

# Arkansas WIC Grow and Glow Self-Study Breastfeeding Competency Training

## Module 7 - Providing Support for New Breastfeeding Moms

(Birth to 1 Month)

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### OVERVIEW

This module addresses the importance of the first month after birth for getting breastfeeding off to the best possible start. Evidence-based practices during the early weeks of breastfeeding that have a positive impact on initiation, duration, and exclusive breastfeeding will be reviewed.

### Topics Covered

- The important first hour after birth
- Normal feeding patterns/characteristics of feedings
- Positioning and latch
- Early practices that support breastfeeding
- Assessing how well breastfeeding is going
- When to yield – referrals for breastfeeding assistance

### INSTRUCTIONS

Handouts – Request a Handout Syllabus OR

[Click to Print](#)

- Handout 7.1: “Baby-Led Breastfeeding”
- Handout 7.2: “Infant Feeding Log”
- Handout 7.3: “Show Me Video Vignettes: Talking to a New Breastfeeding Mother”
- Handout 7.4: “Application To Practice: Helping a New Breastfeeding Mother”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower

### Materials for Demonstrations and Activities

Stuffed Floppy Animal or Baby doll





## PROVIDING SUPPORT FOR NEW BREASTFEEDING MOMS

- The first hour, days and weeks after a baby is born are times when new mothers particularly need our loving support to make breastfeeding work.
- By sharing with a mother what they can expect during this period, WIC staff ensure she has the knowledge and confidence she needs for breastfeeding to go well.
- Follow up during this period is critical as well. Many mothers will encounter challenges and have questions about how breastfeeding is going. We are an important resource and source of support for these new mothers.

## CORE COMPETENCIES

- This module is designed to address four core competencies. WIC staff will:
  - Provide breastfeeding education and support at critical points in the early postpartum period.
  - Assess the breastfeeding mother and infant at critical points in the early postpartum period and provide appropriate support and/or referrals as needed.
  - Explain to new mothers the enhanced food packages available for breastfeeding mothers and infants.

## LEARNING OBJECTIVES

- To develop these competencies, upon completion of this module, WIC staff will be able to:
  - Identify appropriate breastfeeding messages for mothers and infants during the early postpartum period.
  - Explain how the infant's position and latch onto the breast can affect breastfeeding success.
  - Explain why WIC does not routinely provide infant formula to breastfed infants less than one month of age.
  - State how the food packages provide incentives to help mothers initiate and continue to breastfeed.

## Baby is Home...Now What?



- Challenges of early days
  - Recovery from childbirth
  - Hormonal shifts
  - New responsibilities
  - New ways of viewing her body
  - Sleep deprivation

### MODULE 7

*Providing Support for New Breastfeeding Moms*



4

## BABY IS HOME...NOW WHAT?

- Many new mothers are surprised to encounter a new reality after their babies are born.
- It is common to experience a wide range of emotions after a baby is born: Parenting can seem like a wonderful, frustrating, confusing, glorious, exhausting, and exhilarating experience all at once.
- The gamut of emotions coupled with hormonal shifts, new responsibilities, and new ways of viewing her body can require creative thinking and lots of loving support.
- So what's happening during those early days?
  - Recovery from childbirth and the normal maternal "brain fog" make it hard to focus.
  - Lack of sleep. Note that studies show breastfeeding mothers get an extra 30-45 minutes more sleep per night than mothers who formula feed, even if the mother's partner helps her feed the baby at night.<sup>1</sup>
- Rapid changes in the breasts, including a sudden fullness from extra fluids and milk, which rapidly go down around the same time the baby goes through the first growth spurt.
- Lack of understanding of normal infant behavior in the early days that can easily be misinterpreted to mean breastfeeding is not working well.
- WIC staff can use rapport-building principles of empathy to affirm the feelings new mothers might have.
- A WIC Peer Counselor is a valuable resource for new mothers to provide day-to-day encouragement and support during the critical weaning window risk of the first two weeks.

Go to <http://bit.ly/muZMvc> to find an Arkansas WIC Breastfeeding Peer Counselor.

## 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.

### Solving Concerns While They Are Small

- Breastfeeding challenges can usually be prevented
- Manage challenges quickly with support, options



MODULE 7

*Providing Support for New Breastfeeding Moms*

5

## ADJUSTING TO BREASTFEEDING

- The first two weeks are a critical period when mothers often begin supplements or wean. Once mothers are past this adjustment period, breastfeeding seems to get much easier for most mothers.
- It is tempting for some mothers to resume usual household tasks soon after delivery.
- Remind mothers that the first two weeks are a time for mother and baby to get to know one another and to get used to their new life together. This adjustment period is not a time to take on household tasks, but a time to focus and get in sync with their baby.
- WIC staff can help new mothers look beyond the early days, especially if they say they want to begin formula, to help them see that breastfeeding will get easier with practice and support.
- WIC staff provide important anticipatory guidance. Follow up is just as important to support mothers during the early days as they are learning to breastfeed.

### Adjusting to Breastfeeding

- First two weeks:  
Critical learning period
- Mothers need to know  
breastfeeding gets easier



MODULE 7

*Providing Support for New Breastfeeding Moms*

6

## ACTIVITY



### GARDENING FOR BEGINNERS

Imagine that you know nothing about gardening but were given a set of tools and told to plant a flower garden. Then, imagine that you are left to figure out the task with no instructions and no one to answer your questions.

**How would this make you feel?**

**What could make this task easier for you to accomplish?**

Gardening for Beginners – answers

Some things that might help you know where to start are:

- Being able to ask some open ended questions
- Getting instructions in short simple steps so you can focus on one step at a time
- Watching a demonstration of how to do it

### Gardening for Beginners



MODULE 7

*Providing Support for New Breastfeeding Moms*



7

## GETTING IT RIGHT FROM THE START

### Getting It Right From the Start

- Timely assistance
- Identify, address barriers
- Affirm mother's concerns

MODULE 7

Providing Support for New Breastfeeding Moms



8

- Without assistance or instructions, you might quickly lose confidence and give up. The same thing can happen when new mothers do not get the breastfeeding support they need when they need it.
- Knowing what questions to ask a new mother and using 3-Step Counseling can help us identify and address a mother's concerns. New mothers also need affirmation and encouragement during this time, so they can feel good about their decision to breastfeed and renew their motivation to continue.
- If as a gardener you had participated in a gardening class or talked about how to plant flowers with someone ahead of time, you might have felt more confident that the steps you were taking were the right ones. The same holds true for breastfeeding mothers that receive breastfeeding education before their babies are born.

