Arkansas WIC Grow and Glow Self-Study Breastfeeding Competency Training

Module 10 - Solutions for Common Breastfeeding Concerns or Questions

OVERVIEW

WIC staff are expected to provide support to breastfeeding mothers. This module will help staff advise moms about common concerns and solutions. The reality is that when women receive accurate information and support for breastfeeding, they are usually able to prevent many of the common concerns that can sometimes arise. However, even in the best of circumstances, concerns can sometimes arise, particularly in the early days when a woman is easily overwhelmed with her new responsibilities as a mother and the changes in her body. This module addresses the dual role of WIC professional staff in helping mothers to address common concerns, while offering support and assistance to continue breastfeeding.

Topics Covered

- Addressing challenges of: sore nipples, engorgement, plugged ducts, mastitis, and low milk production
- Hand expression
- When to refer

INSTRUCTIONS

Handouts – Request a Handout Syllabus OR Click to Print

- Handout 10.1: “Real-Life Breastfeeding Challenges”
- Handout 10.2: “Solutions to Share with Mothers”
- Handout 10.3: “Application To Practice: Overcoming Challenges”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

SOLUTIONS FOR COMMON BREASTFEEDING CONCERNS OR QUESTIONS

- Mothers often have questions about breastfeeding when they are learning more about how their body works and as they adjust to being a new mom.
- This module examines common questions and concerns WIC mothers have about breastfeeding, as well as strategies that can help.

CORE COMPETENCIES

- This module is designed to address one core competency. WIC staff:
  - Assess the breastfeeding mother and infant for common breastfeeding difficulties and counsels and provides support and or referrals as needed.

LEARNING OBJECTIVES

- To develop this competency, this module is designed to help WIC staff:
  - Identify consequences of unresolved breastfeeding issues (engorgement, plugged ducts, sore nipples, and low milk production) and strategies mothers can use to address them.
  - Name situations in which referrals are needed.

SOLVING CONCERNS WHILE THEY ARE SMALL

- Most breastfeeding challenges can be prevented; if they do occur, dealing with them early can help keep them from becoming bigger issues.
- Breastfeeding challenges can usually be prevented through proper latch and milk transfer from mother to baby. Reinforce the simple guidelines in Module 6, "Promoting Breastfeeding During Pregnancy."
- If a concern arises, it can usually be managed with accurate information, support, and follow-up, including referrals as needed.
- WIC staff can let new mothers know that there are always options and solutions for breastfeeding challenges.
- The secret is identifying potential concerns while they are still small and easily managed.

ACTIVITY

REAL LIFE BREASTFEEDING CHALLENGES

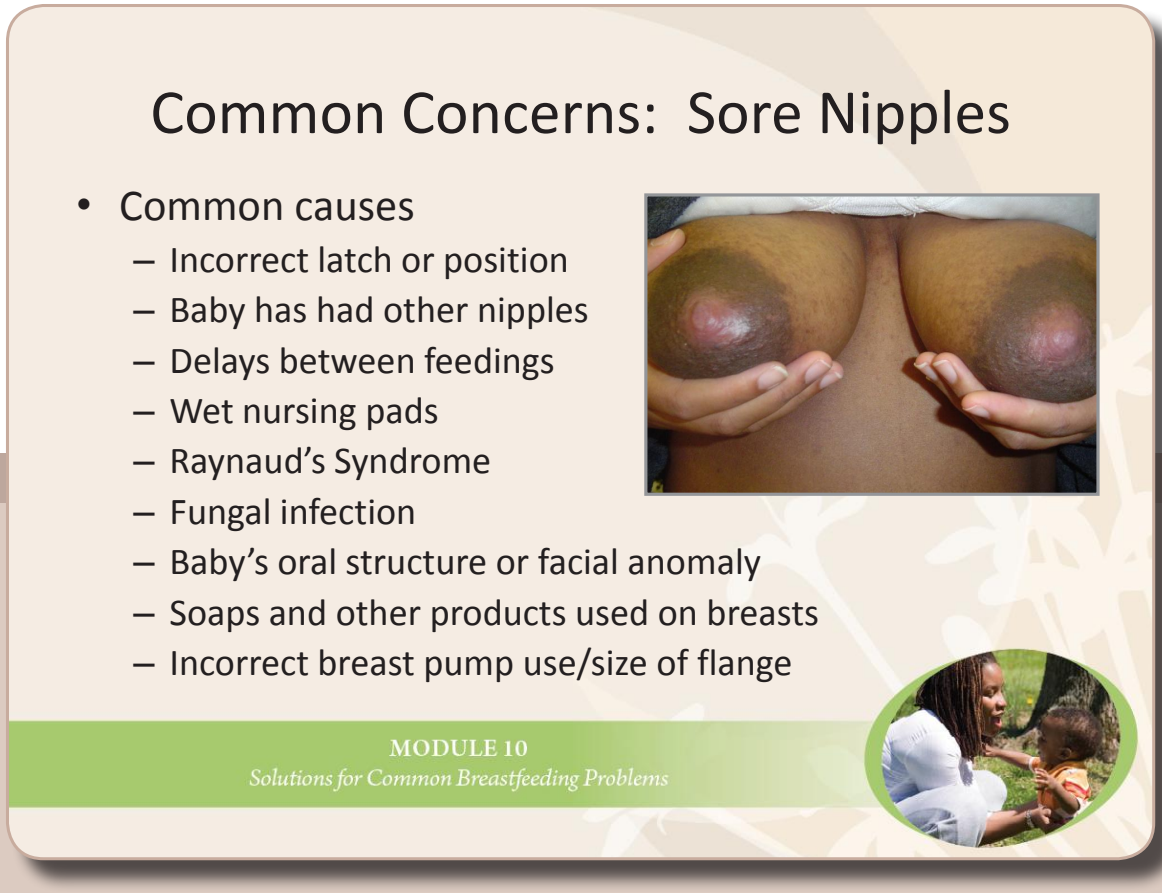
- Use Handout 10.1: “Real Life Breastfeeding Challenges”
- Choose one or two of the story starters on page two of handout 10.1.
- Answer all the questions on page one for the scenario you choose.

Take-away Points

- Breastfeeding is not about problems, though if a woman is experiencing a concern it is easy to feel overwhelmed.
- Reminding mothers that WIC is a place to come to for help with those common questions and concerns will help mothers to realize that they are not alone, and that there are solutions that can help!

