
 - Assure the mother that breastfeeding can easily continue, even when the mother wants to be separated for short periods of time.
 - Encourage the mother to express milk before leaving so baby can continue to receive her milk.
 - Encourage the mother to express milk while she is away to keep her breasts from becoming overly full.
 - Praise the mother for continuing to breastfeed and assure her that she is a good mother.
 - Yield to your WIC designated breastfeeding expert if you are unclear how the mother can continue to breastfeed given the nature of the outing she is taking or if the mother reports problems with her milk supply.

[Instructional Guidance]

- Show peer counselors the breastfeeding equipment that may be provided by the WIC local agency for mothers who wish to pump or express milk occasionally.
- Remind peer counselors that hand expression can be an effective technique for expressing milk during short separations.

Slide #11

Protect the Mother's Milk Supply

During times of separation, mothers may need help maintaining their milk supplies. The WIC local agency may provide various types of breast pumps to assist mothers with removing milk.

[Key Talking Points]

- Always wash hands and pump parts before and after using a breast pump.
- When to remove milk:
 - A mother who is separated from her baby right after the baby is born should begin pumping as soon as possible, preferably within six hours.
 - A mother who is separated from baby day and night should express milk at least eight times every 24 hours, including at least one session at night.
 - A mother who is returning to work or school or will be separated only for short periods during the day can begin practicing using a breast pump around two weeks after the baby is born, whenever her breasts feel overly full.
 - Some mothers like to breastfeed on one breast and pump on the other.
- Pumping takes practice. Although the amount may be small at first, most mothers are able to express more with practice.
- Pumping at regular intervals each day makes it easier to express milk.
- To get the best results from pumping or expressing milk:
 - Practice relaxation techniques or listen to soft music.
 - Massage the breasts before pumping.
 - Apply warm compresses.
 - Have something to help the mother connect with her baby such as a photo, a blanket, or an article of clothing that has the baby's scent on it.

[Instructional Guidance]

- Walk peer counselors through putting together the breast pumps provided by the WIC local agency so they will be aware of how they work.

Slide #12

Handling Human Milk

Human milk can be stored in a variety of convenient ways including:

[Key Talking Points]

- Mothers can store their breast milk in the refrigerator or freezer right after they express it.

- Milk should be labeled with:
 - The baby’s name.
 - The date and time the breast milk was collected.
- Milk that will be frozen should be stored in small quantities of around 2 to 4 ounces or the amount that baby usually takes at a feeding, so that little milk will be wasted.
- Mothers may want to freeze some containers with only an ounce or two for those times when babies just want a little extra.
- Store the milk in hard plastic bottles that are unbreakable or in polyethylene disposable milk storage bags such as snack-sized zip bags.
- Mothers expressing milk for premature babies should store milk in small quantities of one ounce in containers recommended or provided by the NICU.
- Carry milk to the childcare center or hospital in a cooler with an ice pack to keep the milk cold.

Slide #13

How Long to Store Breast Milk

USDA Food and Nutrition Service’s Child Nutrition Program provides standard guidelines for how to store and handle human milk.

[Key Talking Points]

- Place milk to be frozen in the center of the freezer, not in the door where temperatures change when the door is opened.
- Breast milk can be safely stored:

Refrigerator at a temperature of 40°F or below	Frozen (freezer door separate from refrigerator) with a temperature of 0°F or below	Thawed (from frozen) and refrigerated 40°F or below
Use within 48 hours	Use within 3 months	Use within 24 hours

Slide #14

How to Thaw Frozen Milk

Frozen human milk can be thawed easily and safely by following simple guidelines.

[Key Talking Points]

- Thaw frozen milk by placing it in the refrigerator for a few hours before using it.
- For a quicker thaw, place it in a pan of warm water or under running warm (not hot) water. Use milk immediately after warming.

- Never thaw frozen milk in a microwave. This destroys live cells in human milk and creates “hot spots” that could burn the baby.
- Thawed milk that smells funny may have spoiled and should be thrown out.
- Once the milk is thawed, do not refreeze it.
- Any milk left over should be discarded.
- Clean and sanitize bottles and parts before reusing or filling with new expressed breast milk.
- If disposable nursing bags were used, throw away after thawing the milk.

