

Arkansas WIC Grow and Glow Self-Study Breastfeeding Competency Training

Module 8 - Helping Mothers Continue the Breastfeeding Relationship

(1 Month to 12 Months)

OVERVIEW

Once a mother is comfortable breastfeeding and has adjusted to caring for a new baby, breastfeeding tends to become easier and her confidence grows. Even after breastfeeding is well established, however, most mothers continue to have questions about what to expect next with breastfeeding and whether their baby is doing well. This module provides staff with the knowledge and skills they need to provide support to breastfeeding mothers of babies one month of age and older.

Topics Covered

- Appetite spurts
- Introducing solid foods to a breastfed baby
- Vitamin supplementation for breastfed babies
- Weaning
- Talking with mothers about WIC food packages
- Anticipatory guidance

MATERIALS AND SUPPLIES

Throughout this module, you will be instructed to refer to several tools. It works best to print these tools before you begin. Print the following:

Handouts – request a handout syllabus or click to print

- Handout 8.1: “Mom Says”
- Handout 8.2: “Application To Practice: Continuing the Breastfeeding Relationship”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower





HELPING MOTHERS CONTINUE THE BREASTFEEDING RELATIONSHIP: 1 TO 12 MONTHS

- During the first few weeks after birth, a WIC mother should receive the support she needs to breastfeed her baby and successfully handle any challenges that may deter her from continuing the breastfeeding relationship or breastfeeding exclusively.
- However, mothers who continue to breastfeed past the first few weeks continue to need WIC's *loving support* to ensure that breastfeeding continues to go well.
- As the baby grows, new issues may arise that can negatively affect the breastfeeding relationship.
- When mothers receive anticipatory guidance and support, they can feel confident continuing the breastfeeding relationship with their child.

Baby's Age	Normal Weight Gain
Early Weeks	4-7 ounces per week
4-6 months of age	Double birth weight
7-1 months of age	2 ½-3 times birth weight
24 months	4 times birth weight

CORE COMPETENCIES

- This module is designed to address two core competencies. WIC staff:
 - Provide strategies to breastfeeding mothers on how to maintain milk production and continue the breastfeeding relationship.
 - Provide affirmation and encouragement to breastfeeding mothers to continue the breastfeeding relationship through the first 12 months of age.

LEARNING OBJECTIVES

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Name common issues that arise when breastfeeding an older infant
 - Describe how the introduction of complementary foods affects the breastfeeding relationship
 - List ways to assist mothers through the weaning process.

Breastfeeding Rates

- Breastfeeding exclusively and for longer durations improves infant health
- Breastfeeding duration rates to 12 months are low, especially among WIC mothers
- WIC mothers often need help to continue breastfeeding beyond the early days

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BREASTFEEDING RATES

- The American Academy of Pediatrics (AAP) and other medical and professional organizations across the United States recommend that babies be exclusively breastfed for the first 6 months of life, and continue breastfeeding for at least a year and beyond for maximum health benefits to both the baby and the mother.
- According to the AAP¹:
 - Babies who are exclusively breastfed for at least 4 months have half as many episodes of otitis media.
 - Babies breastfed at least 13 weeks have fewer episodes of gastro-intestinal and respiratory illnesses.
 - If a breastfed baby does become ill, the duration of the illness is reduced.
- Many new mothers, however, do not breastfeed to the recommended duration.
- Although more women are initiating breastfeeding (nearly 75 percent in 2006)², data from the CDC National Immunization Survey shows that breastfeeding rates decline steadily throughout the infant's first year of life.
- By 6 months of age, less than half of babies are still breastfeeding. By one year, less than a fourth of infants are still breastfeeding.
- CDC data also shows that only 33.1 percent of mothers are exclusively breastfeeding at 3 months. At 6 months, 13.6 percent are exclusively breastfeeding.
- The numbers of WIC mothers who continue to breastfeed to a year are even lower compared to the national average, with only 34.2 percent breastfeeding at 6 months and 17.7 percent breastfeeding at 12 months.
- WIC staff can help mothers continue the breastfeeding relationship throughout the entire first year of life through timely information and support during the times when they are most inclined to begin supplementing or to discontinue breastfeeding altogether.

WATCH BABY GROW!

