

Arkansas WIC Grow and Glow Self-Study Breastfeeding Competency Training

Module 9 - Talking With Mothers about Breastfeeding... When Mother and Baby Are Separated

OVERVIEW

This module addresses barriers breastfeeding mothers face when they are separated from their babies as well as strategies for helping them continue breastfeeding.

Topics Covered

- Helping mothers continue breastfeeding under circumstances when they are apart from their baby
- Expressing, storing, and handling breastmilk
- Maintaining milk production when separated from baby
- Resources for supporting mothers experiencing separation

INSTRUCTIONS

Handouts – Request a Handout Syllabus OR

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- Handout 9.1: “Separation Scenarios”
- Handout 9.2: “All in a Day’s Work”
- Handout 9.3: “Show Me Video Vignettes: Talking about Breastfeeding with Working Mothers”
- Handout 9.4: “Application to Practice: Back to School”
- Handout 9.5: “ Application to Practice: Hospitalized Infant”
- Handout 1.4: “My Goals for Breastfeeding Support” Goal-Setting Flower





TALKING WITH MOTHERS ABOUT BREASTFEEDING... WHEN MOTHER AND BABY ARE SEPARATED

- There are many reasons why a breastfeeding baby and mother may experience separation. Returning to work or school, hospitalization of the baby or mother, or even an occasional outing can mean feedings may be missed and milk production can be compromised if milk is not removed from the breast.
- Being separated from their baby is a common reason women give for discontinuing breastfeeding or beginning formula supplementation.
- Supporting mothers who work and breastfeed is identified by The Centers for Disease Control and Prevention as a key strategy for increasing breastfeeding rates.¹
- Our job is to help mothers see that during times of separation, WIC's many breastfeeding resources can help: from Peer Counselors to classes, from breast pumps to special food packages, WIC helps mothers succeed.

CORE COMPETENCIES

- This module addresses two core competencies. WIC staff will:
 - Help breastfeeding mothers identify strategies for continuing to breastfeed when they must be away from their baby (i.e., returning to work or school).
 - Encourage mothers to continue breastfeeding and provide guidance on ways to maintain milk production.

LEARNING OBJECTIVES

- To develop those competencies, upon completion of this module, WIC staff will be able to:
 - Explain how a mother can maintain milk production when she is separated from her baby.
 - Identify common barriers to breastfeeding among women employed in unsupportive environments.
 - State appropriate guidelines for storing and handling breastmilk.

WIC's Role in Supporting Breastfeeding When Mothers and Babies are Separated

- Support comes in many forms
- Our most effective tools:
Affirmation, anticipatory guidance
- Having a plan aids success for breastfeeding mothers who are separated from their babies

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WIC'S ROLE IN SUPPORTING BREASTFEEDING WHEN MOTHERS AND BABIES ARE SEPARATED

- WIC offers many types of support to mothers who are separated from their babies. Two effective tools for helping mothers initiate and continue breastfeeding when they are separated from their babies include praise for continuing to breastfeed and anticipatory guidance that helps them know what to expect and how to plan ahead.
- Mothers often experience many different feelings when they are separated from their babies. Being able to talk to someone about those feelings and come up with a plan to make breastfeeding work even during times of separation is an area where WIC helps mothers move toward success.

Discussion Starter

- Write down or discuss with another staff person something you say to praise mothers who are making plans to breastfeed while they are separated from their baby?
- What is something you like to tell mothers so they know what to expect about breastfeeding while they're apart from their baby?

Take-away Points:

- Listening to mothers and encouraging them might seem a small gesture to WIC staff, but to mothers, it makes a difference.
- Years later, mothers may forget the details of the information shared with them at WIC, but they will always remember how the staff made them feel, and the confidence they gained that helped them continue the breastfeeding relationship.

MOTHER'S CONCERN DURING SEPARATION: MAINTAINING HER MILK PRODUCTION

- An example of a way WIC can help a breastfeeding mother who is apart from her baby for any reason is to give her anticipatory guidance on how to maintain her milk production.
- While general guidance is given to mothers to breastfeed on average of at least 8-12 times a day, each mother will have her own individual number of times to remove milk from her breasts that will work best for her depending upon the storage capacity of her breasts.
- Some mothers will remove milk closer to 12 times a day; other mothers will remove milk closer to eight times a day.
- When a mother is home with her baby, ask her to keep track of the number of times in a typical day that the baby typically breastfeeds. This is a good guide for her going forward as to how many times she will need to remove milk from her breasts either by breastfeeding, pumping, or manual expression.
- To maintain her milk production, she will want to keep this number of feedings and milk expressions steady each day.
- Let the mother know that if she has a day in which she misses a feeding or milk expression time, she can try to get back to her normal number of times of removing milk as soon as she can.
- It is important for mothers to understand that if they have a store of milk in the freezer and they use that milk to feed their baby without continuing to express, their milk production will decline.