COMMON CONCERNS: SORE NIPPLES

- Sore nipples are the most common breastfeeding complaint of new mothers in the early postpartum period. Although mild discomfort is common, pain that continues or becomes severe; is not normal and should be assessed.[1]
- Sore nipples are a sign that something is not working properly.
- Mothers with sore nipples need quick relief options.
- When mothers are in pain, oxytocin does not release well. This can keep the milk from flowing. Mothers may believe they are running out of milk.
- Common causes of sore nipple:
  - Baby is not positioned or latched well
  - Baby does not have enough breast in the mouth
  - Baby's mouth is not open wide enough
  - Baby has had other nipples (bottles or pacifiers)
  - Mothers are going long periods of time between feedings
  - Mother's nursing pads are wet
  - Mother is using a breast pump improperly or is using the wrong sized flange
  - Mother has Raynaud's Syndrome (which causes painful blanching of the nipple)
  - Mother and baby have a fungal infection
  - Baby's oral structure ("tongue tie," high/bubble palate, short tongue) does not allow him to latch properly
  - Baby has a facial anomaly (such as Pierre Robin)



WHAT MOM NEEDS TO HEAR

When mothers are in pain, it is easy to give up breastfeeding. This is why WIC mothers need a lot of support and easy solutions for quick pain relief.

- Mothers with sore nipples need lots of praise and support, and in some cases, referral to the WIC Breastfeeding Contact Person if sore nipples do not begin resolving within 24 hours.
- Let moms know there are solutions to make breastfeeding more comfortable.
- Yield the mother to the WIC Breastfeeding Contact Person and to her Breastfeeding Peer Counselor for ongoing encouragement and support.

What Mom Needs to Hear

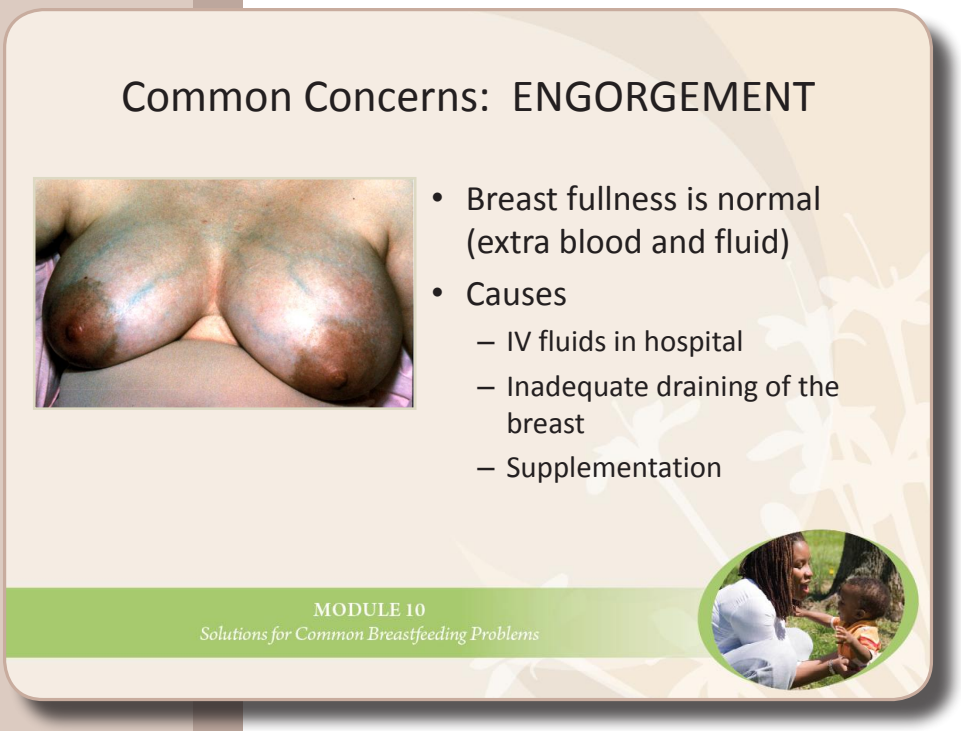
- Affirmation
  - "What a great mom you are for sticking with it"
- Information
  - "There are solutions that can help you feel more comfortable."
- Yield if no improvement in 24 hours

Handout 10.2: "Solutions to Share with Mothers"

MODULE 10
Solutions for Common Breastfeeding Problems

SOLUTIONS FOR SORE NIPPLES

- Getting ready to breastfeed:
  - Start feedings on the side that is least sore.
  - Try different breastfeeding positions to put pressure in different places.
- Before breastfeeding:
  - Apply a bag of frozen peas with a wet washcloth over the breast for a few seconds to take the edge off the pain.
  - Massage the breast to begin the milk ejection reflex (MER). This helps the baby not suck so vigorously at the beginning of the feed.
- During the feeding:
  - Do not limit how long the baby breastfeeds.
- After the feeding is over:
  - Apply a small amount of breastmilk to the nipples and air dry.
  - Apply lanolin if the skin is cracked or damaged and air dry.
  - Avoid using creams that must be removed before the baby nurses. Lanolin does not have to be removed.
  - If the mother says her baby has white patches on the tongue or cheeks that do not wipe off, suggest she phone her physician for treatment of possible thrush.
- Yield to the WIC Breastfeeding Contact Person if the common ways to deal with moderately sore nipples do not improve things within 24 hours, or if the mother reports severely damaged nipples and pain.

