

**Tools needed for
Section VI:**



- The *Breastfeeding Education Guide* by the Colorado WIC Program

Section VI: References

Congratulations—if you have completed each of the previous sections of this module and all of the activities, you can feel confident that you have a good foundation for providing breastfeeding education and support. There will be those times, however, when you will not have the answer to a participant’s question or when you’ll need more information about a topic.

This last section of the module and the last section of the *Breastfeeding Education Guide* provide you with reference materials. Specifically this section includes a list of breastfeeding contraindications, referral protocol with educational guidelines, postpartum assessment, and commonly asked questions and answers. An additional resource, the “Breastfeeding Challenges and Solutions” included in the last section in the *Breastfeeding Education Guide*, can assist you in helping moms resolve common problems.

When Breastfeeding May Not Be Recommended

Though breastfeeding is the optimal feeding method, it is important that you are knowledgeable of situations when a participant should not breastfeed or needs further medical evaluation before recommending breastfeeding. The following is a listing of those conditions.



1. Women with **active tuberculosis** should refrain from breastfeeding or any other close contact with the infant due to potential transmission through respiratory droplets. Women with tuberculosis who have been treated appropriately 2 or more weeks and who are considered non-contagious may breastfeed.
2. A woman who is **HIV-infected (Acquired Immunodeficiency Syndrome or AIDS)** should be counseled NOT to breastfeed her infant since human immunodeficiency virus has been found in human milk and can be transmitted through breastfeeding. WIC staff are responsible for advising all pregnant, postpartum, and breastfeeding women to know their HIV status so that if they are HIV-positive they can receive medication prenatally to reduce the risk of transmission to their baby and they can avoid breastfeeding.



Most medications taken by nursing mothers are quite safe for the breastfeeding infant.

3. **Hepatitis** is a viral infection of the liver that can cause fever, jaundice, anorexia, nausea, fatigue, and in some cases, chronic liver disease. All hepatitis is not the same, as hepatitis can have many causes, with each type differing in the method of transmission, incubation period, severity of illness, carrier state, possible treatments and preventions, and long-term prognosis. The decision to breastfeed should be made in conjunction with the mother's and the baby's health care providers, and often warrants input from an infectious disease expert.

4. Women who **abuse alcohol, illegal drugs, or certain prescription medications**, should NOT breastfeed. Most maternally-ingested drugs are transmitted to breast milk. Intravenous drug abusers also have a high incidence of hepatitis and HIV which can be transmitted to the breastfeeding infant.

Women who are **abusing alcohol** should not breastfeed. Excessive alcohol intake is associated with inhibition of the let-down reflex, poor milk production, high alcohol levels in milk, lethargic infants, developmental delays in the infant (documented slight motor delays), slow weight gain, and failure to thrive, as well as other adverse health consequences for the mother and infant.

Use/abuse of **illegal drugs** is a contraindication to breastfeeding. Illegal drugs are hazardous to the nursing infant and to the physical and psychological well-being of the mother.

5. Virtually all lactating mothers will take one or more **medications** during the course of breastfeeding. Although all drugs are excreted to some degree in breast milk, most medications taken by the nursing mothers actually are quite safe for breastfeeding infants because only minimal quantities of a drug usually appear in milk. Each situation should be evaluated on a case-by-case basis by the mother's physician.

6. **Human T-Cell Leukemia Virus Type 1 (HTLV-1)** is increasing in parts of the world such as the West Indies, Africa, and southwestern Japan. Although HTLV-1 is not increasing in the United States, trends may change. At the present time, it is recommended that, in the United States, the mother with HTLV-1 disease should not breastfeed.

Smoking is not a contraindication to breastfeeding.



Tobacco Use

Though we highly recommend quitting smoking, smoking is **not** a contraindication to breastfeeding. Smoking and tobacco use are viewed as a matter of risk/benefit ratio: the risk of some nicotine exposure versus the tremendous benefit of breastfeeding. Breastfeeding provides some protection against both infection and asthma. Smoking does adversely impact milk volume and women who smoke tend to wean sooner. Women who cannot quit smoking should be encouraged to cut-back on the number of cigarettes smoked, to never smoke in the same room as the infant, and to smoke after a feeding rather than before.

Caffeine Consumption

The biggest concern with caffeine is that infants in the first few weeks of life do not excrete caffeine rapidly. Only small amounts of caffeine appear in breast milk, but if the mother consumes a lot of caffeine day after day, the caffeine accumulates in the infant. Women should be advised to keep routine consumption of caffeine to a minimum (less than 2 cups of coffee or the caffeine equivalent from other caffeine-containing beverages).