Mother's Concern During Separation: Maintaining Her Milk Production



- Having enough milk: Mom's #1 worry
- Help mother explore milk expression options that fit her situation
- Mom will typically need to breastfeed or pump 8-12/day

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ACTIVITY



MAKING BREASTFEEDING WORK DURING SEPARATIONS

Learning to balance motherhood with other demands can sometimes be difficult. When a mother needs to be apart from her baby there are many options she can consider. Helping a breastfeeding mother navigate these decisions for her unique situation is one way WIC assists her in reaching her goals.

Complete at least two of the situations on handout 9.1

- What affirming statements might you share with the mother?
- What open-ended questions might you ask a mother to help uncover the barriers she may face in the workplace?
- List 3 anticipatory guidance messages for each situation to help her with continuing to breastfeed.

Take-away Points

- Although it is tempting to try to give a mother all the anticipatory guidance we can think of, giving her a short list she can remember will make breastfeeding seem more doable.
- Sharing too much information with her at one time may overwhelm her and make her confidence waiver or leave her wondering if breastfeeding is worth the effort.

Making Breastfeeding Work During Separations



Handout 9.1: "Separation Scenarios"

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SEPARATION: PRE-TERM OR SICK BABY

- Mothers of pre-term or sick babies may believe that their tiny baby is too weak and fragile to breastfeed.
- Fact: Although preterm babies (babies born before 37 weeks gestation) may not go to the breast right away, they have better health outcomes when they receive their mother's expressed milk. Both morbidity and mortality rates of preterm infants are greatly reduced when mothers provide their milk for their baby. ¹
- The milk a mother provides for her preterm baby is critical for the baby's survival and well-being.
- When a mother delivers a preterm baby, her milk is different from what she would have made if she had delivered her baby at term. It is even higher in immunological factors to protect the baby. When her baby receives her milk, he is much less likely to develop conditions that are common with preterm infants, such as respiratory and vision issues. Necrotizing enterocolitis is an often fatal condition for premature infants that human milk is protective against.²
- Providing breastmilk to preterm babies also improves cognitive outcomes.³

Separation: Pre-Term or Sick Baby



Mother's milk crucial:

- Immunological factors
- Affects mortality and morbidity rates
- Improves cognitive outcomes

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Supporting Mothers of Preterm Babies



- Let mother know she is doing something for her baby no one else can
- Ensure mother can express her milk and knows how to handle and store it
- Refer her to staff for a pump or other services



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SUPPORTING MOTHERS OF PRETERM BABIES

- All WIC staff, no matter what their role, can help reassure mothers that providing their milk to their baby can be life-saving. Even if mothers did not initially plan to breastfeed, many mothers of premature infants change their minds when they are told how important their milk is to their baby and that will be a crucial part of their baby's care plan.
- Establish a relationship with your local Arkansas hospital so that your WIC clinic can work with the hospital when a mother is discharged and needs a pump to maintain her milk. It can be beneficial for a WIC staff representative to meet with the hospital's post partum unit staff to discuss the best way to ensure that WIC mothers with a hospitalized or preterm baby are given priority for WIC certification appointments to enable timely issuance of an electric breast pump.
- Get buy-in from the clerical staff and every point of contact for the family to ensure that mothers who may be calling or stopping by the clinic do not face barriers when they request a pump. It is crucial for mothers separated from their infants to start pumping as soon as possible.
- Reinforce guidelines from the hospital on pumping frequency and proper milk handling and storage.
- Praise mothers for any amount of milk they are able to express and provide for their babies.
- Besides being referred to the WIC Breastfeeding Contact Person, this mother would benefit from a referral to a Peer Counselor where possible for on-going support.

Separation: Sick or Hospitalized Mother

- Mother may not feel well enough to breastfeed
- May worry about medications or making her baby sick
- Help her avoid engorgement
- Yield: WIC Breastfeeding Contact Person

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SEPARATION: SICK OR HOSPITALIZED MOTHER

- A mother who is ill or hospitalized may not feel well enough to breastfeed, or may worry that she might make her baby sick by breastfeeding. Praise mothers for any amount of breastmilk they are able to provide and refer to a WIC Breastfeeding Contact Person for a breast pump or follow-up as necessary.
- Help a mother anticipate the need to remove milk from her breasts to avoid engorgement, by breastfeeding if possible or expressing milk from her breasts.
- Encourage her to speak to her healthcare provider about her desire to continue giving her milk to her baby.
- Unless medically contraindicated, the baby can continue to receive his mother's milk.
- The mother may feel that the one thing she can do while she is ill that no one else can is provide her milk for her baby.
- Beyond a referral to the WIC Breastfeeding Contact Person for a breast pump, this mother would benefit from ongoing support from a Peer Counselor where available.