## THE FIRST HOUR: THE IMPORTANCE OF SKIN-TO-SKIN

### The First Hour: The Importance of Skin-to-Skin

- Skin-to-skin
  - Warms baby
  - Decreases pain, stress
  - Helps immune system
  - Reduces infant crying
  - Improves attachment, breastfeeding



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9

- What happens in the hospital or birthing center sets the stage for a mother's entire breastfeeding experience.
- Prepare her for her hospital experience by suggesting that she hold her baby skin-to-skin in the first hour after birth.
- Skin-to-skin contact:
  - Maintains body warmth<sup>1</sup>
  - Decreases pain for both baby and mother<sup>2</sup>
  - Reduces infant crying<sup>3</sup>
  - Improves attachment<sup>4</sup>
  - Improves baby's ability to breastfeed<sup>5</sup>
  - Lowers maternal stress

## LEARNING THROUGH ALL FIVE SENSES

### Learning Through All Five Senses

Skin-to-skin contact engages all the senses:

- Touch
- Hearing
- Sight
- Smell
- Taste



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10

- A baby uses all five of his senses to learn about his mother and his new environment. Some ways skin-to-skin contact after birth makes optimal use of all the baby's senses and helps the baby learn about the world around him include:
  - The baby uses his sense of touch to begin to put his "stepping" or "crawl" reflex into practice. By placing the baby on his mother's stomach facing her, he will begin to make his own way up to her breast by crawling.
  - The baby uses his sense of smell to find his way to his mother's breast. Smelling his mother's breasts causes him to begin to salivate and make mouthing motions.
  - Baby uses his sense of sight to look at his mother.
  - Baby uses his hearing to listen to his mother's voice. When a mother talks to her baby, he recognizes her voice and breastfeeds longer.
  - Baby uses his sense of taste by licking his hands and her breast.

## ACTIVITY



**Activity:** Baby-Led Breastfeeding...The Mother-Baby Dance Video

**Purpose:** To get a visual of what baby-led breastfeeding looks like.

**Materials:** doll or stuffed animal

### To Begin Watching the Baby-Led Breastfeeding Video

[Click Here](#)

1. After the first few minutes of viewing the video, practice holding your stuffed animal or doll as shown on the DVD: Baby's body faces the mother's body; mother acts as a frame for the baby with one hand on his bottom and one hand at the top of his shoulders supporting his neck.
2. Use your doll to imitate the movements of the baby in the DVD. Notice that as the baby begins to make his way to the breast, mom follows his lead and gives baby time to attempt latching to the breast. He will often position himself with his "nose to nipple" and lead into the breast with his chin.
3. Fill out Handout 7.1, "Baby-Led Breastfeeding" after watching the DVD and following along with your doll.

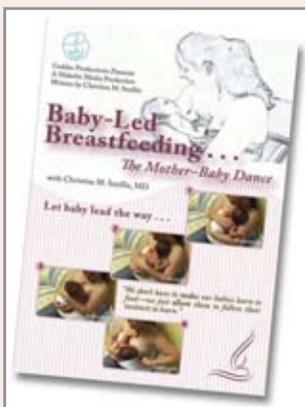
#### Take-away Points:

- Head-bobbing or coming off the breast and going back on can frustrate a mother and make her think she's doing something wrong. Let her know that may be the baby trying to get himself on the breast just right. He's looking for the "sweet spot." She needs to know that it can be normal for the baby to try to latch several times to get it just right for him.
- Demonstrating a baby's in-born abilities plants seeds of confidence for his mother. Encourage the mother to give him the opportunity to be skin-to-skin with her as soon after birth as possible and allow him the time to find his way to the breast.
- Rushing the process might skip over key steps the baby needs to take to get where he needs to go.

## THE FIRST HOUR: BUILDING SKILLS AND CONFIDENCE

- WIC staff may want to consider language such as the following when talking to WIC mothers about the importance of skin-to-skin contact in the first hour: “Right after birth your baby is exhausted. He has been inside of you for 9 months. For your baby, home is in your arms, snuggling with you, right up against your chest skin-to-skin. There he can smell your scent that he already recognizes, hear your voice that he has been hearing for weeks now, and the soothing sound of your heartbeat that he knows so well. Keeping your baby on your chest will help him feel calm, safe and warm. When your baby is skin-to-skin with you, it reduces any pain he might feel, and he’ll get lots of chances to learn how to breastfeed. Watch your baby. He will show you just how smart he is.”
- If a picture is worth a thousand words, a video of baby-led breastfeeding is like a thousand pictures, enabling you to quickly convey what mothers need to know.
- Viewing a baby-led breastfeeding video helps mothers see what a newborn can do. You can help mothers build skills and confidence by having them model what they see on a DVD. This is a tool you can use at a prenatal breastfeeding class as well. Show a DVD on baby-led breastfeeding and invite the mothers to follow along with their favorite baby doll or stuffed animal in their arms. Watching and listening while doing reinforces learning.