- Questions about appropriate weight gain are high on the list of concerns of many breastfeeding mothers.
- Babies who breastfeed grow according to normal standards for infant growth and development.
- Mothers often look at their baby's weight and growth to determine whether they have sufficient milk. They may compare their baby's growth with the growth of other babies who may or may not be breastfeeding.

Watch Baby Grow!



Babies who
breastfeed grow
according to normal
standards for infant
growth and
development



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GROWTH AND FEEDING PATTERNS OF BREASTFED BABIES

- Breastfed babies grow differently from formula-fed infants. After the first three months, breastfed babies tend to be leaner. According to AAP, the growth of breastfed babies should be considered the “norm” for infant growth. The typical higher rate of weight gain among formula feeding infants is sometimes due to overfeeding.¹
- Babies grow at different rates depending on their genetic make-up and that of their parents.
- During the first 6 months they tend to double their birth weight by 4-6 months of age. By the next 6 months, their weight gain begins to slow. By 12 months, babies typically weigh 2 ½-3 times what they weighed at birth.
- Mothers who are unsure about their baby’s growth can be encouraged to bring their baby to the WIC clinic to be weighed. If the mother or the WIC staff are concerned about the baby’s growth, yield her to the WIC Breastfeeding Contact Person or to the baby’s health care provider.

Growth and Feeding Patterns of Breastfed Babies

Baby’s Age	Normal Weight Gain
Early Weeks	4 - 7 ounces per week
4 - 6 months of age	Double birth weight
7 - 12 months of age	2 ½ - 3 times birth weight
24 months	4 times birth weight

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AS BABY GROWS – FEEDING PATTERNS OF BREASTFED BABIES

- How often babies feed also varies, depending on the baby's age and size, the mother's milk storage capacity in her breast, and the unique needs of her baby.
- In the early weeks most babies who are exclusively breastfed nurse 8 to 12 times or more every 24 hours. This helps babies grow and helps mothers establish and maintain milk production.
- As babies grow, they tend to become more efficient at breastfeeding, and may nurse less frequently or finish feeds more quickly. It is also normal for some babies to “cluster feed” or group several feedings back-to-back, often in the evenings when they may be over stimulated from the day and/or are preparing for longer sleep stretches at night. Mothers can be reassured that cluster feedings are normal, and often simply means her baby wants to be close to her.
- WIC staff can remind mothers that to make plenty of milk, breastfeed when the baby shows signs of being hungry, or at least 8-12 times every 24 hours.

As Baby Grows – Feeding Patterns of Breastfed Babies

- Feeding frequency based on:
 - Baby's age/size
 - Mother's milk storage capacity in her breasts
 - Unique needs of her baby
- Cluster feedings
- Maintain milk production by feeding 8-12 times every 24 hours

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Appetite/Growth Spurts

- Growth/appetite spurts are normal
- Can occur anytime, typically:
 - 2 weeks
 - 6 weeks
 - 3 months
 - 6 months
- Reassure mothers that baby wants to be close to her during this growing period

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APPETITE/GROWTH SPURTS

- Babies typically have periods of time of rapid growth where they want to breastfeed more frequently for a day or more.
- This is commonly called a growth or appetite spurt. Although babies usually choose their own times to go through a growth spurt, they often occur around:
 - 2 weeks
 - 6 weeks
 - 3 months
 - 6 months
- Because babies are growing and may be uncomfortable and restless during this period, the extra nursing helps calm them and may even help with pain relief for the baby.
- Mothers may interpret this extra nursing as a sign they are not making enough milk, especially if the breast fullness they might have felt earlier has subsided.
- WIC staff should provide mothers with anticipatory guidance so they recognize these appetite/growth spurts when they occur, and to be aware that periods of growth are a normal part of the baby's development.
- They can also reassure mothers that infant formula supplementation is not necessary and will interfere with her milk production.
- Mothers can offer the breast frequently to the baby to comfort and nourish him.
- Yield to the WIC Breastfeeding Contact Person if a mother remains concerned about an appetite spurt that lasts longer than a few days. Yield the mother to her baby's physician if you are concerned about the baby's growth.