SEPARATION: OCCASIONAL OUTINGS

- There may be times when a mother may want or need to be away from her baby for a short period of time.
- The mother may be anxious about being away from her baby.
- All WIC staff can let her know that occasional outings and exclusive breastfeeding are compatible.
- Help the mother maintain her milk production and stay comfortable during these short outings by showing her how to hand express or referring her to the WIC Breastfeeding Contact Person for a manual breast pump.

Separation: Occasional Outings



- Short separations and exclusive breastfeeding are compatible
- Hand expression: Something every mother should know
- Refer: WIC Designated Breastfeeding Expert



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Separation: Returning to School



- Tailor guidance for her situation
- Yield: WIC Breastfeeding Contact Person
- Anticipatory guidance:
 - Place and time to express
 - Childcare options
 - Dealing with fatigue



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SEPARATION: RETURNING TO SCHOOL

- Mothers returning to school can continue to breastfeed. Praise from WIC staff will encourage a mother to finish school while providing her milk for her baby.
 - Depending on the age of the mother, tailor your anticipatory guidance to fit the unique circumstances the mother is facing.
 - As a student and a mother, she may experience fatigue from the time demands of these two roles.
 - If she returns to school soon after the birth, she may struggle to establish her milk production.
 - Reasons to breastfeed include that the mother may feel more “in charge” of the care of her baby and her baby will be sick less often, meaning she will miss less school.
 - Working with this mother prenatally or during the very early post-partum period to come up with a plan that will work for her schedule can help her feel confident that she can combine school and breastfeeding. Anticipatory guidance includes helping the mother brainstorm a place to pump and store her milk as well as a schedule for pumping.
 - Let her know that even if she is not able to express milk at school, she can still breastfeed when she is with her baby.
 - Any amount of breastmilk is a good amount of breastmilk so affirm all efforts the mother makes to continue to breastfeed her baby.
 - Yield this mother to a WIC Breastfeeding Contact Person if the mother needs a breast pump or if she notices a drop in her milk production.
 - Refer this mother to a Peer Counselor, as well, for support.
- Go to <http://bit.ly/muZMvc> to find an Arkansas WIC Breastfeeding Peer Counselor.

SEPARATION: RETURNING TO WORK

- The delicate balance of employment, motherhood, and trying to maintain a personal life can be challenging for any woman.
- WIC mothers may face even greater challenges. They often work in environments in which it is not easy to pump. Their work schedule may make it difficult to establish a consistent milk expression routine.
- Checking in with a mother several weeks in advance to assist her in coming up with a plan for returning to work and breastfeeding will help her succeed.

Separation: Returning to Work

- Delicate balance of employment and motherhood
- Help mom develop a plan for success:
when/where to pump,
how to feed the baby
when they are apart



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WHERE DO WIC WOMEN WORK?

- Knowing where WIC mothers in your community work will help you develop a proactive approach in thinking through options.
- What are the primary work settings where new mothers on WIC might work in your community?
 - A major factory?
 - Daycares?
 - Restaurants?
 - The local hospital?
- It is important to meet the mother where she is and share ideas with her. One size does not fit all and a “cookie cutter” communication approach is not useful when helping WIC mothers. For example, a mother might not feel that using a breast pump at work is a viable option.

Where Do WIC Women Work?

- Some workplaces are more breastfeeding-friendly than others:
 - Schedule
 - Work duties
 - Environment
 - Supervisors and co-workers
- One size does not fit all—ask open-ended questions to help mother find solutions



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ACTIVITY



ALL IN A DAY'S WORK

Using Handout 9.2, “All in a Day’s Work”, think about the work settings for new mothers in your community that you previously identified and complete the following steps:

- Choose one of the primary work settings and make a list of the work barriers you think a breastfeeding mother might face.
- Identify the potential impact those barriers might have on breastfeeding.
- List some possible solutions that you could offer your WIC moms to be able to overcome the barriers in her work setting.

Take-away Points:

When discussing options with mothers, begin by asking her what she thinks will work. She knows more about her work situation than we do so starting there will save time and respects her as an expert.

After learning from her what she sees working, staff can suggest solutions that other mothers have found worked for them.