Many herbs have pharmacological active components.

Herbal and food products

There are numerous herbal products and teas on the market. Many herbs are harmless, though many contain pharmacologically active components. If an herbal product is being taken in excessive amounts, the contents need to be evaluated. Refer the woman to the WIC RD/RN or health care provider for further evaluation of the product. The regional poison control center can also be of some assistance in identifying the active properties of most herbs.

Counseling on the Contraindications to Breastfeeding

When a mother has a condition that contradicts breastfeeding, encourage her to change her behavior (alcohol and/or drug use) or, in the case of some medical conditions, avoid breastfeeding altogether. A woman who is unable to change her behavior or condition should not be made to feel guilty. Provide her with the information specific to her contraindicated behavior or condition, while remaining as encouraging and positive as possible.

Advise women to avoid drugs and alcohol consumption while breastfeeding.

Advise women to avoid drugs and alcohol consumption while breastfeeding. A negative or threatening tone usually has the opposite effect from that desired, making the mother defensive and resistant to change. Inform her that alcohol and many drugs, including prescription, over-the-counter, and illegal drugs, can

pass into breast milk and harm her baby. Advise women to inform their doctors that they are breastfeeding so medications can be prescribed that are not contraindicated. If the woman is using illegal drugs or alcohol, warn her of the dangers and refer her for further assistance.

Postpartum Assessment

Moms are very vulnerable to breastfeeding failure during the first weeks of breastfeeding. With early hospital discharge practices, many women are discharged before breastfeeding is well established. WIC staff play an important role in identifying women who need additional help and support to successfully breastfeed.

Conducting an early assessment of breastfeeding can help identify and resolve problems before they become bigger problems.

Conducting an early assessment (within the first 7 to 10 days of delivery) of breastfeeding can help identify and resolve problems before they become bigger problems. So how do you go about assessing breastfeeding? A great place to start is with the WIC Nutrition Questionnaire for breastfeeding women and infants. Questions are included on the questionnaires to address how many times feedings are occurring, the length of feeding, the number of wet and soiled diapers, and whether mom has any questions about breastfeeding.

Additionally, an infant's weight is another key factor in assessing how breastfeeding is going. After a mother's milk comes in, an infant should gain 1 ounce per day for the first few months of life. An infant who is not back to birth weight by 2 weeks of age, or who has lost more than ½ pound from birth weight, should be seen by the WIC RD/RN or health care provider immediately.

Discussion with the mother, use of the Nutrition Questionnaire, and evaluation of the infant's weight status are assessment tools that need to be used in combination to determine if mom and infant need further follow up and education to successfully breastfeed.

Activity

Check box when completed ✓

Read pages 78-79 in the *Breastfeeding Education Guide*.

Referral Protocol

The Colorado WIC Nutrition Risk Factors are designed to ensure that breastfeeding women who have a breastfeeding complication or potential complication receive additional support and/or intervention in a timely manner.

Breastfeeding women or infants identified with a complication must be referred to the RD/RN within 24 hours or referred to their

Activity

Check box when completed ✓

Review the Breastfeeding Complications or Potential Complications Reference section at the end of this section.

Review the Normal Breastfeeding Protocol for a woman and infant at the end of the following section.

Key Points



All women should be advised to know their HIV status so that if they are HIV-positive they can receive treatment to reduce the risk of transmission to their baby and they can avoid breastfeeding.

Some women may have medical conditions that warrant advising them not to breastfeed or require further follow up by her health care provider before recommending breastfeeding.

Smoking is not a breastfeeding contraindication because the benefit of breastfeeding outweighs the risk to the infant.

Breastfeeding women should limit their caffeine intake to less than 2 cups of coffee or the equivalent from other caffeine-containing beverages.

Early assessment (within 7 to 10 days of delivery) is key to helping a woman successfully breastfeed. The Woman and Infant Nutrition Questionnaires, infant weight gain, and discussion with the mom, are tools for conducting an assessment.

Prenatal women identified to have a potential complication must be provided with education and referred to her health care provider, as appropriate.

Breastfeeding women and infants identified to have a breastfeeding complication or potential complication must be referred to the RD/RN within 24 hours or to their health care provider.

The Colorado WIC Program has extensive referral protocol to ensure the breastfeeding woman and infant are provided timely and appropriate follow up.

Section VI—Activities

Moms will have many questions about breastfeeding. Read through “Commonly Asked Questions” in the *Breastfeeding Education Guide*, pages 80-83.