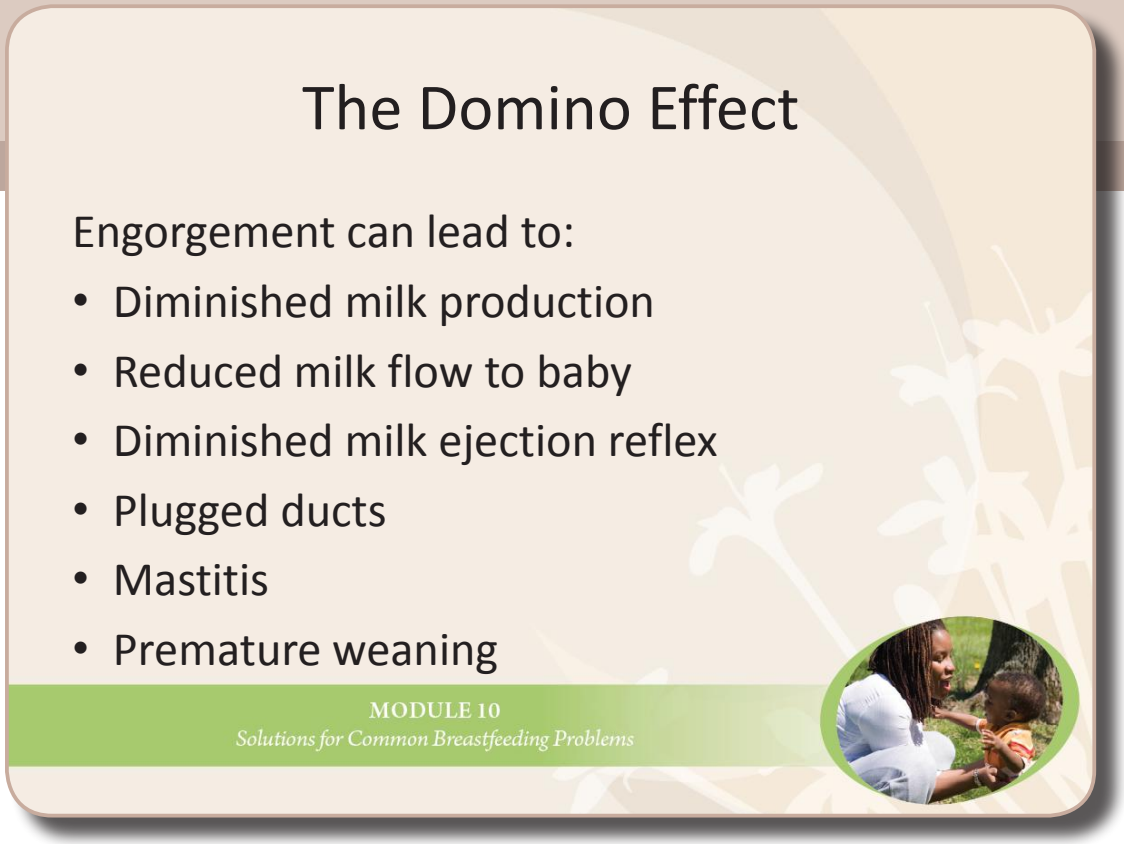


COMMON CONCERNS: ENGORGEMENT

- Between days two and five, most mothers experience changes in their breasts as milk flow and circulation increases.
- This extra blood and fluids provide additional nutrients needed to make milk. The mother's breasts often become noticeably fuller. This is normal fullness.
- If mothers miss or delay feedings during the early days their breasts can become swollen and painful due to excess fluids and milk that are not removed. This causes the milk-making cells to become overfull, causing painful swelling. This is called "engorgement."
- Mothers who are engorged may say their breasts are "as hard as a rock" or may report that their baby cannot latch. This occurs because the breast is so full that the nipple flattens and baby cannot grasp it easily.

Take-away Points

- Engorgement can usually be prevented.
- If it does occur, an infant who was otherwise nursing well may suddenly refuse to latch or become fussy at the breast.
- WIC staff can reassure mothers that engorgement can be relieved.
- Common contributors to engorgement:
  - Scheduled, delayed, or missed feedings.
  - Typical reasons for missing or delaying feedings include: introducing supplements, babies who are too sleepy to wake to feed (especially at night), mothers who are busy and overlook feedings or pacify the baby in other ways to hold off feedings.
  - IV fluids received by the mother in the hospital can cause extra swelling between the milk making cells.
  - Breast is not drained well (ineffective latch or shortened feeding).



THE DOMINO EFFECT

- If engorgement is not relieved quickly, it can lead to greater concerns such as:
  - The baby gets less milk since ducts are constricted or “pinched”.
  - The Milk Ejection Reflex (MER) or “let-down) is diminished so milk does not flow through the breast well. This milk back-up makes engorgement worse.
  - Milk ducts can become plugged, stopping milk flow and creating lumps.
  - A breast infection, mastitis, can develop.
  - Ultimately, milk production slows down and breast tissue begins to involute
  - Premature weaning may result.

Mental Demonstration

Think about how liquid easily flows through a straw as you drink from it. When you pinch the straw, the liquid cannot flow well.

In the same way, when breast tissue is swollen, the pressure against the milk ducts can block the flow of milk.

Instructional Guidance

Review Handout 10.2.

Ask one or two colleagues who experienced engorgement with breastfeeding in the past to share which of the comfort measures worked best for them.

WHAT MOM NEEDS TO HEAR

- Mothers who are engorged need to know the consequences of not removing the milk, and lots of affirmation.
- Affirm the mother's feeling to let her know her experience is common with new mothers, and quick solutions can bring about relief.
- Remind her that:
  - If she is already engorged, offering supplements of formula will make her engorgement even worse
  - Engorgement is not a milk production problem, but a milk flow problem
  - There are simple solutions that can bring quick relief
  - Not treating engorgement can lead to more serious conditions
- Yield the mother to the WIC Breastfeeding Contact Person.

What Mom Needs to Hear

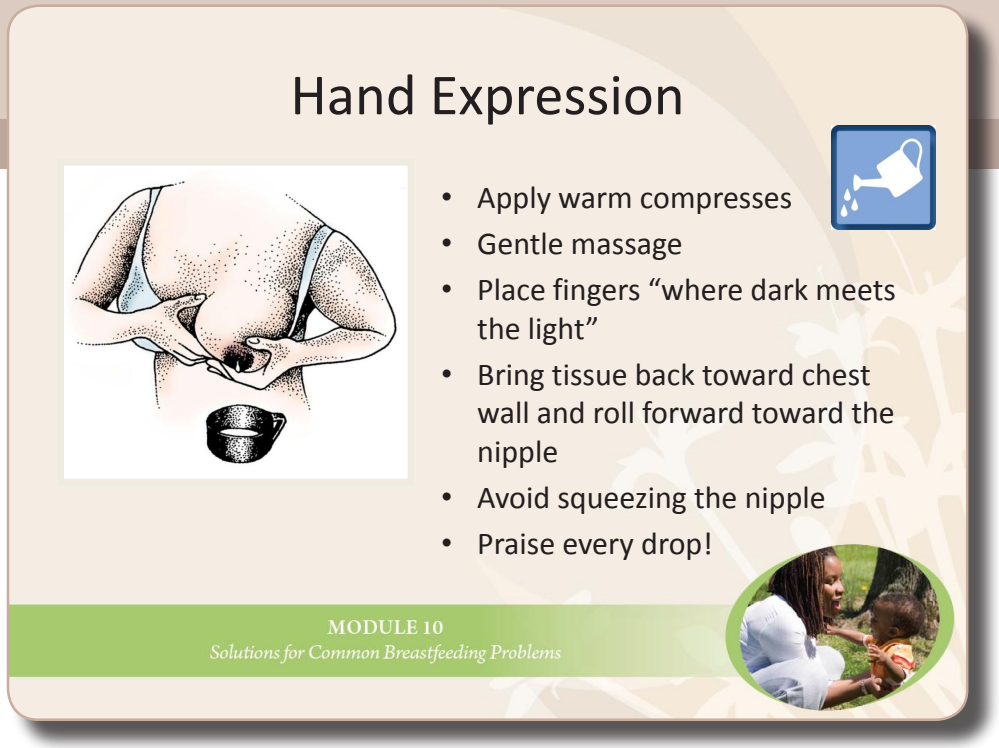
- Affirmation
  - "I can see you are in a lot of pain. We can work through this."
- Information
  - "There are solutions for quick relief!"
  - How to remove excess milk
- Yield if no improvement in 24 hours