As Baby Grows – Outputs of Breastfed Babies

- 1st month:
 - Several yellowish, seedy loose stools per day
- After 1st month: stools occur less frequently
- 6 months (when solid foods begin): stools change from loose to solid

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AS BABY GROWS – OUTPUTS OF BREASTFED BABIES

- The stooling patterns of a breastfed baby also change as baby grows.
- Unlike the first month, when babies stool several times a day, breastfed babies may go several days or longer between bowel movements after the first month. This is normal.
- Once solid foods are introduced, the consistency of the baby's stools will also change from loose to more solid.
- Yield to the WIC Breastfeeding Contact Person if a mother has concerns about her baby's stooling patterns.
- WIC nutrition staff should conduct a nutrition assessment of the infant that includes assessment of the following:¹
 - Breastfeeding frequency and duration
 - Infant formula supplementation
 - Intake of solid foods and readiness for solids
- Mothers who are unsure about their baby's growth can be encouraged to bring their baby to the WIC clinic to be weighed.
- If the mother or the WIC staff are concerned about the baby's growth, yield her to the WIC Breastfeeding Contact Person or to the baby's physician.

ACTIVITY



CONTINUING THE BREASTFEEDING RELATIONSHIP

- Use handout 8.1
- Write down one or two common questions you hear from a new mother once she gets past the initial adjustment period of the first several weeks.
- Then write down:
 - What is she worried about most?
 - What affirmation will help her feel reassured?
 - What information is most important to share with her?

Take away Message:

- It is easy to assume that once a mother gets past the early challenges of breastfeeding she will “do fine”. The reality is that mothers continue to have questions as their baby grows.
- Anticipatory Guidance and support will make the difference

Continuing the Breastfeeding Relationship



West Dade WIC



Handout 8.1: “Mom Says”



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WORKING BREASTFEEDING INTO NORMAL LIFE

- After the initial month postpartum, many mothers are interested in resuming normal activities.
- Some of their common questions revolve around maternal issues such as weight loss, exercise, and working breastfeeding into their daily routine.

Working Breastfeeding into Normal Life



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COMMON QUESTIONS: LOSING WEIGHT

- Often mothers want to lose the extra weight they gained during pregnancy and wonder if it is safe to do so while breastfeeding.
- Affirm the mother's desire to lose these extra pounds.
 - "It's great that you are taking care of yourself right now, too."
- Education: Remind moms that breastfeeding helps mothers lose the weight gained during pregnancy. Women who breastfeed exclusively for more than 3 months lose more weight than those who do not.
 - The *My Pyramid for Pregnancy and Breastfeeding*¹ has helpful strategies for breastfeeding mothers regarding healthy eating and weight loss.
 - Mothers should be encouraged to choose the right amount from each food group, and avoid added sugars and solid fats (found in fried foods, cheese, whole milk, and fatty meats).

Common Questions: Losing Weight



- Affirm:
 - "It's great you are concerned about your health."
- Inform
 - Avoid quick-loss diets; eat 1800 calories/day or more
 - Avoid a low-carbohydrate diet

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- The *My Pyramid Plan for Moms* is an interactive tool which can help breastfeeding mothers develop an individualized meal plan.⁵
- Yield to a WIC nutritionist for the best advice on a weight loss plan for a mother's unique situation.

COMMON QUESTIONS: EXERCISE

- Mothers often wonder if it is safe for them to exercise and breastfeed.
- Affirm the mother's desire to become physically active.
 - "It's great that you are going to take care of yourself right now, too."
- Education:
 - In the early weeks after her baby is born, the mother's body is recovering from the changes of pregnancy and childbirth. It is best to begin physical activity when her doctor agrees, beginning with gentle activities such as walking.
 - She can increase activity as she feels comfortable.
 - Strenuous activity can increase lactic acid in the breast milk resulting in a bitter flavor and possible refusal by some babies. Waiting about 30 minutes before breastfeeding allows the normal taste to resume.
 - Encourage her to contact her doctor if she feels pain, headaches, dizziness, or rapid heart rate that continues after she has exercised.

Common Questions: Exercise



- Affirm:
 - "It's great you want to take care of yourself."
- Inform:
 - Begin activity when the doctor agrees.
 - Strenuous activity can increase lactic acid in breast milk.



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Common Questions: Foods to Eat While Breastfeeding

- **Affirm:**
 - “A lot of mothers share your concerns.”
- **Inform:**
 - Mothers do not need to eat a perfect diet to make good milk for their babies.
 - Most foods are fine to eat while breastfeeding.