Answer the following questions using the *Breastfeeding Education Guide*, “Breastfeeding Challenges/Solutions,” pages 84-117.

A mom tells you that her baby is refusing to nurse. What are some of the possible causes? (Possible causes located on pages 88-92 of the *Breastfeeding Education Guide*.)

A mom is concerned because her baby is spitting up frequently. What are some possible causes? (Possible causes located on page 93 of the *Breastfeeding Education Guide*.)

Mom reports her breasts are lopsided because her baby refuses one breast. What are some possible causes? (Possible causes located on page 97 of the *Breastfeeding Education Guide*.)

Section VI—Quiz

(17 possible points)



- (2 points) 1. How would you respond to a woman who reports she is nursing her one-week-old baby every 4 to 5 hours?
- (1 point) 2. T or F A woman abusing alcohol should be told not to breastfeed.
- (1 point) 3. T or F A woman who has hepatitis should be referred to her health care provider to determine if she can breastfeed.
- (1 point) 4. T or F Women using any medication while breastfeeding should be told not to breastfeed.
- (2 points) 5. A breastfeeding woman who reports that her nipples retract when her infant feeds should be referred to the RD/RN within what period of time?
- (2 points) 6. A breastfeeding infant appears jaundiced at his WIC appointment. What should you do?
- (2 points) 7. You just weighed a 1-week-old breastfeeding baby at his certification visit and the baby has lost 9 ounces from birth weight. What should you do?
- (2 points) 8. You are reviewing the Nutrition Questionnaire and you note that a baby who is 2 weeks old is breastfeeding 8 times in 24 hours, is having 4 bowel movements, and 7 wet diapers. The baby's weight is 4 ounces above birth weight. What should you do?

- (2 points) 9. You are in the process of certifying a pregnant woman and she tells you that she is breastfeeding her 18-month-old. What would you do? (Hint: refer to Breastfeeding Complications or Potential Complications Reference Section)
- (2 points) 10. A breastfeeding mom complains to you that her nipples are cracked and bleeding. The RD/RN is not available today to see the mom. What would you do?

Answers

1. Possible Response: "Can you tell me at what times your baby nursed in the last 24 hours?" If the recall actually indicates the woman is breastfeeding every 4 to 5 hours, you will need to probe further to see if the baby is a sleepy baby, or if mom is trying to feed on a schedule, or if other problems are present. Discuss the importance of feeding a newborn every 1½ to 3 hours and provide mom with strategies for increasing the number of feedings.

2. True

3. True

4. False, most medications are safe while breastfeeding, though further evaluation of the specific medication needs to be made by the RD/RN or the participant's health care provider.

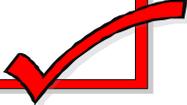
5. 24 hours or sooner. If the RD/RN is not available a referral should be made to the participant's health care provider. Additionally, you would want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this module if the participant will not see the RD/RN immediately.

6. Refer the mom and infant to the RD/RN within 24 hours or sooner. If the RD/RN is not available a referral should be made to the participant's health care provider. Additionally, you would want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this module if the participant will not see the RD/RN immediately.

- Answers (cont.)**
7. Assign the infant NRF-27, Inadequate or Potentially Inadequate Growth, and refer to the WIC RD/RN within 24 hours. Additionally, you would want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this module if the participant is not going to see the RD/RN immediately.
 8. Congratulate mom on what a great job she is doing breastfeeding. Her baby is really thriving on her milk!
 9. Assign NRF-66, Breastfeeding Pregnant Woman, and explain that her milk supply probably will decrease and that her breastfed baby will need other sources of nutrition. If she plans to continue to nurse throughout her pregnancy, refer her to her obstetrical care provider who may discourage the practice for high-risk pregnancies.
 10. Assign NRF-52, Breastfeeding Complications or Potential Complications, and make a referral to the RD/RN within 24 hours. Additionally, you may want to discuss the educational points outlined in the Breastfeeding Complications or Potential Complications Reference Section located at the end of this module.

How Do I Rate?

17 points	=	Expert!
15-16 points	=	Good Job!
13-14 points	=	Go Back and Look Over Major Points
<13 points	=	Review Entire Section



Optional Reading

“A Review of the Medical Benefits & Contraindications to Breastfeeding in the United States,” Ruth A. Lawrence, Maternal & Child Health Technical Information Bulletin, October 1997.

Dr. Mom’s Guide to Breastfeeding, Marianne Neifert, M.D.

The Breastfeeding Answer Book, La Leche League.