Handout 10.2: "Solutions to Share with Mothers"

MODULE 10
Solutions for Common Breastfeeding Problems

SOLUTIONS FOR ENGORGEMENT

- When a mother's breasts are engorged, she needs to breastfeed and empty the breasts of milk often, every 1 ½ to 3 hours, to avoid more serious breast problems and to protect the mother's milk production.
- Before feeding the baby, advise the mother to massage her breasts with warm (not hot) compresses. Avoid heat on an engorged breast, as heat for a prolonged time can actually worsen swelling. "Warm before and cool afterwards" is the current recommendation.
- If the baby has trouble latching (caused by flattening of the nipple as a result of swelling) teach the mother to use "reverse pressure softening" to soften the areola and push the fluid back enough to where the baby can attach.[2]
  - Show her how to place her fingers outside the areola and gently press into the chest, holding it for about 90 seconds.
  - The diagram on the slide shows the placement of the fingers.
  - Mothers can use both hands or one hand.
  - Once the fluid has been pushed back, she can latch the baby quickly.
- Reverse pressure softening also makes it easier to pump.
- The milk can also be removed with a breast pump or manually, using hand expression techniques.
- Between feedings, ice packs can help reduce swelling.



HAND EXPRESSION

- Milk can be removed manually for quick softening of the areola to give the baby something to grasp. Hand expressing in the shower is especially comforting since the warm water helps the mother relax, helping milk flow more easily.
- It is easier to get the milk flowing before expressing milk. Strategies to get the milk flowing:
  - Apply warm (not hot) compresses to the breast
  - Gently massage the breast to help release the milk
- Technique for hand expression:
  - Every breast is different, and every mother will need to find the right place on her breast to hand express. A good place to begin 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, push back towards the chest wall with the hand, and then gently squeeze the thumb and finger together, and roll the fingers forward towards the nipple.
  - Avoid squeezing the nipple. This is not where the milk is, and squeezing it can damage the mother's sensitive nipple tissue.
  - If the mother is hand expressing in the first 3-4 days, she might see a small amount of colostrum begin to drip. As milk production increases, she might notice the milk spray out.

To view demonstration;
Hand Expression of Breastmilk Video

Click Here

Take-away Points

Many mothers have never handled their breasts in this way, and find it empowering to learn this important useful skill.

Common Concerns: Plugged Ducts

- Causes:
  - Untreated engorgement
  - Delayed or missed feedings
  - Pressure against milk ducts
    - Purse or diaper bag strap pressing across mother's chest
    - Car seat belt
    - Wearing a bra that is too tight

MODULE 10
Solutions for Common Breastfeeding Problems

COMMON CONCERNS: PLUGGED DUCTS

- Sometimes milk can collect in the ducts and form a thick plug that can be very tender to the touch.
- To prevent a plugged milk duct, encourage the mother to do the following:
  - Position the baby effectively.
  - Vary the positions used to breastfeed throughout the day.
  - Avoid any delayed or missed feedings.
  - Avoid allowing breast over fullness or engorgement to go untreated.
  - Avoid wearing bras that are too tight.
- Plugged ducts can also occur as a result of an object pressing against the very thin, sensitive milk ducts, which lie close to the surface of the skin. Examples:
  - Purse or diaper bag strap that presses across the mother's breast
  - Wearing a bra that is too tight
  - Rolling the bra up over her breast while breastfeeding
- If the mother discovers a hardened area of the breast that does not shrink after breastfeeding or when the milk is removed, or if it changes in shape and size, refer her to her physician for immediate assessment.

WHAT MOM NEEDS TO HEAR

- Mothers with a plugged duct may be dealing with two major stresses: painful breasts, and possible fears about what the lumpy area might be.
- A mother with a plugged duct will probably report pain, and perhaps an overall lack of feeling well. Because a plugged duct can be a precursor to mastitis, a breast infection, it is important for mothers to deal with plugged ducts early.
- Mothers may also be afraid that the lumpy area is a malignancy. Quick strategies that relieve the plugged duct will help her relax.
- Reassuring mothers that plugged ducts are not unusual, especially in the early days, can help them feel confident continuing to breastfeed.
- Affirmation makes the difference, such as, "It is great that you asked for help. It sounds like breastfeeding is very important to you…we're going to get you whatever help we can."

What Mom Needs to Hear

- Affirmation
  - "It's great that you called for help."
- Information
  - "There are strategies that can get you some comfort and quick relief."
- Yield if no improvement in 24 hours, or if mother has a hardened area that does not go down in size

Handout 10.2: "Solutions to Share with Mothers"

