

Module 9 – Talking With Mothers About Breastfeeding...During Months 1 to 6

Overview

This ninth module focuses on topics peer counselors will be asked about most often when working with mothers during the first six months of breastfeeding. These topics include:

- Normal growth for the breastfed baby.
- Strategies for a mother who is returning to work or school.
- When to introduce solids.
- Maintaining a healthy milk supply.

The training will also touch on many of the basics the WIC Program teaches as part of its nutrition education component. This review will make the peer counselor aware of the information the mother will receive from WIC. This process will also ensure that breastfeeding mothers hear the same consistent message from their peer counselors that they hear from staff at the WIC clinic.

Learning Objectives

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

- Describe typical growth for babies during the first six months.
- List three causes of low milk supply and three management techniques to remedy this difficulty.
- List two ways to know a baby is ready to begin solid foods.

Time Allowed: 1 hour

Background Information

The first six months of a baby's life are an exciting time for parents. They experience a myriad of changes in their babies and their families during a baby's early phases of rapid growth and development. Even after breastfeeding has become well established, a mother will continue to have questions about what to expect next with breastfeeding and how her baby should develop physically and developmentally.

Peer counselors have a unique role in assisting breastfeeding families with their questions and concerns. By providing basic information and acting as a referral resource for questions, the peer counselor will prepare a mother for challenges ahead such as returning to work or school. The counselor will also help her identify all of her options for continued breastfeeding success.

Checklist

- AV Equipment
 - PowerPoint or overhead projector
 - TV/VCR (if using optional video resources)

- Teaching Tools
 - Flip chart and markers
 - Electric pump and kit
 - Yield poster
 - Index cards
- Handouts
 - Handout #9A – Top Ten List
 - Handout #9B – How to Know Baby is Ready for Solid Foods
 - Handout #9C – Practice Counseling Scenario
 - Handout #9D – Opening the Conversation with Mothers During Months 1 to 6
- Optional Resources
 - *Breastfeeding at 4 Months* produced by the Iowa Lactation Task Force.
Available at: www.nal.usda.gov/wicworks/Sharing_Center/4_months.pdf
 - Video: *Breastfeeding Techniques That Work: Successful Working Mothers* 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 mother returning to work or school. Use the Shadowing Breastfeeding Experts: Peer Counselor Log provided in the “Continuing Education of Peer Counselors” section as a guide.
- Read “Common Questions,” “Breastfeeding and the Working Mother,” and “Eating for Two” in Amy Spangler’s *Breastfeeding: A Parent’s Guide*.
- Read Part 3 “Going Back to Work” and Part 4 “Life as a Family” in La Leche League’s *Womanly Art of Breastfeeding*.
- Have peer counselors watch *Breastfeeding Techniques That Work: Volume 5 – Successful Working Mothers* (by Kittie Frantz, available from Geddes Productions, www.geddesproduction.com).

Module 9 – Trainer Notes

Slide #1

Module 9: Talking With Mothers About Breastfeeding... During Months 1 to 6

This module focuses on issues mothers have after breastfeeding has been well established. Practical support strategies for these common concerns are addressed.

Slide #2

Learning Objectives

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

- Describe typical growth for babies during the first six months.
- List three causes of low milk supply and three management techniques to remedy this difficulty.
- List two ways to know a baby is ready to begin solid foods.

[Activity]

Top Ten List

Learning Objective: To help peer counselors deal with common questions a mother may have during the first six months of her baby's life.

Time: 10 minutes

Handout: #9A – Top Ten List

Directions:

- *For training small groups,* divide participants into several small groups or conduct as a full group discussion.
- Using the handout, ask groups to write a list of the things someone told them about breastfeeding during the first six months.
- Ask each small group to select a member to read their list (or to read entries that are different from what has been reported already) to the entire group.
- Facilitate a discussion on the points raised.

[Key Talking Points]

- After a mother establishes breastfeeding during the first critical weeks at home, she may feel much more confident.
- However, she is still likely to have many questions and concerns as she watches her baby grow. These questions and concerns might include:
 - Am I doing this right?
 - Is the baby getting enough milk?

- Is he or she ready for solid foods yet?
- Is he or she supposed to be this size?
- Today’s training will cover topics pertaining to growth and development.
- The training will also cover the important issue of how to successfully breastfeed while returning to work or school.