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COMMON QUESTIONS: FOODS TO EAT WHILE BREASTFEEDING

- Many mothers worry that they will have to eat a special diet while breastfeeding.
- Affirm her concern about giving up her favorite foods.
 - “A lot of mothers share your feelings. It’s tough to think about making changes to the way you eat.”
- Education:
 - Most foods are fine to eat while breastfeeding.
 - If a mother is concerned that certain foods may bother the baby (such as milk products or eggs), she can talk to her WIC nutritionist about discontinuing that food for a period of time to see if the baby’s fussiness improves.
 - *My Pyramid for Pregnancy and Breastfeeding* provides recommendations for nutritional needs while breastfeeding.¹
 - Breastfeeding mothers have a higher need for some vitamins and minerals.
- Choose a variety of foods from each food group.
- Use the *My Pyramid for Moms*, an interactive menu planner on the website, to develop a healthy eating plan that will work for the mother.
- Maintain fluids as the need for fluids will increase during breastfeeding. Drinking enough water and other fluids to quench the thirst will usually meet the mother’s needs. Some new mothers get busy caring for the baby and ignore their body’s cues for thirst. One suggestion is to encourage a breastfeeding mother to drink a glass of water or other beverage every time she sits down to breastfeed.
- Moderate amounts of caffeinated beverages (two to three per day) are considered acceptable. More than that can cause the baby to be very fussy.

Common Questions: Medications for the Mother

- Affirm
 - “It’s great you are concerned about this.”
- Inform
 - Most medications are safe to take; always consult the physician when questions arise
- Let mother know she has several family planning options
- Yield to the mother or baby’s doctor

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COMMON QUESTIONS: MEDICATIONS FOR THE MOTHER

- If a mother is taking a prescribed or over-the-counter medication, she may worry about whether it is safe to continue breastfeeding.
- Affirm her feelings.
 - “I can tell you’re a good mother to be worried about this.”
- Education:
 - Most medications, including many antibiotics, are safe to take while breastfeeding.
 - Encourage her to consult her health care provider or the baby’s pediatrician about the safety of the medication for her infant.
- Yield medication questions to the WIC Breastfeeding Contact Person or to her physician for follow-up.
- Remind mothers that they have several family planning options that will not affect breastfeeding. Yield mothers with family planning questions to the physician or family planning specialist.

Common Questions: Breastfeeding and Returning to Work or School



- Mothers may not know they CAN combine working/school and breastfeeding
- Peer support helps!



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COMMON QUESTIONS: BREASTFEEDING AND RETURNING TO WORK OR SCHOOL

- Many WIC mothers return to work or school, either full-time or part-time, before their babies are 6 months old.
- Returning to work or school places unique demands on new mothers who are breastfeeding, and some mothers cut back on breastfeeding or wean altogether during this time.
- Many mothers do not realize that they can continue to breastfeed after returning to work or school, and may not be aware of special support that WIC offers.
- Having the support of a peer counselor to help them devise a plan will make this transition less stressful.
- Peer counselors can help mothers formulate plans well in advance of returning to work or school that allow them to continue breastfeeding.
- WIC staff can encourage the mother to take as long of a maternity leave as possible (at least six weeks), and inform her about breast pump options available through WIC.
- Module 9, “Talking With Mothers About Breastfeeding...When Mother and Baby are Separated,” provides more detail on how to maintain milk production when a mother is away from her baby.

Common Questions About the Baby



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COMMON QUESTIONS ABOUT THE BABY

- Mothers often also have questions about their baby.
- Mothers who express concerns about their infant can be praised for their interest in being good moms!

COMMON QUESTIONS: VITAMIN D FOR BABY

- Mothers may have heard recommendations about the need for Vitamin D for their babies, and wonder if this means their milk is not adequate to meet their baby's needs.
- Affirm her concerns.
 - “What a great mom you are to be concerned about this.”
 - “This is a common concern of new moms.”
- Education:
 - The AAP advises that all babies, including exclusively breastfed babies, need a minimum daily intake of 400 International Units (IU) of Vitamin D per day, beginning in the first days of life, and continuing throughout childhood and adolescence¹.
 - Vitamin D, normally obtained through sunlight, prevents a serious bone disease called rickets. However, the AAP states that it is not easy to determine the amount of sunlight exposure that is adequate for each individual. In addition, ultraviolet rays from the sun can be harmful.
 - Therefore, they recommend that all breastfeeding babies receive 400 IU Vitamin D drops beginning in the first days of life.