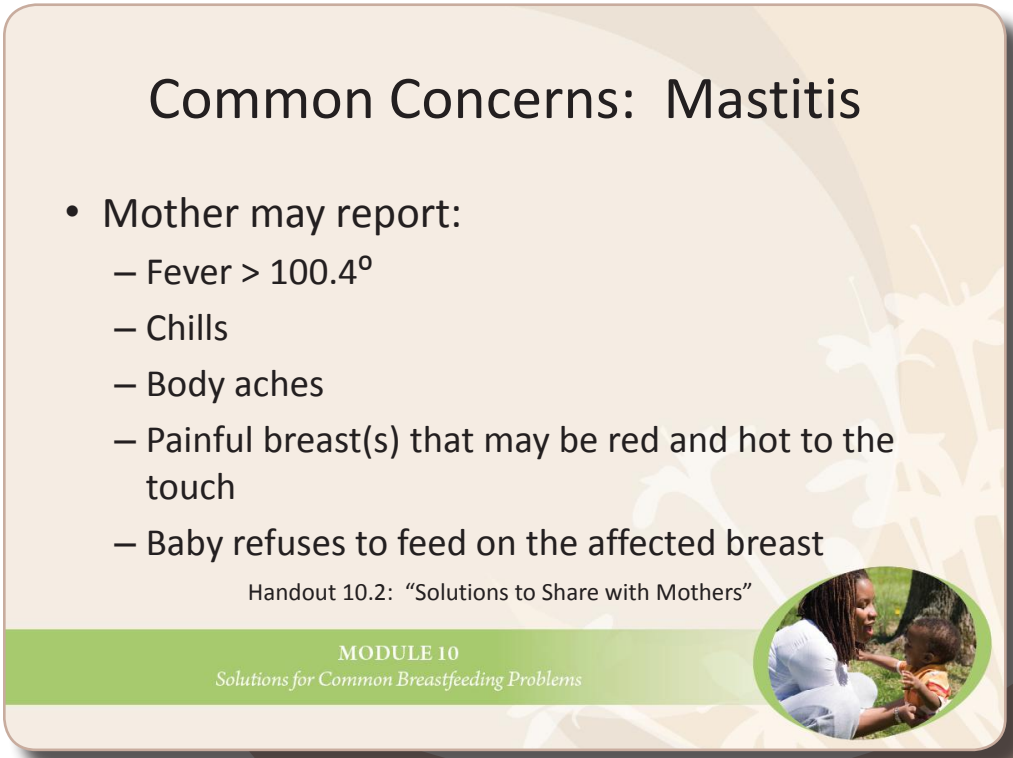
MODULE 10
Solutions for Common Breastfeeding Problems

SOLUTIONS FOR PLUGGED DUCTS

- Quick action to treat a plugged duct will help prevent future breast problems such as mastitis and more serious infections.
- Comfort measures for a plugged duct include:
  - Place a warm compress on the plugged area before each breastfeeding.
  - Gently massage the plugged area and stroke toward the nipple to help dislodge and loosen the plug.
  - Feed the baby on the breast with the plug first.
  - Continue gently massaging the plugged area while the baby is feeding.
  - Breastfeed more often, when possible, to keep the breast well drained.
  - Hand express or pump after feeding the baby to remove the plug and to relieve fullness.
- Yield to your WIC Breastfeeding Contact Person if these common comfort measures do not resolve the plug.
- If the mother reports fever, flu-like symptoms, or has a reddened area on her breast, she may have developed mastitis, a breast infection. Refer her to her physician for appropriate management of the infection.
- Reassure the mother she can continue to breastfeed with a plugged duct and with mastitis. The worst thing to do with either of these conditions is to suddenly stop breastfeeding, which only increases swelling from extra milk and compounding the problems.

COMMON CONCERNS: MASTITIS

- Mastitis is a breast infection that can occur when engorgement or a plugged duct are not properly treated, or when bacteria enters through a cracked nipple.[1]
- Mothers may report flu-like symptoms such as:
  - Fever > 100.4 degrees
  - Chills
  - Body aches
  - Painful breast(s) that may be red and hot to the touch[3]
- The mother may also say her baby has suddenly lost interest in nursing on that breast. This may be due to the higher sodium levels in milk when mastitis is present, which some infants find distasteful.



WHAT MOM NEEDS TO HEAR

- Breast inflammation and infections can usually be prevented when mothers avoid overdoing their activity in the early days, when they get help for treatment of sore nipples, and when they avoid sudden missed feedings or weaning.
- Affirm mothers describing symptoms of pain and discomfort. Example:
  - I can see you are hurting right now. We can help you get some quick relief.
- The mother should *always* be referred immediately to her primary care physician for an assessment and treatment.
- Mothers can also be told that continuing to breastfeed will be important to keep the breast drained of milk, and that the milk is safe for babies.

What Mom Needs to Hear

- Breast inflammation and infection can usually be prevented
- Affirm: "I can see you are in pain. We're going to get you some quick help so you'll be more comfortable."
- Yield her to her primary care physician for immediate assessment and treatment

Handout 10.2: "Solutions for Breastfeeding Mothers"

MODULE 10
Solutions for Common Breastfeeding Problems

Solutions for Mastitis

- Prevention
  - Rest and help with household activities
  - Adequate breast drainage
  - Proper nutrition and fluids
  - Promptly treat engorgement/plugged ducts
- Continue breastfeeding to keep breast well drained

MODULE 10
Solutions for Common Breastfeeding Problems

SOLUTIONS FOR MASTITIS

- Refer the mother who reports flu-like symptoms immediately to her primary care physician for quick treatment.
- WIC staff should encourage the mother to rest, drink plenty of fluids to thirst, wash hands often, and continue breastfeeding or using a breast pump to keep the affected breast well drained. Encourage mothers to use a warm compress on the affected breast before feeding, and offer that breast to the baby first since babies suck more vigorously on the first breast and can drain it more quickly and effectively.
- Prevention is always best. Educate mothers about:
  - The importance of early, frequent, unrestricted access to the breast
  - Positioning and latching the baby properly to remove milk well
  - Removing some of the excess milk that might remain with a breast pump if the mother's breast still feels overly full
  - Getting plenty of rest and help with household tasks in the early weeks

COMMON CONCERNS: LOW MILK PRODUCTION

- When mothers get a slow start with breastfeeding, or have already begun formula supplementation, they may report concerns with low milk production.
- WIC staff should first assess that mothers truly do have low milk production. Sometimes mothers incorrectly assume they are not making milk. For example:
  - Mothers might say they were unable to express much milk with a breast pump. This could be due to the fact using a pump takes practice, and getting the milk to "let down" can help the milk flow better.
  - Mothers might misinterpret baby's behaviors to mean they are not making enough milk. For instance, babies have strong needs to be held for security and closeness, not always to feed. Also, when babies are taken off the breast too soon they may want to continue feeding to get the calorie-rich milk toward the end of the feeding. Mothers might misinterpret this to mean they are not producing enough to satisfy their baby.