Slide #3

What is “Typical” Weight?

Questions surrounding appropriate weight gain continue to be high on most breastfeeding mothers’ lists of concerns.

[Key Talking Points]

- After babies experience the typical early weight loss and regain their birth weight, they usually gain around 6 ounces per week during the first six months.
- Most babies double their birth weight by the time they are between four and six months old.
- Babies are very different in how they grow, depending on their genetic make-up and that of their parents. For instance, two short, petite parents are not likely to have a tall, full-bodied baby.
- Growth charts help keep track of growth to be sure the baby is not veering too far from his or her own individual growth curve.
- Yield to a WIC nutritionist if a mother is concerned about her baby’s nutritional status or growth patterns.

[Instructional Guidance]

- Have trainees write “Slow weight gain” on their yield handout.

Slide #4

Appetite Spurts

Days in which a baby feeds more frequently are a normal part of the early weeks and months of breastfeeding. When mothers know beforehand to expect this, they are less likely to have doubts about their milk supplies.

[Key Talking Points]

- Around two to three weeks of age, some mothers notice their babies are eating more frequently for a day or so.
- This is commonly called a growth or appetite spurt.
- During this time, babies will want to eat much more often and may become fussy and restless.
- Mothers may interpret this as a sign that they are not making enough milk, especially since the fullness they might have felt earlier has subsided

- Mothers may get a lot of well-meaning advice during this time and hear comments such as:
 - Your milk is not rich enough.
 - He's ready for solid foods.
 - You're starving your baby.
- Many mothers begin to supplement believing that their babies are hungry. Mothers may believe they are not making enough milk.
- What is actually happening is that the baby is signaling the mother's body to produce more milk to meet the baby's growth needs.
- Suggest that the mother keep her baby at the breast as much as the baby wants.
- Rather quickly, her milk supply will increase to catch up to meet her baby's demand. Feeding routines will regain a sense of comfort for the mother and baby.
- Other periods when appetite spurts can occur are:
 - Six weeks
 - Three months
 - Six months
- However, babies often choose their own times to go through an appetite spurt.
- Yield to a WIC designated breastfeeding expert if a mother remains concerned about an appetite spurt that lasts longer than a few days.

[Instructional Guidance]

- Have trainees write the words "prolonged appetite spurt" on their yield handout.

Slide #5

Maintaining a Healthy Milk Supply

A mother's concerns about her milk supply may continue throughout the early weeks and months of breastfeeding. Letting mothers know how to tell whether their babies are getting enough milk can be very reassuring.

[Key Talking Points]

- Having enough milk for her baby is one of the chief concerns of a new mother.
- This concern is among the main reasons women begin supplementing or wean their babies.
- Women may continue to have this concern throughout the first six months of nursing.
- Because mothers build the foundation of their milk production during the important first two to six weeks, a mother who

gets off to a slow start may continue to have concerns with milk production.

- Remember that a mother's perception of a low milk supply is just as important as whether she truly has a low milk supply.
- WIC peer counselors can help build a mother's confidence by reassuring her that breastfeeding and the baby's development are going well.
- Signs that mothers can look for to ensure their babies are getting enough milk include:
 - Weight gain. This is one of the key ways to know that the baby is doing well. Note: The baby should be weighed with the same amount of clothes on and preferably on the same scale for each weight check if possible.
 - Wet diapers. Continuing to count wet diapers helps mothers know their babies are hydrated. Note: After approximately four weeks of age, babies will not have as many bowel movements. It is normal for babies to go several days without a stool.
 - After the first few weeks, allow the baby to determine the feeding frequency. Some babies will cluster feed (group feedings close together) during certain times of the day and go longer periods at night without feeding. Others continue to feed regularly around the clock.
 - If mothers need to be separated from their babies, hand express or use a breast pump to collect milk. Remember, removing milk is the key to keeping a good milk supply.

Slide #6

Causes of Low Milk Supply

Numerous causes of low milk supply can be pinpointed. The WIC peer counselor and mother are partners in discovering what has changed in the baby or mother's schedule to learn the root of the problem.

Discussion:

- What are some reasons you can think of that may contribute to a low milk supply in the first six months? [Write the answers on a flip chart for later discussion.]