[Instructional Guidance]

- Provide peer counselors with a copy of the information on human milk storage guidelines from Chapter 3 of USDA’s *Feeding Infants: A Guide for Child Nutrition Programs*. This should be included in their reference notebooks for later reference.
- Consider providing examples of milk storage containers to help peer counselors visualize the various ways human milk can be safely stored.
- Refer peer counselors to Handout #11B – How to Handle Human Milk, as a reference.

Slide #15
[Activity]

Practicing 3-Step Counseling Skills

Learning Objective: To help peer counselors practice using 3-Step skills in counseling mothers who must be separated from their babies.

Time: 10 minutes

Handout: #11C – Practice Counseling Scenario

Directions:

- Divide peer counselors into pairs and give them the handouts.
- Ask peer counselors to work together to come up with open-ended questions, affirming statements, and one or two points on which to educate the mother.
- Ask participants to share the responses they came up with.
- When peer counselors have completed the activity, sign and date their Peer Counselor Skills Checklist Card, on the Module 11 – Practice Counseling Scenario section.

Slide #16

When to Contact Mothers

A mother who is separated from her baby will most likely be followed by a WIC designated breastfeeding expert and other healthcare professionals. Peer counselors will need to be sensitive to the mother's situation in determining how often to call and should follow the policies of her local agency.

[Key Talking Points]

- In determining when to contact mothers who are separated from their babies for medical reasons, peer counselors should follow good standards for etiquette and show sensitivity to the situation of the mother and her family. This includes:
 - Agreeing in advance with the mother or her family members on designated days/times to check on her.
 - Respecting the needs of the family for privacy and minimal disruptions.
 - Working closely with her WIC designated breastfeeding expert to be sure it is appropriate for her to make contacts with the mother.
 - Following contact policies and protocols of the WIC local agency.
 - Honoring the mother's desire for no contacts if she is overwhelmed with her situation and requests that the peer counselor not contact her during this time.
- General suggestions for contacting mothers who are separated from their babies, when the mother agrees, are:
 - The mother of a premature baby – weekly calls to check on her and her baby throughout the time she is away from baby.
 - The mother of a sick or hospitalized baby – every two to three days while the baby is being treated until any breastfeeding issues are resolved.
 - The mother who is sick or hospitalized – every two to three days while the mother is being treated until any breastfeeding issues are resolved.
 - The mother returning to work or school – around two weeks before she is scheduled to return to work or school, a few days before she returns, and a day or two after she returns. Weekly contacts during the first month can give the peer counselor an opportunity to help her deal with the changes her breasts and the baby are going through.
- Peer counselors can reinforce the support the mother receives from her team of healthcare professionals by reassuring her that she is a good mother and affirming her efforts to continue breastfeeding.

- Peer counselors should always support other healthcare professionals by never contradicting the advice they give a mother. They know what is best for dealing with a mother's and baby's medical situation.

[Instructional Guidance]

- In discussing the appropriate contacts that peer counselors can make with mothers who are separated from their babies, review with peer counselors the protocols and guidelines established by the WIC agency.
- Review with peer counselors the agency's referral policies and how they should proceed with making contacts with high-risk mothers and babies.

Slide #17

[Activity]

Opening the Conversation With Mothers

Learning Objective: To help peer counselors identify common open-ended questions to ask a mother who is separated from her baby.

Time: 15 minutes

Handout: #11D – Opening the Conversation when Mothers and Babies are Separated

Directions:

- Ask the group to identify open-ended questions that can be used to begin a dialogue with a breastfeeding mother.
- Have them write down the open-ended questions on their handouts 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 handouts.
- Praise peer counselors for any questions they come up with that are similar to those on the slide, also listed on the back of their handouts:
 - Tell me some of the feelings you are having about being away from your baby right now.
 - Who is around to help you?
 - What is your family saying to you about breastfeeding?
 - How does that make you feel?
 - What are the doctors/nurses saying to you about breastfeeding?
 - What do your coworkers/supervisor say about breastfeeding?

- What are some of your ideas about how you might be able to continue breastfeeding even though you are away from your baby?

Slide #18

Final Thought

“I was worried that breastfeeding would be a waste of time since I was going back to work. My peer counselor showed me how breastfeeding could work around my schedule. I’m happy to say, thanks to her, not only am I loving this experience, I am also pumping at work. My peer counselor will be forever in my heart.”

WIC Mother