Common Questions: Vitamin D for Baby



- Affirm:
 - “What a great mom you are to be concerned.”
- Inform:
 - Vitamin D is important for ALL infants, children, and adolescents
 - AAP recommends 400 IU Vitamin D drops for all breastfeeding babies
 - Use sunscreen when baby is outdoors
- Yield to the baby's health care provider

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- Infant formulas are supplemented with Vitamin D. Babies and children who are taking in less than 1000 mL of vitamin-D fortified formula or milk each day should also receive a vitamin D supplement of 400 IU/day.
- Yield the mother to the baby's health care provider if she has questions about Vitamin D for her baby.

Common Questions: Teething



- Affirm:
 - “I can understand your concern.”
- Inform:
 - Many babies continue to breastfeed while teething
 - Share solutions should baby bite or bear down on the breast while feeding
 - Advise mothers on oral health

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COMMON QUESTIONS: TEETHING

- Many mothers worry about teething and breastfeeding long before their baby has the first tooth, and assume they will need to wean. Anticipatory guidance will help the mother realize that the breastfeeding relationship can continue even when the baby is teething.
- Affirm the mother’s concerns.
 - “I can see why you’d be concerned about that!”
 - “Lots of breastfeeding mothers worry about that. I wondered about it, too.”
- Education:
 - Babies *can* continue to breastfeed while teething without causing pain to mom.
 - As teeth emerge, the baby will learn how to nurse without “biting.”
 - Encourage the mother to break suction and remove the baby from the breast if the baby bears down or chews while nursing, even before teeth erupt. This teaches babies that they will not be rewarded for this behavior.
 - Oral health is important for all infants, including breastfed infants. Advise mothers to cleanse the gums and teeth daily with a clean cloth.

READY FOR SOLID FOODS

- Breastfeeding mothers often receive conflicting advice about when to start solid foods. WIC staff can help them sort through the mixed messages they receive to offer solids appropriately.
- Despite the AAP's recommendation of exclusive breastfeeding for about the first 6 months of life, many mothers introduce solid foods before then. Discuss:
 - Why do you think WIC mothers are anxious to begin solid foods early?
 - What teaching strategies have you found are effective in convincing WIC mothers to delay solid foods?
- Affirm her concerns.
 - “Many mothers have questions about starting solid foods.”
 - “It’s great that you are concerned about the baby getting enough nutrition.”

Ready for Solid Foods



- Affirm:
 - “Many mothers have questions about starting solids.”
 - “It’s great you are concerned about the baby getting enough nutrition.”

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INTRODUCING SOLID FOODS

- Teaching mothers typical signs of readiness for solid foods will help them feel confident waiting until their baby is truly ready for them.
- Remind mothers that beginning solid foods too soon can trigger allergies in the baby since his digestive track is not fully developed until around 4-6 months.
- Breastmilk is all a baby needs until he is ready for solid foods.

Introducing Solid Foods



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SIGNS OF READINESS

- Teach mothers the developmental signs that a baby is ready for solid foods¹. These include:
 - The baby can sit alone or with support.
 - The baby can hold his head steady and straight.
 - The baby can keep his tongue low and flat to receive the spoon (his tongue thrust reflex has disappeared).
 - The baby can close his lips over a spoon and scrape food off as the spoon is removed from his mouth.
 - The baby can keep food in his mouth.

Signs of Readiness



- Baby can sit alone
- Baby can hold his head steady and straight
- Baby can keep tongue low and flat
- Baby can close lips over a spoon
- Baby can keep food in his mouth

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Guidelines for Introducing Solid Foods

- One new food at a time
- Single ingredient foods first
- Small amount (1-2 tsp)
- Wait 3-5 days before offering a new food
- Observe for reactions