Perceived vs. Real Low Milk Production

Perceived

- Baby stooling well (3+ poops/day 1st 4 weeks)
- Baby gaining 4-7 ozs. each week
- Mom not offering supplements
- Mom may be receiving negative messages

True Low Milk Production

- Baby is not nursing 8-12 times/24 hours
- Mom's breasts do not feel fuller before feedings
- Mother giving supplements
- Mother/baby are separated and milk is not being removed

MODULE 10
Solutions for Common Breastfeeding Problems

PERCEIVED VS. REAL LOW MILK PRODUCTION

- Sometimes mothers think they are not producing enough milk when they actually are. Sometimes there truly is a compromised milk production. Here are some ways staff can help mothers determine whether they are truly at risk of low production.
- Perceived low milk production
  - The baby is stooling well (3 or more stools per day in the first 3-4 weeks), is gaining weight (4-7 ounces per week), and breastfeeds at least 8-12 times every 24 hours.
  - The mother's breasts feel firm before and softer after breastfeeding.
  - The mother is not supplementing or offering solid foods.
  - The mother may be receiving negative messages from others about making enough milk, or she may report her baby is fussy. She may also report that she pumped and got only a small amount.
- True low milk production
  - The baby is not stooling well or gaining weight, and is not feeding 8-12 times every 24 hours.
  - The mother limits the baby's time at the breast.
  - The mother's breasts do not feel fuller before the feedings.
  - The baby has begun supplements of formula or solid foods.
  - The mother may have begun birth control (especially combination birth control pills).
  - The mother and baby are separated and mom is not expressing milk during the separation period.

Causes of True Low Milk Production

- Replacing feedings with formula
- Early introduction of solid foods
- Combination birth control pills/medications
- Limiting baby's time at the breast
- Surgery on the breast
- Smoking
- Another pregnancy

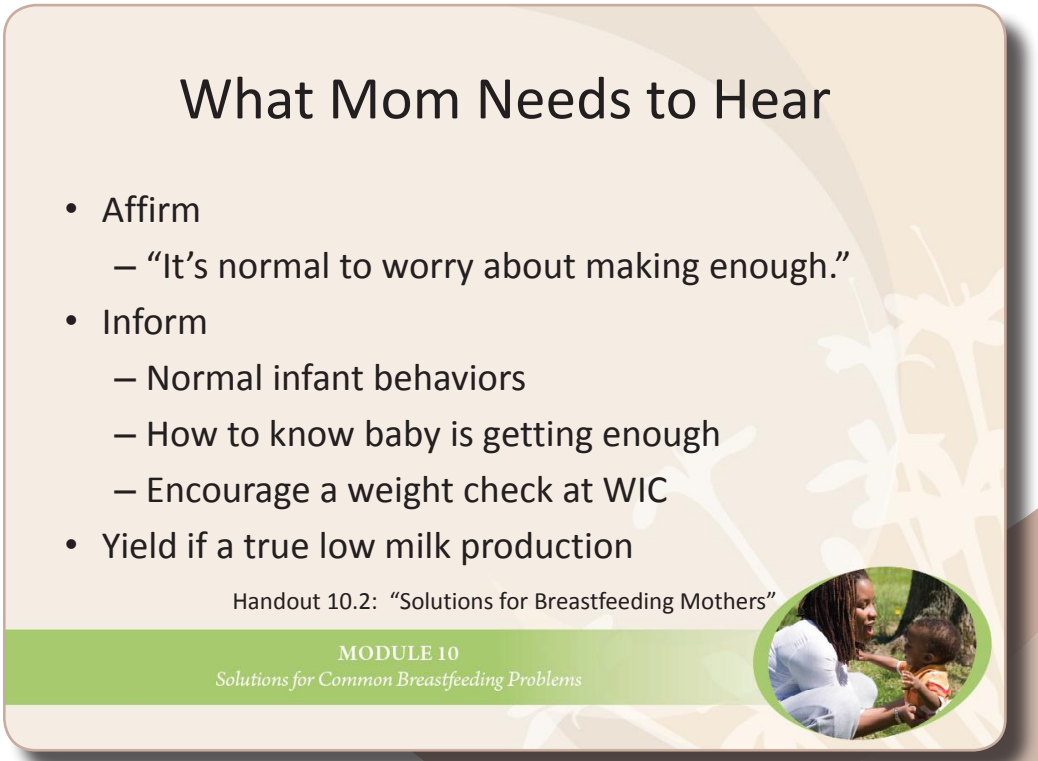
MODULE 10
Solutions for Common Breastfeeding Problems

CAUSES OF TRUE LOW MILK PRODUCTION

- There are several common factors that can compromise a mother's milk production. These include:
  - Replacing feedings at the breast with supplements of infant formula or other foods or drinks.
  - Beginning solid foods before the AAP recommendation of 6 months.
  - Beginning birth control methods that include estrogen, such as the combination pill. Some mothers find that beginning hormonal birth control methods before 6 weeks can also decrease production.
  - Medications such as antihistamines can sometimes decrease production.
  - Limiting the baby's time at the breast.
  - Prior surgery such as a breast reduction in which important nerve endings and/or milk ducts were severed.
  - Smoking more than a pack of cigarettes per day.
  - A subsequent pregnancy.
- On rare occasions a mother may have anatomical or hormonal concerns that limit milk production. Staff should refer mothers to the WIC Breastfeeding Contact Person if mothers are experiencing a true low milk production.

WHAT MOMS NEED TO HEAR

- Whether a mother has perceived or a true milk production issue, the result is often the same: supplementation and premature weaning.
- If WIC staff assess that the mother's concern is a perceived milk production problem, they can reassure mothers that things are going well, and remind them about typical newborn behaviors such as:
  - Normal infant fussy periods, which typically occur during the evenings
  - Cluster feedings, which means babies want to feed continually during a short period of time, typically during evening fussy periods
  - Growth spurts, when babies are growing and want to feed more often
  - Strong sucking needs of some infants.
- Encourage the mother to bring her baby to the WIC clinic for weight checks to make sure the baby is growing well
- Affirm the mother. Examples:
  - "What a great mother you are to be concerned about this. I can tell you really care about your baby."
  - "It's completely normal to worry about making enough milk since we can't see how much milk is going in."
  - "I can see that you are worried about your baby."