### The First Hour: Building Skills and Confidence



Available from ILCA at  
[www.ilca.org](http://www.ilca.org)

- Importance of
  - Rooming in
  - Exclusive breastfeeding



DVD: “Baby-Led Breastfeeding”

Handout 7.1: “Baby-Led Breastfeeding”



11

MODULE 7

Providing Support for New Breastfeeding Moms

## Success In the First Few Days

- Skin-to-skin with baby
- Avoid separation
- Frequent feedings (8-12 times/day)
- Delay first bath
- Avoid artificial smells
- Delay visitors



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### MODULE 7

*Providing Support for New Breastfeeding Moms*

12

## SUCCESS IN THE FIRST FEW DAYS

- Staff can encourage mothers to follow these strategies for breastfeeding success in the first few days after birth.
  - Place the baby in skin-to-skin care immediately after birth, remaining uninterrupted until the first feeding at the breast occurs. This is one of the most important steps to effective initiation and duration of breastfeeding.
  - Avoid separation from the baby by rooming in with him at the hospital throughout the whole time you are there.
  - Request that the baby's first bath come after the first feed. The baby can be wiped off except for his hands—he'll use those to help him make a scent trail to the breast. The mother and baby can be placed skin-to-skin and covered to the baby's shoulders with a blanket.
  - Refrain from using deodorants or strong perfumes to allow the baby to smell his mother's natural scent.
  - Delay visits from too many family and friends, especially in the first hour and on the first day. New parents need time alone with their baby and the baby needs to spend uninterrupted time skin-to-skin at the breast.

# Breastfeeding Should Not Hurt

- Baby's position and latch at the breast is the key to mom's comfort
- Pain is a red flag to try something different and call for help
- Yield to the WIC Breastfeeding Contact Person if mother reports pain

## MODULE 7

*Providing Support for New Breastfeeding Moms*



1

## **BREASTFEEDING SHOULD NOT HURT**

- Breastfeeding comfortably is an important part of getting off to a great start in the early days. Encourage the mother to let her comfort level be a guide.
- Mothers often worry that breastfeeding will hurt. Some mothers report strong pulling sensations during breastfeeding. That is different from feeling pain.
- Some will consider stopping breastfeeding if they experience pain. Over half of the mothers who initiate breastfeeding leave the hospital with sore nipples. Pain can usually be prevented.
- If breastfeeding hurts, it is a red flag to try something different and ask or call for help. Make sure mothers have two or three numbers to call where they can reach someone at any time, including the contact information for their WIC Peer Counselor.
- Yield the mother to the WIC Breastfeeding Contact Person or the Peer Counselor for assessment if pain or discomfort persists.
- Mothers may be more comfortable in a reclining position with the baby lying prone on her body in full contact with his mother. This position allows the baby to work with instead of against gravity, triggering the baby's innate reflexes for latch. The mother is more comfortable in this position and it has been shown to help the mother to nurse pain free.<sup>1</sup>

# Breastfeeding Comfortably

- One position does not fit all breastfeeding needs
- Make sure mother is comfortable
  - Pillows if needed
  - Some mothers like to support their breast
- Biological Nurturing
  - Mom semi-reclines/reclines
  - Mom places baby prone on top of her body (working with instead of against gravity)

## MODULE 7

*Providing Support for New Breastfeeding Moms*



14

## BREASTFEEDING COMFORTABLY

- Babies are born with the ability to make their way to the breast and latch on with minimal help. There is no one right way for a baby to position himself at the breast—there are many variations of “right” and each mother and baby find their own way.
- If the baby is having difficulty latching, let the mother know that this may be the baby’s way of asking her to try a different approach.
- Thinking of the breast as a circle with 360 degrees, there are at least that many angles at which the baby can attach. Think of all the possibilities that represents—a different position to suit the individual needs of every mother and baby. A mother who has had a C-section for example, has many options to position her baby with his legs away from her incision.
- The mother needs to first make sure she is comfortable. Some mothers find it helpful to use pillows to support their neck, back arms and legs.
- Some mothers may want to support their breast, other mothers won’t.

## SIGNS OF A GOOD LATCH

- Teach mothers how to tell if the baby has a good latch.
- The baby's chin is not tucked into his chest. With his mouth open wide (like a baby bird's mouth) and his lips flanged out, he will lead into the breast chin first and latch onto the breast. His tongue is extended.
- The mother hears and sees swallowing when he sucks.
- The mother is pain free.

## Signs of a Good Latch

- Baby's chin is not tucked in to his chest
- Baby's mouth open wide, lips flanged
- Baby's tongue is extended
- Mother hears and sees swallowing
- Mother is free of pain



MODULE 7  
Providing Support for New Breastfeeding Moms

15

## ANIMATED LATCH

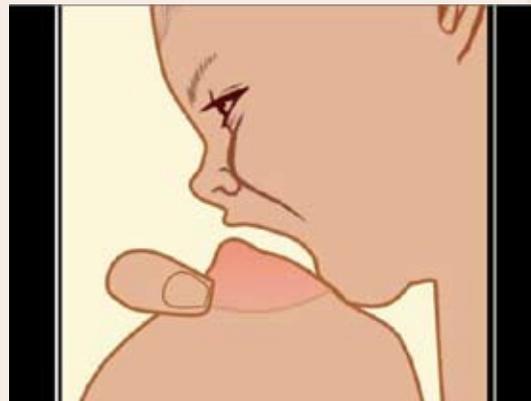
### To watch the animated latch video snippet:

[Click Here](#)

Imagine your closed fist is a large hamburger or bagel. Practice opening your mouth wide to take a bite of your imaginary burger or bagel.

First, take a bite with your chin tucked down against your chest. Second, tilt your head back and lead in with your chin to try to get a bigger mouthful. Notice that when you led in with your chin down into your chest, you only got a nose full of bread. This is because it is the lower jaw that moves. The upper jaw has little ability to move to get a wide open mouth.

## Animated Latch



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16

How a baby comes on to a breast is crucial to a mother's comfort. If the baby is coming on to the breast with his chin, his nose will be opposite the mother's nipple.

## Other Position Options: Cradle Hold



MODULE 7  
Providing Support for New Breastfeeding Moms



17

## Cross-Cradle Hold



MODULE 7  
Providing Support for New Breastfeeding Moms



18

## Clutch Hold



MODULE 7  
Providing Support for New Breastfeeding Moms



19

## Sidelying



MODULE 7  
Providing Support for New Breastfeeding Moms



20

## OTHER POSITION OPTIONS

- There are several different ways to position and latch a baby. What all of these positions have in common is that the baby leads in with his chin.
- No one position can meet every baby's needs.
- While using the laid-back nursing position described earlier may help better facilitate breastfeeding in the early days and weeks of breastfeeding, mothers may want to explore other positions as she and her baby become more proficient at breastfeeding.