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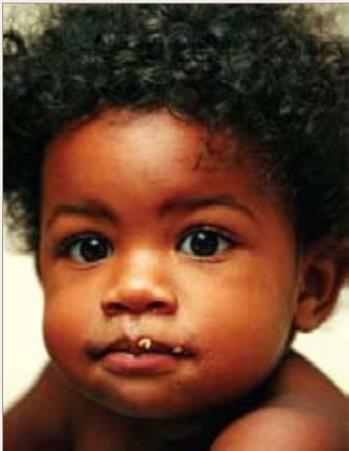
GUIDELINES FOR INTRODUCING SOLID FOODS

- The FNS resource “Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs” provides guidelines for how to introduce solid foods appropriately. These guidelines include:
 - Introduce new foods one at a time.
 - Introduce single ingredient foods before foods mixed with other foods (ex: rice cereal before rice cereal mixed with fruit).
 - Introduce a small amount (about 1-2 teaspoons) of a new food at first to allow baby to adjust to the taste and texture.
 - Allow at least 3-5 days between introducing each new food.
 - Observe the infant closely for adverse reactions (such as wheezing, rash, or diarrhea) after introducing each new food.

FOODS TO OFFER BABY

- Research has shown that mothers do not need to introduce solid foods in any particular order. However, nutrients such as iron and zinc are important for exclusively breastfed babies.
- Iron is an important nutrient needed by all babies. The AAP recommends that exclusively breastfeeding babies receive a supplemental source of iron, preferably from solid foods, around 6 months of age.¹
- An average of 2 servings⁸ of iron fortified cereal or meats are sufficient to meet a baby's needs.
- Infant cereal and infant (baby) food meats provided in the WIC food package for fully breastfeeding infants can assist with these additional iron needs of infants.
- Recommend mothers continue gradually introducing a greater variety of solid foods as the infant grows accustomed to various tastes and textures.
- Discuss the importance of oral health for all infants, including breastfed infants. Advise mothers to cleanse the gums and teeth daily with a clean wash cloth.

Foods to Offer Baby



- Iron and Zinc are important
 - 2 servings iron fortified cereal or meats
- Gradually introduce greater variety
- Importance of oral health



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Breastfeeding and Solid Foods

- Babies need nothing but breastmilk until around 6 months of age; when solids begin, breastmilk remains an important part of baby's nutrition
- Beginning solids too soon can trigger allergies
- Teach normal signs of readiness for solids
- Go slowly
- Advise mother:
 - Importance of iron and zinc
 - Foods WIC gives fully breastfed infants at 6 months



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BREASTFEEDING AND SOLID FOODS

- WIC staff should inform mothers that solid food will replace some of infant's breastmilk intake, but breastmilk will continue to provide most of infant's nutrition.
- Give mothers information about the WIC food packages for the older infant.
 - WIC provides infant cereal and baby food fruits and vegetables to infants at 6 months of age.
 - Fully breastfeeding infants receive the greatest quantity and variety of infant fruits and vegetables.
 - In addition to the fruits and vegetables, fully breastfeeding infants also receive infant (baby) food meats at 6 months of age.
 - These extra meats have iron and zinc which are important nutrients for all healthy, full-term infants.

On Strike!

- Affirm:
 - “What a lucky baby to have a mom who is working so hard to get through this.”
- Inform:
 - Minimize distractions
 - Offer the breast when baby is sleepy
 - Skin-to-skin

Yield to WIC Breastfeeding Contact Person when a nursing strike continues beyond 24 hours

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ON STRIKE!

- Occasionally a baby will suddenly refuse to breastfeed for a period of time lasting from several feedings to several days. This is called a “nursing strike” and can cause alarm in mothers.
- A nursing strike can occur because of illness in the baby (such as an ear infection) or stress, but most often the reason for the strike is never determined.
- Mothers often feel rejected when their baby goes through a nursing strike, and must deal additionally with the stress of coaxing the baby back to breast and dealing with engorgement. Showing a mom that her baby loves her will be important during this time.
- Affirm her concerns:
 - “What a lucky baby to have a mom who is working so hard to make this work.”
 - “Many babies go through a period like this. What a great mom you are to continue working on this.”
- “Look at how your baby is looking at you. He sure knows you’re the mom!”
- Education:
 - Minimize distractions in the room. Dim the lights and decrease noise.
 - Try other breastfeeding positions.
 - Try breastfeeding when he shows signs of early hunger, is nearly asleep, or is just beginning to wake. Sleepy babies are sometimes more cooperative.
 - Hold the baby skin to skin and allow him to self-attach when he’s ready.
 - Give the baby expressed milk in a cup, spoon, or dropper until breastfeeding resumes.
 - Yield to the WIC Breastfeeding Contact Person when a nursing strike continues beyond 24 hours.