Solutions for Low Milk Production

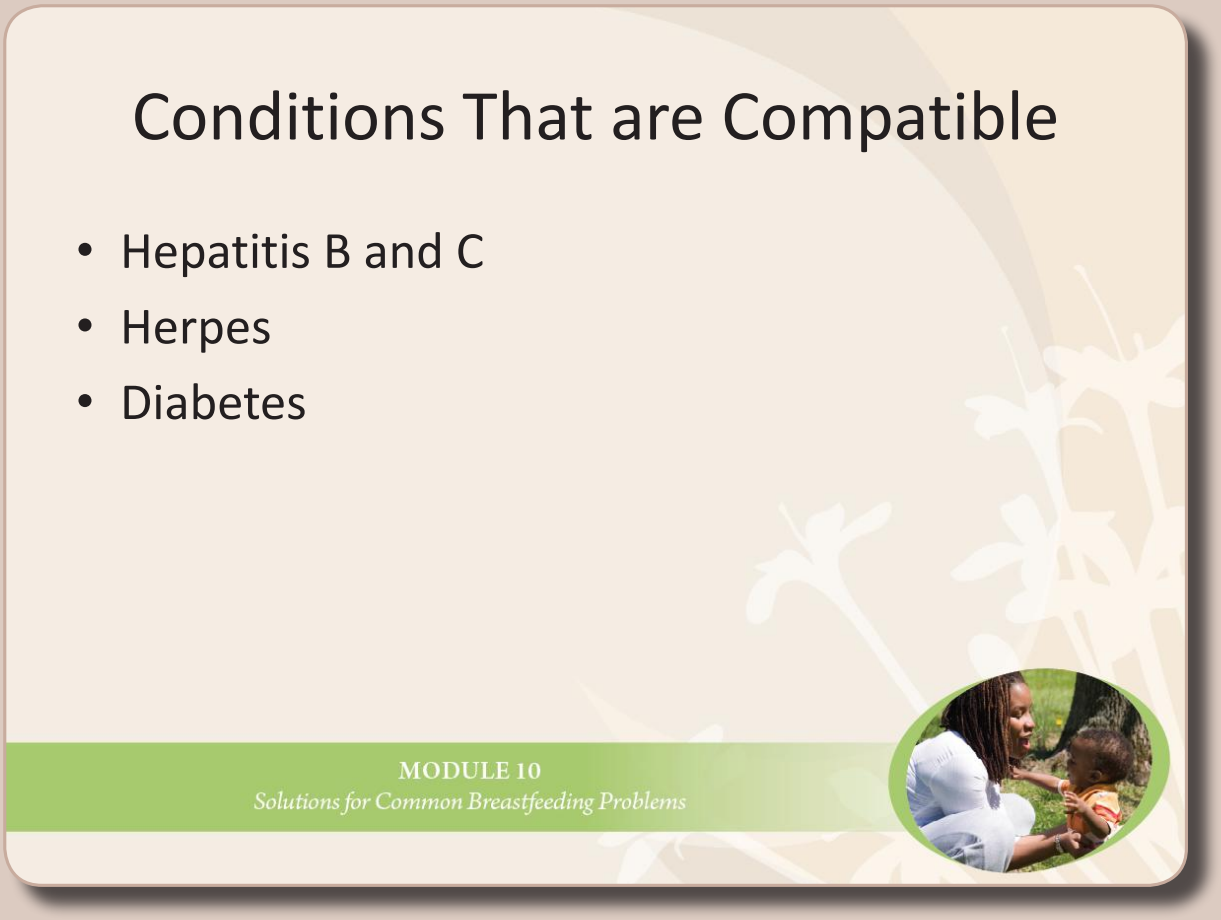
- Check baby's position/latch
- Increase number of feedings/milk expression
- Skin-to-skin contact
- Breast compression
- Express milk when apart from baby

Handout 10.2: "Solutions to Share with Mothers"

MODULE 10
Solutions for Common Breastfeeding Problems

SOLUTIONS FOR TRUE LOW MILK PRODUCTION

- If WIC staff assess that a mother truly does have low milk production, there are many solutions to help increase it.
- Check the baby's position and latch at the breast.
- Increase the number of feedings (or remove milk with a breast pump), including at night, when prolactin levels are highest.
- Offer the baby unlimited access to the breast, especially with skin-to-skin contact when possible to increase oxytocin levels.
- Encourage the mother to rest and relax to help milk to flow.
- Use breast compression to help the baby get more of the fatty parts of the milk.
- If the mother is using a breast pump, suggest she increase the suction level on the pump to her comfort level (*never* to cause pain), especially as she notices a letdown occurring. The highest volume of milk is released after the first letdown; the higher vacuum levels release more milk and may help with production.[4]
- Encourage mom to breastfeed on one side and pump on the other, and to keep the baby at the breast as much as possible.
- If a supplement is indicated, suggest she give it at the breast through a lactation aid that delivers the milk through a tube taped to the breast.
- Use moist heat and massage the breast before feeding or pumping.
- If the mother is separated from her baby, discuss ways to express milk when they are apart (see Module #10, "Talking with Mothers About Breastfeeding…When Mother and Baby Are Apart").
- Yield the mother to the baby's physician if you suspect the baby needs medical follow-up.



CONDITIONS THAT ARE COMPATIBLE

- Often mothers mistakenly assume that certain conditions or problems mean they cannot breastfeed at all, or must wean early. Some of these conditions are:
  - Hepatitis B & C: Breastfeeding is not contraindicated (with Hepatitis C, the mother would need to express and discard her milk if she had cracked and bleeding nipples until they healed).
  - Herpes: Breastfeeding is not contraindicated but if the mother has an active lesion, she needs to ensure that the baby does not come into contact with it. If the lesion is on the breast, the mother needs to cover it. If it is on the nipple, the mother should not feed on that side. She will need to express and dump the milk from that side until the lesion heals.
  - Diabetes: Breastfeeding is encouraged. She may experience a delay in her mature milk transitioning in.

When Mothers Experience Problems

West Dade, FL WIC

- True breastfeeding problems can often be prevented
- If they do occur, quick solutions and loving support make the difference

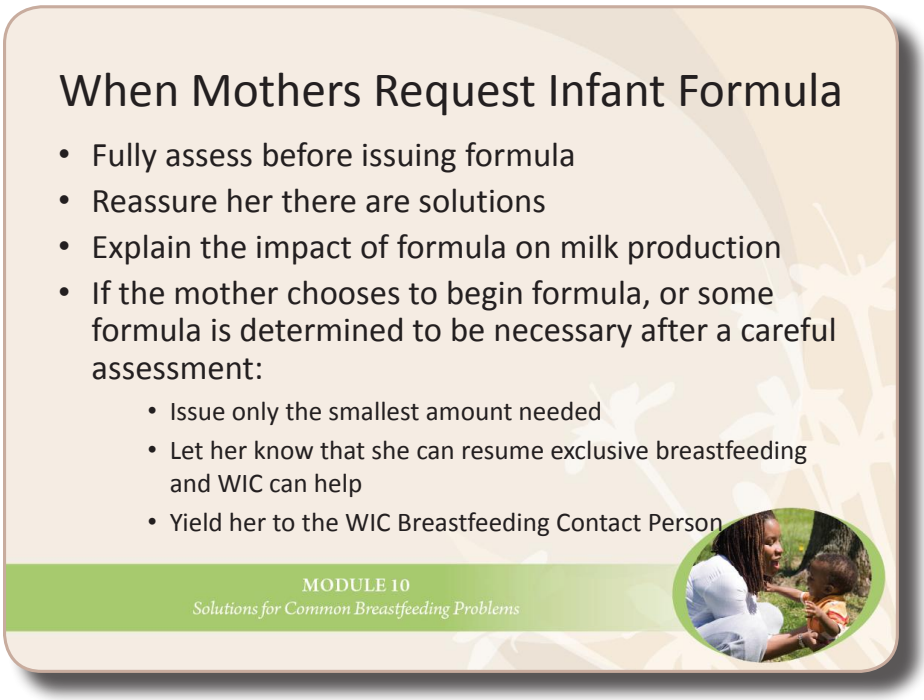
MODULE 10
Solutions for Common Breastfeeding Problems