Use your doll to practice each position when possible.

### Take-away Points

- When assisting mothers with positioning, it is important to remember that the mother learns more by doing more. This means taking the role as much as possible as more of a coach, giving gentle suggestions on the side as needed.
- Any staff person at WIC should be able to help a mother with positioning and latch, even if we are not the one observing the baby breastfeeding.
- Give the mother little things to look for like:
  - The baby's mouth open wide
  - Mom's hand not in the way of where we want the baby's mouth to be
  - His chin, not nose, tucked into the breast
  - How to break the baby's suction if it hurts
- All these small suggestions will help the mother.

## MAKING SMALL ADJUSTMENT SUGGESTIONS

- If the mother of this baby told you that her nipples were sore, what suggestions would you make? (Answers may include having the baby lead into the breast more with her chin, ask mother to adjust her right hand so that it is supporting the baby's neck rather than holding the back of the baby's head, hold baby in closer)
- If the mother of this baby told you that her baby was fussy and seemed "impatient" when feeding, coming off frequently at the beginning of the feed, what suggestions might you make? (Answers may include turning the baby so that she is facing her mother rather than nursing with her head turned, holding the baby when latching so that the mother's nipple is opposite baby's nose to encourage coming on to the breast leading with the chin).

### Making Small Adjustment Suggestions



MODULE 7  
*Providing Support for New Breastfeeding Moms*

21

## Helping Mothers Build Confidence in Their Milk Production



- Breastfeed “early and often”
- Supply and Demand
- Baby’s stomach doesn’t hold very much
- Feeding patterns of breastfed infants are different

### MODULE 7

*Providing Support for New Breastfeeding Moms*



22

## HELPING MOTHERS BUILD CONFIDENCE IN THEIR MILK PRODUCTION

- Finding ways to build a mother’s confidence in her ability to make plenty of milk will assist her to breastfeed exclusively.
- Good positioning and latch are key to the baby removing milk from the breast. The more milk he takes out, the more milk the breast will make. It’s an excellent inventory system: More milk removed, more milk made.
- Using the phrase “breastfeed early and often” may help remind mothers that milk production depends on how much milk is taken out or “Supply and Demand”.

### **Explaining Supply and Demand:**

A visual such as a refrigerator icemaker can help mothers understand the concept of feeding on demand.

The icemaker continually makes ice as long as ice is removed. If no ice is removed, the icemaker shuts down and does not make more ice until more is removed. Over a day’s time, the icemaker makes the most ice when ice is continually removed.

Explain to mother that “the more milk you take out, the more milk you will make. The opposite is true as well – less milk out, less milk made.”

## CONTINUED – HELPING MOTHERS BUILD CONFIDENCE IN THEIR MILK PRODUCTION

### Take-away Points:

- “Breastfeed Early” means as soon after birth as possible. This time is a golden window of opportunity to get breastfeeding off to a great start. The idea is to get him in sync with his mother as quickly as possible.
- “Breastfeed Often” means the baby feeds on an average of at least 8-12 times a day, usually every 1 ½ -3 hours. However, every mother and baby are different. Remind a mother that a newborn infant should not go longer than 2 to 3 hours during the day or 4 hours at night without a feeding. Let the mother know that as she and her baby learn how to breastfeed and as baby grows, breastfeeding will take less time.
- Since removing milk tells the body to make more milk, feeding on demand (not on a schedule according to the clock) helps to ensure that the mother makes plenty of milk.
- Rather than setting a schedule for feeding, show mothers how to anticipate a baby’s signs of hunger and breastfeed before they cry.
- Discuss how the feeding patterns of breastfed infants are different from formula fed infants in that breastfed infants feed more often.
- A baby’s stomach holds only a small amount at a time in the early days. A teaspoon measure is a good visual to help the mother understand a rough estimate of how much she might expect her baby to take per feed on day one. His stomach will begin to stretch around the same time her milk volume increases.



**1 teaspoon**  
Approximate  
stomach  
capacity of a  
newborn on  
Day 1



**3 teaspoons**  
Approximate  
stomach capacity  
on Day 3



**12 teaspoons**  
Approximate stomach capacity on Day 10



## Baby's Hunger and Satiety Signs

- Hunger Signs
  - Early signs (sucking on hand, rooting, head and mouth movements)
  - Late signs: Crying
  - Babies born early may not show strong feeding signs
- Signs of Satiety
  - Baby ends the feeding on his own
  - Baby's hands relax; may drift off to sleep

### MODULE 7

*Providing Support for New Breastfeeding Moms*



23

## BABY'S HUNGER AND SATIETY SIGNS

- Help parents read and respond to signs that their baby is ready to eat.
- A baby sends an early feeding cue by moving his head around and perhaps raising his arms. He may then start smacking his lips, making sucking sounds, and sucking on his hands.
- When held or when his cheek is touched, he will root to try to find the breast.
- Tell mothers that crying is a late feeding cue. Babies cry because their parents missed their earlier message, "I'm hungry." Crying is a late sign of hunger or a distress call, and it makes it difficult to calm a baby and latch him properly to the breast.
- Babies who are born early (before 38 weeks) may not show strong feeding cues and their parents will need to pay attention to how long it has been since the last feeding so they can initiate feedings as needed.
- If the baby just had a good feeding and starts sucking on his hands right away, he may want to suckle for comfort. It is not necessarily a sign of hunger.
- The baby will give signs that he has had enough to eat. His hands will relax, he may drift off to sleep after a nursing session and may end the feeding himself by coming off the breast.