When Weaning Happens

- Weaning: foods or liquids begin being added to the baby's diet
- Mothers wean for many reasons
- WIC staff can help mothers weigh the benefits vs. the risks
- Avoid judgments about how long the mother has chosen to breastfeed
- Affirm: "What a great mother you are to have breastfed this long."



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WHEN WEANING HAPPENS

- Weaning begins whenever foods or liquids other than breastmilk are introduced to the baby. Foods and juice "displace" breastmilk in the baby's diet and the breasts respond by making less and less milk until they discontinue making milk completely.
- Mothers may be told they should wean for many reasons. Not all of these recommendations are valid reasons to discontinue breastfeeding.
- Common reasons mothers may consider weaning:
 - Teething
 - Desire for baby to sleep through the night
 - Going back to work or school
 - Nursing strike
 - Pregnancy
 - Illness
 - Appetite spurts
 - Medication
- In most of these cases, breastfeeding can continue.
- WIC staff can help mothers weigh the advantages of continued breastfeeding against weaning.
- The question of when to wean is a very personal decision, based on the needs of both the mother and the baby.
- WIC staff should avoid judgmental statements about how long the mother is breastfeeding, or how soon she wants to wean. Instead, help her explore options for *continuing* the breastfeeding relationship and offer your support to meet her goals.

ACTIVITY



ARE YOU STILL BREASTFEEDING?

Write down 2 to 3 comments that WIC mothers often hear about breastfeeding an older baby from their family, friends, and people in the community.

Come up with a possible response for each comment.

Share your comments and responses with another staff person and jot down any new ones that they might share.

Take-away Points:

- Mothers can benefit from language to help them address pressure to wean.
- Possible responses to consider:
 - “My baby is growing perfectly on my milk. I’m not ready to quit yet.”
 - “Breastfeeding is so much easier for me.”
 - “My doctor told me to breastfeed until the first birthday.”
 - “The WIC Program recommends breastfeeding at least until the first birthday”.

HELPING THE MOTHER WHO WANTS TO PARTIALLY BREASTFEED

- Mothers who are considering weaning should be offered the option of partially breastfeeding at least some of the time.
- Many mothers do not realize that even some breastfeeding is better than no breastfeeding, and that partial breastfeeding provides health benefits to the baby and to the mother.
- WIC staff can also emphasize the importance of the food packages for partially breastfeeding mothers, which includes receiving a food package for the mother a full year postpartum. WIC staff can also tailor the food package to give the mother the minimal amount needed, while offering support options to help her breastfeed as long as she wants.

Helping the Mother Who Wants to Partially Breastfeed



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Ways to Wean



- Baby-Led Weaning
- Mother-Led Weaning

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WAYS TO WEAN

- If the mother must wean completely, there are two main ways to wean: baby-led and mother-led.
- Baby-Led Weaning:
 - With baby-led weaning, babies gradually discontinue feedings on their own.
 - As babies grow, they often continue breastfeeding for comfort before bedtime and when they are upset, and rely on solid foods for their primary nourishment.
 - Baby-led weaning is less stressful for babies and mothers, and allows them to continue receiving the many benefits of breastmilk.
- Mother-Led Weaning
 - With mother-led weaning, mothers make the decision to stop breastfeeding for reasons of their own, including returning to work, pressure from family or friends, or personal reasons.
 - When mothers choose to end breastfeeding, help them explore their reasons, affirm their feelings, and offer information.
- Affirm the mother's feelings, which can be ambivalent. For example:
 - "What a great mother you are to have breastfed this long."
 - "Your baby is very lucky to have gotten your milk."
 - "You seem a little unsure about weaning. This is hard for a lot of mothers."
 - "I am so proud of you for breastfeeding."
 - "Making the decision about weaning is difficult for many mothers. I can tell you really love your baby a lot."