Examples of factors contributing to low milk supply include:

- Replacing breastfeedings with formula.
- Introducing solids too soon.
- Limiting the baby's time at the breast.
- Delaying feedings.
- Illness in the baby or mother.
- Returning to work or school and not expressing milk regularly enough.

- Smoking during breastfeeding.
- Surgery on the breast.
- Another pregnancy.
- Taking birth control pills with estrogen.

Slide #7

Birth Control

Peer counselors can assure breastfeeding mothers that many forms of birth control are considered safe while breastfeeding.

[Key Talking Points]

- Barrier methods of birth control are considered safe for breastfeeding.
- Progestin-only methods (available as injections, pills, or implants) can affect a mother's milk supply if given before six weeks post-partum.
- Estrogen-containing birth control methods can affect a mother's milk supply.
- Mothers who have questions about birth control should be yielded to the WIC designated breastfeeding expert.

Slide #8

Dealing With Low Milk Supply

Once the mother and peer counselor discover the reason for the mother's low milk supply, the peer counselor can offer the mother a few simple strategies to address the issue.

Discussion:

- What are some strategies that could help for each of these causes of low milk supply?

Some examples of strategies include:

- Check the baby's position and latch.
- Increase the frequency of feedings or pumping sessions.
- Make sure the mother is not limiting baby's time at the breast.
- Use breast compression to help baby access more of the fatty parts of the milk.
- Apply moist heat and massage the breast before feeding or pumping.
- Use relaxation techniques to help the milk "let down" before pumping.
- Spend lots of time with baby. Avoid or delegate household chores for a weekend and concentrate on resting and breastfeeding.
- Some prescription drugs and herbal remedies can help with improving milk supply. Ask the mother to discuss it with her WIC designated breastfeeding expert or her healthcare provider.

- Yield to a WIC designated breastfeeding expert if the mother is still worried about her milk supply after trying some of the strategies above.

[Instructional Guidance]

- Have trainees write “low milk supply” on their yield handout.

Slide #9

**Breastfeeding and Returning to Work or School:
Is It Worth the Effort?**

Many WIC mothers do return to work or school, either full or part time, before their babies are six months old. Having the support of a peer counselor to help them devise a plan will make this transition less stressful.

[Key Talking Points]

- Returning to work or school places unique demands on new mothers who are breastfeeding.
- Many mothers who know they will be returning to work or school are concerned about how they're going to fit breastfeeding into their lives.
- Many decide to cut back on breastfeeding or wean altogether.
- Many mothers do not realize that they can continue to breastfeed after returning to work or school.
- Peer counselors can help mothers formulate plans well in advance of returning to work or school that allow them to continue breastfeeding.
- Support mothers’ wishes to make their own decisions about how long they are able to continue breastfeeding.
- If the mother is able to take up to six weeks maternity leave, suggest she use a double electric pump a few weeks before returning to work so she can practice collecting milk and storing it in the freezer.
- Like breastfeeding, pumping gets easier with practice.
- Yield to a WIC designated breastfeeding expert if a mother is going back to work or school and needs information on where to get an appropriate pump for her situation and how to pump and store her milk.

[Instructional Guidance]

- Have trainees write, “Needs a pump for going back to work or school” on their yield handout.
- Discuss with peer counselors your WIC agency’s breast pump availability for mothers returning to work or school.

- More information and strategies for returning to work and school are described in Module #11, Talking With Mothers About Breastfeeding...When Mother and Baby are Separated.

[Optional Resources]

- Play the video, *Breastfeeding Techniques that Work: Successful Working Mothers* by Kittie Frantz.

Slide #10

What About Solid Foods?

Mothers often receive conflicting advice about when to start solid foods. WIC peer counselors will want to give mothers the same information other WIC professionals provide.

[Key Talking Points]

- Most advice mothers get about when to introduce solids is based on someone else's personal experience rather than on scientific evidence.
- The American Academy of Pediatrics recommends that babies be exclusively breastfed (receive nothing but breast milk) for "about the first six months of life," with complementary foods added at that time.
- Babies develop at different rates.
- Babies are not developmentally ready to handle solid foods until between four and six months of age.
 - A baby's digestive system is not mature.
 - Early solids increase the baby's risk of allergies and choking.
 - Starting solids too early is replacing a superior food (breast milk) with an inferior food.
 - Introducing other foods also introduces the potential for food-borne illnesses.
 - Many mothers (and grandmothers) believe that babies who begin solid foods early are "more advanced" than those who do not or that solid foods will help babies sleep better.
 - Studies show that these popularly held beliefs are myths. They are false.