## Tips for Assisting a Sleepy Baby

- Stroke baby's cheek
- Hold baby in an upright position
- Massage baby
- Talk to baby
- Undress or change baby's diaper and put him skin-to-skin with Mom
- Breast compression



MODULE 7

*Providing Support for New Breastfeeding Moms*

24

### TIPS FOR ASSISTING A SLEEPY BABY

- Some babies are sleepy or lethargic and may not be interested in feeding on demand or every 2 to 3 hours. Non-demanding infants, who fail to “act hungry” may not gain weight adequately because they are not fed often enough or are not removing milk adequately.
- Sleepy babies need help to wake up for feedings. Undressing them to their diaper and holding them skin-to-skin will help to stimulate them.
- Breast compression can also assist the baby who falls asleep after just a few minutes of suckling at the breast.



**To view a video on Breast Compression**

[Click Here](#)

# Other Reasons Babies Cry



- Fussiness in the early days often taken to mean mom's milk isn't enough
- Babies have a strong need to be held
- Cluster feedings are normal
- Sucking needs are strong



MODULE 7

*Providing Support for New Breastfeeding Moms*

25

## **OTHER REASONS BABIES CRY**

- A WIC mother may show concern or request infant formula because her baby cries after she feeds him. A crying or fussy baby may indicate other needs besides hunger. WIC staff can help mothers understand normal behaviors of newborns.
- A newborn has a strong need to be close to his mother. Babies want to be held or nursed for comfort.
- Encourage the mother to hold her baby skin-to-skin as often as possible.
    - Skin-to-skin contact lowers a baby's stress cortisol levels and reduces crying.
    - Many babies are fussy their first night or two home from the hospital. The transition from hospital to home can be very unsettling to babies. Skin-to-skin contact helps babies feel secure.
  - Contrary to what family members may be saying, holding her baby does NOT cause the baby to be "spoiled." Babies have a physiological need to be held. Meeting that need for closeness may help babies become more independent later in life.

### **Baby Sleep**

- Babies develop their own unique sleeping and feeding cycles.
  - Babies often seem fussier in the evenings and want to breastfeed more often. They may be over-stimulated and need to be close to mom.
  - Some babies "cluster feed" to get ready for a longer sleep stretch.
  - Show mothers that fussy periods are normal and do not always mean the mother is not making enough milk.
- Sometimes mothers misinterpret a baby waking up when he is put down to sleep as a sign that the baby is hungry again or that he is becoming spoiled. Unlike adults, it takes babies around 30 minutes to go into a deep sleep state after they fall asleep. This is why many babies wake up as soon as they are put down. Holding the baby long enough for him to go into the deeper sleep state may help him stay asleep when putting him down for a nap or for bed.

## BUILDING CONFIDENCE: WAYS TO KNOW BABY IS GETTING PLENTY OF MILK

- Since the number one worry for mothers is that they don't have enough milk, it will help to give them ways to know their baby is getting enough:
  - Baby breastfeeds frequently (8-12 times a day)
  - Baby is satisfied after feedings
  - Mother can hear audible swallowing during feedings
  - Mother's nipples are not sore
  - Baby's output and weight loss are within normal ranges
  - Mother's breasts feel less full after feeding.
- Remind mothers that breastfeeding exclusively helps her build her milk production, ensuring that her baby will get all that he needs. Providing infant formula during these critical first weeks interferes with her ability to make the most milk for her baby.

### Building Confidence: Ways to Know Baby Is Getting Plenty of Milk



- Gains weight
- Baby breastfeeds 8-12/day
- Wakes to feed
- Shows signs of being satisfied
- Mom hears baby swallowing
- Soiled diapers:
  - 3/day first 3-5 days of age
  - 3-4/day by 5-7 days of age
- Ask Mom about her breasts



MODULE 7  
*Providing Support for New Breastfeeding Moms*

26

## Addressing Concerns About Infant Weight

- Weight checks
- Some weight loss is common
- Mother should call for help when:
  - Weight loss > 7% of birth weight
  - Baby losing weight after mature milk production begins
  - Baby still has black, tarry meconium diapers by Day 5



MODULE 7  
Providing Support for New Breastfeeding Moms

27

*If there are concerns about an infant's weight or weight loss is > 7 percent of birth weight, encourage the mother to consult her health care provider.*

## ADDRESSING CONCERNS ABOUT INFANT WEIGHT

- Encourage mothers to keep track of their baby's weight during the first few weeks, including birth weight and discharge weight.
- A baby may lose up to 7 percent of their birth weight during the first few days of life. During this period, infants pass their first meconium stools and eliminate extra fluids. If the mother received IV fluids during her labor, the weight loss might be greater as baby excretes the extra fluids.
- As the mother's milk production increases, an infant who is breastfeeding effectively should begin gaining weight.
- Babies usually gain 4-7 ounces per week from this point forward for the first few months of life.
- If the baby loses more than 7 percent of his birth weight, continues to lose weight after mother's milk production has increased, or still has meconium diapers by day 5, this is an indicator for a breastfeeding assessment by the WIC Breastfeeding Contact Person or a healthcare professional.
- Remind mothers that weight gain during the first few days and weeks are an indicator that baby is gaining well. The AAP recommends that newborn infants be seen by their pediatrician or other knowledgeable and experienced healthcare provider at 3 to 5 days of age.
- Encourage the mother to arrange a follow-up visit for her infant with her healthcare provider or WIC clinic within the first 3 to 5 days of age. An early weight check gives a new mother confidence in her ability to produce enough milk and also gives her the opportunity to ask questions.
- Let mothers know they can request a clinic weight check and that they do not need to wait until the baby's two-week checkup.
- Reassure a mother whose baby has lost weight. She may be concerned that she doesn't have enough milk. Show her how to do breast compression to encourage her baby to suck. Let her know that some weight loss in the first few days is okay and that we look for her baby to be back to birth weight by two weeks of age.