WHEN MOTHERS EXPERIENCE PROBLEMS

- Mothers who experience difficulties with breastfeeding can feel overwhelmed and frustrated, especially if they are in pain or are worried about their baby.
- In the midst of a problem, infant formula can seem like an easy, quick solution.
- Active listening principles will help mothers explore their feelings.
- WIC staff can ask mothers open-ended questions, including her goals for breastfeeding and options she may already have tried to improve her situation.
- Affirm the mother's concerns, reminding her that many mothers have dealt with some of her same worries and challenges.

Take-away Points:

- When mothers are facing challenges, it can be easy for both mothers and staff to assume that formula is the best solution.
- A new way of thinking is to consider formula not as a solution to "fix" a breastfeeding problem, but compounding an existing problem.
- If a mother has decided to breastfeed, offering her support and access to lactation experts who can help her work through those challenges can make the difference.



WHEN MOTHERS REQUEST INFANT FORMULA

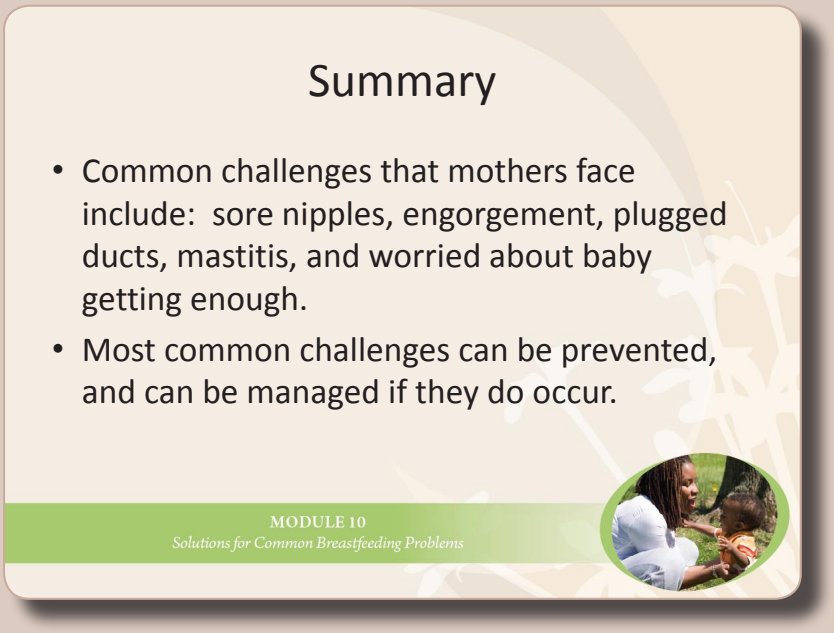
- WIC staff should always properly assess the mother and baby before automatically issuing infant formula.
- When a mother requests infant formula, reassure her that:
  - While formula is one option, there are other options, as well
  - WIC wants to help her achieve her intention to breastfeed
  - There *are* solutions for breastfeeding problems that will help her quickly become more comfortable so breastfeeding can continue
  - WIC provides many ways to support her
- Discuss the fact that formula supplementation:
  - Is not always necessary for healthy, full-term infants.
  - Can interfere with her milk production if milk is not drained from the breast.
  - Can make a breastfeeding problem worse by leading to additional problems such as engorgement, plugged ducts, etc.
  - Can cause her baby to prefer a bottle nipple and suck differently, which can make breastfeeding problems more difficult to manage.
  - Increases the baby's risk of infections and disease.
- If the mother chooses to begin formula, or some formula is determined to be necessary after a careful assessment:
  - Issue only the smallest amount needed for the number of feedings she plans to replace with formula.
  - Let her know that she can resume exclusive breastfeeding and WIC can help.
  - Yield her to the WIC Breastfeeding Contact.
- Encourage mothers to attend a breastfeeding mother's support group at WIC, La Leche League, or other places in the community to share experiences with other mothers.

APPLICATION TO PRACTICE: OVERCOMING CHALLENGES

- Read the scenario in Handout 10.3 "Application to Practice: Overcoming Challenges".
- Complete the responses to the questions.
- How could you see yourself using this information with WIC mothers?

Take-away Points:

- WIC staff can offer *loving support* in a variety of ways to help mothers feel supported in their decision to continue breastfeeding.



SUMMARY

- During this module we have addressed common challenges that mothers face with breastfeeding, and helpful strategies to help make breastfeeding more comfortable for both mothers and babies.

GROW YOUR BREASTFEEDING SKILLS

- Use your "My Goals for Breastfeeding Support" Goal-Setting Flower to write down on one petal something you can do as a result of this module to help support breastfeeding in your clinic.
- After this training, post the flower with your goals in a prominent place near your computer screen or other work area as a visible reminder of the support activities that you will be implementing over the next few weeks and months.

[1] Kleinman R. (2009). *Pediatric Nutrition Handbook,* 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.

[2] Cotterman J. (2004). Reverse pressure softening: a simple tool to prepare areola for easier latching during engorgement. *Journal of Human Lactation.* 20:227.

[3] Mannel R, Martens P & Walker M. (2008). *Core Curriculum for Lactation Consultant Practice.* Sudbury, MA: Jones & Bartlett Publishes.

[4] Ramsay DT, Mitoulas L, Kent J, Cregan M, Doherty D, Larsson M & Hartmann PE. (2006). Milk flow rates can be used to identify and investigate milk ejection in women expressing breast milk using an electric breast pump. *Breastfeeding Medicine.* 1(1):14-23.