Discussion:

- What are some ways a mother might be able to tell her baby is ready for solid foods?
 - Baby can hold his or her neck steady and sit up unassisted.
 - Baby shows interest by opening his or her mouth and leaning forward.
 - Baby has lost the "tongue thrust" reflex and no longer pushes food out of his or her mouth.

- Baby is beginning to pick up items with his or her thumb and index finger.
- Baby seems very eager to grab food and participate in the mealtime experience.
- Yield to a WIC nutritionist if a mother decides to introduce solids before four months of age.

[Instructional Guidance]

- Have trainees write, “early introduction of solids” on their yield handout.
- Encourage peer counselors to bring babies to support group meetings to show mothers how well exclusively breastfed babies can grow.
- Refer peer counselors to Handout #9B – How to Know Baby is Ready for Solid Foods, for later reference.

Slide #11

I’ll Breastfeed Until My Baby Has Teeth

Most mothers start worrying about breastfeeding babies with teeth long before their babies have a single tooth. A mother will assume that once her baby gets teeth, she’ll have to wean. A little guidance ahead of time from a peer counselor will show a mother that her baby’s having teeth does not have to mean the end of breastfeeding.

[Key Talking Points]

- Babies can continue to breastfeed while growing teeth without causing pain to the mother.
- When babies are nursing, their tongues actually extend out over their bottom teeth and gums.
- When babies are latched on correctly, the nipple tissue is far back in the babies’ mouths, protected from teeth.
- If babies begin to “teethe” on the mother’s breast, it usually occurs toward the end of the feeding when they are feeling satisfied and playful.
- The mother can simply remove the baby from the breast and say “No” firmly. She can refuse giving the breast for several minutes. Most babies learn quickly that biting is inappropriate.
- If the baby still seems hungry, she can offer the breast again.
- If the baby continues to bite, she can stop the feeding to demonstrate that biting is not tolerated.

Slide #12

Getting Back to “Normal”

Mothers often are anxious to resume their normal life and may see breastfeeding as a limitation to their independence.

[Activity]

Fitting Breastfeeding Into Everyday Life

Learning Objective: To help peer counselors address the common concerns of mothers as they begin looking for ways to blend breastfeeding with other activities in their lives.

Time: 10 minutes

Directions:

- Divide peer counselors into small groups.
- Give each group an index card with a statement that a mother might make about resuming her normal life.
- Ask each group to discuss why the mother might be concerned about this, and some suggestions they can give a mother.
- When the groups are through, ask a member of each group to share with the whole group.
- *For small training groups*, this activity can be done as a group discussion or allow peer counselors to work with a partner.
- *For large training groups*, work in larger groups of six to eight members or allow duplicate groups to discuss the same card.

Note Cards:

- “I want to start exercising again. I need to lose all this weight that I gained.”
 - Mothers can begin light exercises around two to four weeks after birth. However, they should talk to their doctors to get the okay before starting.
 - Remind mothers that breastfeeding burns 500 calories a day and helps them lose pregnancy weight faster.
 - Tell mothers to be aware that strenuous exercise can increase the levels of lactic acid in breast milk, giving it a sour taste. If this occurs, mothers can wait for an hour or more after exercising to breastfeed.
- “My husband is worried about us resuming sex if I’m breastfeeding, but I’m just not interested in sex.”
 - Many women find their desire for sex to be low for a while after their baby is born or feel that touching and holding their baby provides enough satisfaction. Others find they have an increased desire for sex.
 - Mothers can discuss their feelings with their partners.
 - Breastfeeding before making love can help create a peaceful environment with a sleepy, satisfied baby and more comfortable breasts for mom.