## Output for the Breastfed Baby

- Mom can keep track of soiled and wet diapers
- Let mom know what to expect urine and bowel movements will look like
- Short, simple messages:
  - If it's coming out, it's going in



### MODULE 7

*Providing Support for New Breastfeeding Moms*

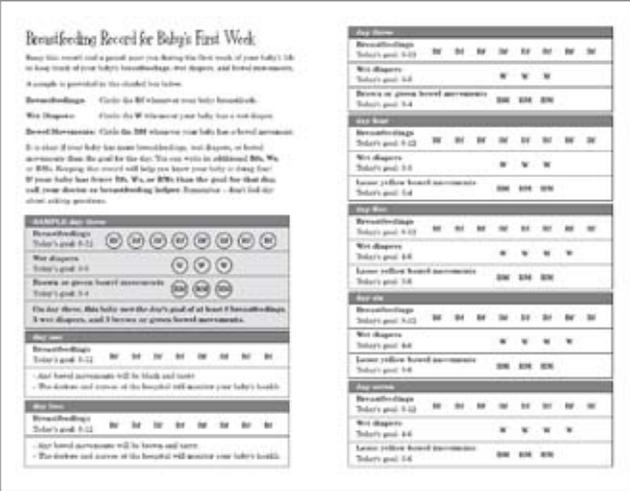
28

## OUTPUT FOR THE BREASTFED BABY

- One way to know that the baby is getting enough milk is to keep track of the number of wet and soiled diapers they change in a day.
- The baby should have plenty of wet and soiled diapers (usually the diaper will be both wet and soiled) with pale yellow or nearly colorless urine. Let the mother know that she might not be able to see the urine in the diaper but that the diaper will feel heavy. Suggest that she put 3 tablespoons of water in a diaper to feel how heavy a wet diaper is.
- Keep your language simple as you help families know what to anticipate. The following are key points to bring out to mothers:
  - What goes in must come out, so count soiled diapers. That lets us know he is taking in enough calories.
  - The baby should have at least 5-6 wet and 3 soiled diapers per day in the first 3-5 days of life.
  - By 5-7 days of age, the baby should have 6 or more wet and 3-4 soiled diapers per day.
  - Note: Less than 3 soiled diapers per day by day 4 is an indicator that the baby is not getting enough breastmilk.<sup>1</sup>
  - Let the mother know she should call her doctor if her exclusively breastfed newborn has less than one stool per day or if her baby is still having meconium stools after day five of life.

## BABY'S FIRST WEEK: BREASTFEEDING RECORD

- Handout 7.2, "Infant Feeding Log," is a feeding diary created by the Rhode Island WIC Program to help mothers record the number of breastfeeds in a day, and how many wet and soiled diapers the baby had.
- This visual tool can help build mom's confidence in making milk. Some mothers like to keep this diary from day one until the baby's two-week check-up with his doctor to know what to look for, and to show the doctor how well breastfeeding is going.
- To help keep track of the number of soiled diapers, mothers can make a stack of six diapers at the beginning of each day and that can help her see how many have been used, no matter who changes the baby's diaper.



Handout 7.2: "Infant Feeding Log"

### Baby's First Week: Breastfeeding Record



MODULE 7  
Providing Support for New Breastfeeding Moms

29

**To View What a Breastfed Baby's Stool Should Look Like**

[Click Here](#)

## OTHER CONCERNS FOR NEW MOTHERS

### Other Concerns for New Mothers

- Focus: Getting off to a good start
  - Go easy on activities and accept help
  - Rest and limit visitors
  - Make food choices based on *My Pyramid Plan for Moms*
  - Baby blues are common in early weeks
  - Questions and concerns are normal

MODULE 7  
Providing Support for New Breastfeeding Moms



30

- Encourage mothers to:
  - Go easy on activities for awhile, let the household work go and accept offers of help.
  - Find opportunities to rest when the baby naps to catch up on sleep.
  - Try to limit visitors.
  - Make food choices based on MyPyramid Plan for Moms ([www.mypyramid.gov/mypyramidmoms/breastfeeding\\_nutrition\\_needs.html](http://www.mypyramid.gov/mypyramidmoms/breastfeeding_nutrition_needs.html)) and drink fluids to satisfy thirst.
  - Realize that “baby blues” are common during the early weeks. If a mother seems extremely depressed or sad for longer than a few days, suggest she talk with her doctor to assess for postpartum depression.

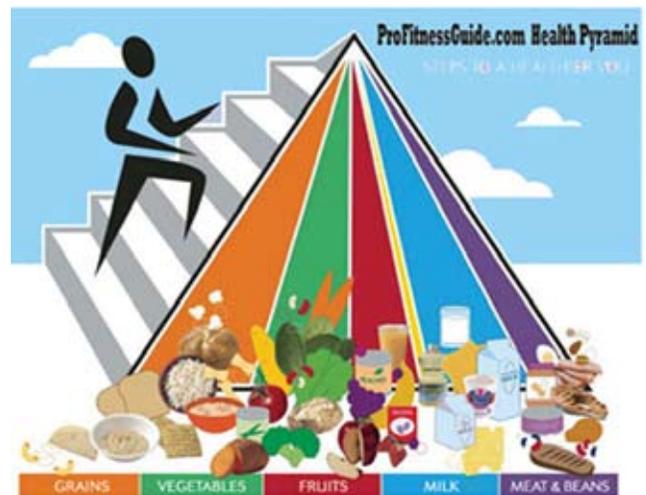
### ACTIVITY



Take a moment to get familiar with the “My Pyramid for Moms” website. Click on the link above and select breastfeeding and enter information for a typical healthy breastfeeding mom as indicated (age, ht, wt, physical activity, baby’s birth date, and amount of breastfeeding and or formula).

You will get a daily food plan based on your specific mom’s needs. It will include daily caloric needs, amounts of foods for each stage of breastfeeding in a printable format as well as a menu planner. Additional recommendations on physical activity and others tips are included.

Now you have a great resource for helping or referring moms who want more information about healthy food choices while breastfeeding.



## Avoid Formula Supplementation

- WIC Food Packages designed to protect mother's intentions to breastfeed.
- Let mom know supplements are unnecessary and can interfere with her milk production.
- Discuss fears she may have, troubleshoot reasons mom lacks confidence.
- Advise mother that WIC does not routinely provide infant formula to breastfed infants less than one month of age.
- Refer her for breastfeeding support.