How to Wean

- Older babies:
 - Don't offer, don't refuse
 - Understand the concept of "wait"
 - Can be distracted
 - May need extra cuddling
- Gradual weaning
- Abrupt weaning

MODULE 8

Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)



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HOW TO WEAN

- When a mother chooses to wean, help her explore continuing at least a few feedings a day. Even one feeding a day helps provide important immunity protection for her baby and meet baby's need for comfort.
- Encourage her to wean over a period of weeks, when possible, instead of abruptly. Gradual weaning is more comfortable for the mother and less stressful for the baby.
- Babies older than 6 months can be weaned to a bottle and/or cup, depending on the infant's developmental ability. Babies should be entirely weaned from the bottle and onto a cup by about 12 months of age.¹
- Babies younger than a year old who are no longer breastfeeding need to receive iron-fortified infant formula.
- Older babies often breastfeed for comfort at night or when they are hurt or ill. Older babies can respond to a "don't ask and don't refuse" practice and can sometimes be distracted from breastfeeding with other activities.
- To gradually wean, discontinue the feeding the baby is least interested in first. After three or four days, drop another feeding; continuing until weaning is complete.
- When abrupt weaning is needed, such as a mother beginning chemotherapy, provide support for dealing with the emotions she might be facing.

Suggestions:

- Drop feedings more quickly and express just enough milk to relieve discomfort, but not enough to completely drain the breast.
- Cabbage leaves, ice packs, and ibuprofen can help relieve swelling.
- Wear a firm but non-binding bra for support.
- Give baby extra cuddle time
- If baby resists taking a bottle or cup, ask another adult to offer it besides the mother. Yield a weaning mom to the WIC Breastfeeding Contact Person and her peer counselor for ongoing follow-up and encouragement.
- Affirm that despite her reasons for weaning, she continues to be a wonderful mother for having given her baby her milk. She should be proud of what she has accomplished, and for the health that her baby will enjoy as a result.

ACTIVITY



APPLICATION TO PRACTICE

Continuing the Breastfeeding Relationship

- Use Handout 8.2
- Read the scenario and answer the questions
- How could you see yourself using this information with WIC mothers?

Application To Practice



Handout 8.2: "Application To Practice:
Continuing the Breastfeeding Relationship"

MODULE 8

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SUMMARY

- Breastfed babies do not grow at the same rate as formula-fed babies.
- Growth or appetite spurts in the older baby occur around 6 weeks, 3 months, and 6 months, and cause baby to suddenly need to breastfeed more often.
- As the baby grows mothers can have many ambivalent feelings about working breastfeeding into their life.
- Anticipate a baby's teething and begin teaching him not to bite down or "chew" on the breast long before teeth erupt.
- Watch for developmental cues that the baby is ready for solid foods at about 6 months of age (loss of tongue thrust reflex, first tooth has erupted, and baby is able to use hands and fingers in a purposeful manner).
- Many people give well-intentioned advice about breastfeeding, especially as the baby grows. Talking with a peer counselor can help reassure the mother.

Summary

- Breastfed and formula-fed babies grow at different rates
- Babies nurse more during growth spurts
- Anticipate a baby's teething
- Watch for developmental cues that the baby is ready for solid foods
- Assist the mother in meeting HER goals for breastfeeding

MODULE 8

Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)



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Grow Your Breastfeeding Skills



“My Goals for Breastfeeding Support”
Goal-Setting Flower

MODULE 8

Helping Mothers Continue the Breastfeeding Relationship (1 Month to 12 Months)



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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 support breastfeeding in your clinic. For example, you might want to work on providing referrals to the CPA when breastfeeding mothers have questions about solid foods, or encourage mothers who are interested in weaning to consider partially breastfeeding.
- 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.

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

² Centers for Disease Control and Prevention. (2008). National Immunization Registry. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.

³ USDA.

⁴ United States Department of Agriculture. (2009). Weight loss during breastfeeding. Available online at: http://www.mypyramid.gov/mypyramidmoms/breastfeeding_weight_loss.html

⁵ United States Department of Agriculture. (2009). Nutritional needs while breastfeeding. Available online at: www.mypyramid.gov/mypyramidmoms/breastfeeding_nutrition_needs.html

⁶ American Academy of Pediatrics. (2008). Prevention of rickets and vitamin D deficiency in infants, children and adolescents. *Pediatrics*, 122(5):1142-1152.

⁷ USDA Infant Nutrition and Feeding

⁸ USDA Infant Nutrition and Feeding