- “When can I start eating my favorite foods again?”
 - WIC encourages mothers to eat a well balanced diet to maintain their own health.
 - Most foods are fine to eat while breastfeeding.
 - If a mother is concerned that certain foods might be bothering the baby, such as milk products or eggs, she can talk to her WIC nutritionist about discontinuing that food for a period of time to see if the baby’s fussiness improves.
 - Moderate amounts of caffeinated beverages (two to three per day) are okay. However, more than that can cause the baby to be very fussy.

- “I want to plan a surprise weekend getaway for my partner and me...without the baby.”
 - Having short excursions away from the baby is possible if a mother has a breast pump to express milk.
 - If a mother does not express her milk while she is away from baby, she may find that painful fullness or engorgement may make her getaway plans uncomfortable.
 - It is probably best to wait until her baby is a few months old before planning a lengthy time away. By then, her milk supply is well established, and she is practiced at expressing milk.
 - Planning a shorter excursion may also be wise, especially the first time.

Slide #13
[Activity]

Practicing 3-Step Counseling Skills

Learning Objective: To help peer counselors practice using 3-Step skills in counseling mothers of babies one to six months old.

Time: 10 minutes

Handout: #9C – Practice Counseling Scenario

Directions:

- Divide peer counselors into pairs.
- Using their handouts, ask participants to work together to come up with open-ended questions, affirmation statements, and one or two points on which to educate this mother.
- Ask them to write down the three steps they create.
- Ask participants to share the responses they developed.
- When peer counselors have completed the activity, sign and date their Peer Counselor Skills Checklist Card, Module 9 – Practice Counseling Scenario section.

Discussion:

- Now that you've had several practice opportunities with the 3-Step skills, what is getting easier?
- Is there anything that is still difficult for you?

[Key Talking Points]

- The 3-Step counseling principles do get easier the more you practice.
- Some peer counselors find it helpful to keep little note cards with the three steps written on them in their notebooks to refer to when they're making phone calls to mothers.
- It is important not to skip steps or ask a stream of closed questions. Asking some closed questions is okay. But when you ask too many, mothers begin to feel as if they're being interrogated.
- Learning 3-Step may seem a bit awkward at first since we have to stop and think a bit about what we're going to ask or say. However, these built-in pauses are actually an opportunity for the mother to think and discover insights of her own.

Slide #14

When to Contact Mothers

Once a month contact is sufficient for most mothers when breastfeeding has become well established. More frequent contact will be necessary for the mother who is going back to work or school.

[Key Talking Points]

- The peer counselor will want to call a breastfeeding mother monthly. Counselors will be able to ask about how breastfeeding is going, how the baby is doing, inform her about any classes, and remind the mother to pick up her WIC vouchers.
- If mothers express concerns about low milk supply or other issues, more frequent contacts may be needed until the issue is resolved.
- When a mother perceives she has a low milk supply, she is at high risk for supplementation and weaning. In that case, contacts every few days would be needed until the mother feels more confident.
- If the mother is returning to work or school, contact her about two weeks before her anticipated return date to help formulate a plan.
- A call after she returns to work will also provide the mother an outlet to discuss her feelings about being separated from her baby as well as any issues or concerns she may have with her breasts or milk supply.

Slide #15
[Activity]

Opening the Conversation With Mothers

Learning Objective: To help peer counselors identify common open-ended questions to ask a mother during the first six months of breastfeeding.

Time: 15 minutes

Handout: #9D – Opening the Conversation with Mothers During Months 1 to 6

Directions:

- Ask the group to identify open-ended questions that can be used to begin a dialogue with a breastfeeding mother in the first six months.
- Peer counselors should write the open-ended 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. These questions are also found on the back of their handouts.
- Praise peer counselors for any questions they create that are similar to those on the slide or handout.
- Let peer counselors know they can use their handout as a reference tool when counseling new mothers.
 - What are your plans for working or going to school?
 - How do you feel about your milk supply during this time?
 - How is your baby growing and developing?
 - What does your baby currently eat?
 - What do people tell you about when to start solid foods? How does that make you feel?
 - How does your partner feel about breastfeeding now that things are well established?

Slide #16

Final Thought

“I have invaluable memories and love working with WIC families. It is good to see the moms come back to the clinic and look for me, even months later, because they are so thankful for the assistance I was able to give them. It is almost like having an extended family member giving information and support to assure a healthy baby and mother.”

WIC Peer Counselor