MODULE 7

*Providing Support for New Breastfeeding Moms*

31

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*State agency policy should be followed regarding provision of formula in the first month postpartum.*

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## AVOID FORMULA SUPPLEMENTATION

- We can help mothers protect their intention to breastfeed by not automatically assuming they need formula.
- The best assumption to make is that she will make plenty of milk while we give her the support she needs to breastfeed exclusively for 6 months.
- Honor the mother's intention to breastfeed by making sure she has all of the resources she needs to meet her breastfeeding goals.
- If a mother requests formula, discuss with her that supplemental feedings are unnecessary unless medically indicated and that they interfere with the success of the breastfeeding relationship she is establishing with her baby.
- Address the fears the mother may have about being able to make enough milk for her baby. Many mothers worry that their milk production has dropped when the initial breast fullness they felt at 3-5 days postpartum goes down.
- Advise the mother that to help the mother and infant get off to a good start with breastfeeding, WIC does not routinely provide infant formula to partially breastfed infants less than one month of age.
- Troubleshoot the reason the mother believes she needs formula and ensure she receives support and referrals as appropriate to continue to breastfeed.
- Staff can encourage mothers to continue exclusively breastfeeding and enjoying the benefits of the fully breastfed food package for herself at least through the first month. If after the first month she wants to provide some formula occasionally, WIC can provide her with a food package plan that protects her milk production and maximizes the health reasons to breastfeed.

## ACTIVITY



### SHOW ME!

**To view the video Vignette: Talking to New Breastfeeding Mothers**

[Click Here](#)

Complete the answers on Handout 7.3

#### **Take-away points**

- There are many different ways to talk to a new breastfeeding mother.
- Be mindful that a new mother may be easily overwhelmed if staff give too much information.
- Affirming the mother with sincerity and patience will help build her confidence that she can breastfeed successfully. She may forget that she and her baby are learning on the job.

## Show Me!



DVD: "Show Me Video Vignettes"

Handout 7.3: "Show Me Video Vignettes: Talking to a New Breastfeeding Mother"

MODULE 7

*Providing Support for New Breastfeeding Moms*



32

## COMMON CONCERNS: SORE NIPPLES

### Common Concerns: Sore Nipples

- Sore nipples are common but not normal
- Can be prevented or resolved with quick help
- Sore nipples is a common reason for early weaning
- Common causes
  - Incorrect latch or position
  - Baby has had other nipples
  - Incorrect use of a breast pump



MODULE 7

Providing Support for New Breastfeeding Moms

33

- Sore nipples are common but not normal.
- Can be prevented or resolved with quick help.
- 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).
  - Mother is using a breast pump improperly.

### What Mom Needs to Hear

- Affirmation
  - “What a great mom you are for sticking with it”
- Education
  - “There are solutions that can help you feel more comfortable.”
- Yield immediately to the WIC Breastfeeding Contact Person



MODULE 7

Providing Support for New Breastfeeding Moms

2

- WIC staff can provide mothers with encouragement and support, affirming them with such comments as:
  - “I can see how much pain you are in—a lot of people would have just given up and said forget it! I’m so glad you called—let’s get you in to see someone who can help you right away.”
  - “You are working so hard to give your baby a good start in life through breastfeeding. Your baby is lucky to have a mother who cares so much.”
  - “I can see you are really in a lot of pain. There are several things we can do to get you some quick relief.”
- Let moms know there are solutions to make breastfeeding more comfortable.

## WHAT MOM NEEDS TO HEAR

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

## Common Concerns: ENGORGEMENT

- Mother may say her breasts are hard, painful, hot and baby refuses to latch
- Causes
  - IV fluids in hospital
  - Missed feedings
  - Supplementation (e.g., formula, water, expressed breast milk, etc.)



MODULE 7

*Providing Support for New Breastfeeding Moms*

35

## COMMON CONCERNS: ENGORGEMENT

- Between days two and five, most mothers experience changes in their breasts as milk flow and circulation increases.
- Extra blood and fluids increase in the breast to provide the additional nutrients needed for milk production. The mother's breasts become noticeably fuller.
- Sometimes a mother's breasts may become over full if she misses or delays feedings (which happens often in the early days) or if she received IV fluids.
- Her breasts can become swollen and painful with excess fluids and milk that is not removed. Mothers may say their breasts are "as hard as a rock" or they may describe them as feeling "tight" and hot.
- This combination of milk that is not removed and swelling causes the nipple and areola to flatten out, making it hard for the baby to latch. This may make the baby fussy and impatient.

## THE DOMINO EFFECT

- Mothers who are engorged need to know the consequences of not removing the milk. Engorgement can lead to:
  - Diminished milk production
  - Reduced milk flow to baby
  - Plugged ducts
  - Breast infection
  - Premature weaning

### The Domino Effect

Engorgement can lead to:

- Diminished milk production
- Reduced milk flow to baby
- Plugged ducts
- Breast infection
- Premature weaning



MODULE 7

*Providing Support for New Breastfeeding Moms*

36

## WHAT MOM NEEDS TO HEAR

- Affirm the mother's feelings to let her know her experience is common with new mothers, and quick solutions can bring about relief.
- Examples of affirming statements:
  - "I can see you are really in pain and are frustrated. Let's get you some assistance so that you can work through this quickly."
  - "Many new mothers become engorged when their milk suddenly increases."
  - "I can see how much you care about your baby to be breastfeeding during this time."
  - "I can tell you are worried about the baby getting enough since he is having trouble latching now. I'm going to get you right back to see someone so you can get some help immediately."

### What Mom Needs to Hear

- Affirmation
  - "I can see you are in a lot of pain. WIC can help you work through this."
- Education
  - "There are solutions for quick relief."
- Yield immediately to the WIC Breastfeeding Contact Person.

MODULE 7

Providing Support for New Breastfeeding Moms



3

- Educate: "There are things we can do immediately to get you some quick relief."
- Refer her immediately to the WIC Breastfeeding Contact Person.

## TALKING WITH MOTHERS ABOUT WIC FOOD PACKAGES

- WIC's food packages for fully breastfeeding mothers are designed to supplement her special nutritional needs and serve as an incentive for the mother to initiate and continue breastfeeding. While her baby gets his mother's priceless breastmilk, the mother gets breastfeeding support resources from WIC and a food package with the largest quantity and most variety of all of the food packages that WIC offers.
- If a mother thinks she needs formula, assess how breastfeeding is going and how the baby is growing, and ensure that she receives support and appropriate referrals to continue to breastfeed.
- Explain the impact of formula supplementation on her milk production. Provide breastfeeding support to help her continue to exclusively breastfeed.
- Address her concerns about milk production.
- Provide support so she can provide as much breast milk as possible to her infant.
- Make referrals to Peer Counselors, the WIC Breastfeeding Contact Person, and other medical experts when mothers have concerns about sustaining milk production or decide to resume exclusive breastfeeding after supplementing.

### Talking With Mothers About WIC Food Packages

- WIC's food package incentive for breastfeeding mothers
  - Baby gets mother's priceless breastmilk
  - Mom gets extra foods and support from WIC
- If mother thinks she needs formula:
  - Ask how breastfeeding is going
  - Acknowledge her concerns
  - Explain how formula supplementation affects her milk production
  - Explain that to help her exclusively breastfeed, WIC provides support instead of routinely providing formula in the first month
  - Yield to the WIC Designated Breastfeeding Expert



MODULE 7

Providing Support for New Breastfeeding Moms



38

# Anticipatory Guidance

- Breastfeed within the first hour after birth
- Position and latch baby comfortably
- Follow baby's hunger and satiety cues
- Avoid supplements and pacifiers
- Mom can return to exclusive breastfeeding if she has offered formula
- Affirm and support her goals

## MODULE 7

Providing Support for New Breastfeeding Moms



39

## ANTICIPATORY GUIDANCE

- Consistent messages to new breastfeeding mothers include:
  - Babies are born to breastfeed, and you are built to provide your baby with everything he needs. WIC is here to help you succeed.
  - The first 4-6 weeks of breastfeeding are a crucial time for establishing your milk production. Exclusive breastfeeding now means you'll have the best chance for meeting your breastfeeding goals.
  - WIC does not routinely provide infant formula in the first month to help mothers get off to a good start with breastfeeding.
  - Breastfeed within the first hour after birth.
  - Position and latch baby comfortably.
  - Follow baby's hunger and satiety cues.
  - Avoid pacifiers as well as supplements (unless medically indicated).
  - A mother can return to exclusive breastfeeding if for some reason she supplements with formula.

### Other Anticipatory Guidance: Vitamin D for Baby

- Vitamin D is important for ALL babies, children, and adolescents.
- AAP recommends 400 IU Vitamin D drops for breastfed babies beginning with the first few days of life.
- Use sunscreen when baby is outdoors.
- Yield to the baby's health care provider.

## MODULE 7

Providing Support for New Breastfeeding Moms



40

## OTHER ANTICIPATORY GUIDANCE: VITAMIN D FOR BABY

- Educate breastfeeding mothers about the importance of Vitamin D for all babies, children, and adolescents.
- The AAP recommends 400 IU Vitamin D drops for breastfed babies beginning in the first few days of life.
- Encourage parents to use sunscreen on their baby when they are outdoors.
- Refer the mother to her health care provider if she has questions or concerns about Vitamin D.

## ACTIVITY



### APPLICATION TO PRACTICE

Complete handout 7.4.  
Review the answer sheet to self assess your skill level.

## Application To Practice



Handout 7.4: "Application To Practice: Helping a New Breastfeeding Mother"

MODULE 7

*Providing Support for New Breastfeeding Mothers*



41

## SUMMARY

- WIC's support gives mothers the confidence they need to breastfeed exclusively.
- When we help mothers know what is normal and when to call for help, mothers are empowered to reach their breastfeeding goals.

# Grow Your Breastfeeding Skills



“My Goals for Breastfeeding Support”  
Goal-Setting Flower

## MODULE 7

Providing Support for New Breastfeeding Moms



43

## GROW YOUR BREASTFEEDING SKILLS

- On your “My Goals for Breastfeeding Support” Goal-Setting Flower, write on one petal something you will do as a result of this module to help mothers exclusively breastfeed. For example, you might want to:
  - Include information about skin-to-skin when talking to new mothers
  - Use open-ended questions to help mothers explore their concerns
- Make referrals when breastfeeding mothers call to request formula
- After this training post the flower with your recorded goals in your work area as a visible reminder of the breastfeeding support activities that you will be implementing over the next few weeks and months.

<sup>1</sup> Doan T, Gardiner A, Gay C & Lee K. (2007). Breast-feeding increases sleep duration of new parents. *The Journal of Perinatal & Neonatal Nursing*, 21(3):200-206.

<sup>2</sup> Gardner S. (1979). The mother as incubator after delivery. *JOGNN*, 174-176.

<sup>3</sup> Ludington-Hoe SM, Hosseini R & Dorowicz D. (2005). Skin-to-skin contact (kangaroo care) analgesia for preterm infant heel stick. *AACN Clinical Issues*, 16(3):373-387.

<sup>4</sup> Christianssen K, Christianssen E, Uvnas-Moberg K & Winberg J. (1995). Separation distress call in the human neonate in the absence of maternal body contact. *Acta Paediatrica Scandinavica*, 84:468-473.

<sup>5</sup> Feldman R, Eidelman A, Sirota L & Weller A. (2006). Comparison of skin-to-skin (kangaroo) and traditional care: parenting outcomes and preterm infant development. *Pediatrics*, 110:16-26.

<sup>6</sup> Anderson CG, Moore E, Hepworth J & Bergman N. (2003). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. Issue 2, Art No.:CD003519. DOI:10.1001/14651858. CD003519.

<sup>7</sup> Colson SD. (2005). Maternal breastfeeding positions: Have we got it right? *The Practising Midwife*, 8(11):29-32.

<sup>8</sup> Nommsen-Rivers L, Heinig J, Cohen R, & Dewey K. (2008). Newborn wet and soiled diaper counts and timing of onset of lactation as indicators of breastfeeding inadequacy. *Journal of Human Lactation*, 24(1):27-33.