Unsupportive Work Environments

- Non-office job settings
- Job settings with lack of personal space (cubicle work stations)
- Irregular work schedules or inflexible hours
- Low salaries
- Child-care options may be limited

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UNSUPPORTIVE WORK ENVIRONMENTS

- Job settings may have a lack of a personal work space.
- Irregular work schedules create inconsistent work hours, making it more challenging to maintain milk production. Job settings may include food service workers and hospital jobs.
- Inflexible work hours make it more challenging to find time to express milk. This may be true in a job such as an assembly line worker.
- Low salaries make it more necessary for women to take an extra job to make ends meet.

TURNING OBSTACLES INTO OPPORTUNITIES

- Turning obstacles into opportunities with practical solutions will help breastfeeding mothers build their confidence in trying new strategies that might work for them.
- Presenting solutions as part of a “menu” of options allows the mother to be the expert. Mothers know best what will work for them in their place of employment.

Turning Obstacles into Opportunities



- There is no one “right” way
- Present solutions as a “menu” of options
- Mothers will choose what will work best for them

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OBSTACLES TO OPPORTUNITIES: ANTICIPATORY GUIDANCE

Obstacles to Opportunities: Anticipatory Guidance

- Pregnancy is a good time to start thinking about options
 - Split shifts
 - Part-time
 - Bringing baby to work

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- Pregnancy is a good time to encourage mothers to think through their options and speak with their supervisor about their needs.
- Some options to discuss:
 - Bring her baby to work with her, if possible. Often small businesses are more open to this option. The national “Bring Your Baby to Work” initiative has successfully worked with over 100 businesses to assist them in establishing baby at work programs.
 - Talk with family members about bringing her baby to her worksite for scheduled breaks and meal periods. This can help sustain her milk production and help her feel close to her baby.
 - Consider returning to work part-time for a brief period before returning full-time.
- Work a 4-day work week for awhile, taking off in the middle of the week to rebuild milk production.
- Telecommuting and job-sharing are growing in popularity in many companies, although for low-wage jobs these may not be possible or attractive options to employers. Nevertheless, explore the possibility given the mother’s unique situation.
- Split shifts can be an effective strategy for fast-food or restaurant workers whose busiest times come in two different segments of the day.
- If a gradual return to work is not possible, encourage her to return to work toward the end of the work week to make the first week back at work a shorter work week and to help her adjust to the separation physically and emotionally.

CONTINUED – OBSTACLES TO OPPORTUNITIES: ANTICIPATORY GUIDANCE

Obstacles to Opportunities: Anticipatory Guidance (Cont')

- Help her connect to support:
 - Peer Counselor
 - La Leche League
 - Mother support group

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- Encourage mothers to seek support from other mothers at the job who are breastfeeding. Help them locate La Leche League or another mother support group in the community. We can help mothers find creative solutions when they return to jobs in non-office settings.
- To deal with irregular work schedules, encourage mothers to breastfeed often when they are with their baby to protect milk production.
- In situations where an electric breast pump or a pump with a battery pack or car battery attachment is not feasible, some mothers have found hand expression to be an option.
- Help mothers to think about “safe havens” for privacy to breastfeed or express milk. Ideas to consider:
 - Place curtains over cubicle entrances.
 - Use a supervisor’s office, conference room, or closet area.
 - When the weather permits, place a sun reflector screen over the car windshield and hang a baby blanket inside the driver and passenger windows. Some personal use breast pumps have car battery attachments.
 - Use a sling or light weight blanket or cloth to cover while breastfeeding or expressing milk.



Arkansas WIC Breastfeeding Peer Counselors 2010

Obstacles to Opportunities: Mom's Success Plan

- Breastfeed exclusively the first 3-4 weeks
- Delay supplementing/bottles
- Let her know
 - Strong emotions about returning to work are normal
 - Continuing to breastfeed will help her reconnect with her baby at the end of the day

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OBSTACLES TO OPPORTUNITIES: MOM'S SUCCESS PLAN

- Preparation is key to a smooth transition back to work. Help women prepare for the emotional demands before they are in the midst of them.
- During the postpartum period, mothers can get breastfeeding off to a good start by seeking help with early problems and by breastfeeding exclusively to build solid milk production.
- Help mothers develop a plan for returning to work and talking with family members about their needs. Search the WIC Works Resource System for ideas on how to set up a “back to work” plan.
- Breastfeeding exclusively during the first 3-4 weeks will help mothers build a strong milk production base and help them get in sync with their babies for feedings. It is important to set this strong foundation before returning to work. Mothers can begin preparing for the separation at feeding times early in their maternity leave period, after the initial month postpartum if possible.
- Reassure mothers that it is normal to feel sad or even guilty about leaving their babies when they return to work. Remind them that breastfeeding helps mothers stay emotionally and physically connected to their baby and that babies usually cope well with separation. The “reconnection” at the end of the work period can be a rewarding time for both mother and baby.
- Getting connected with other working mothers may help women cope with the ups and downs of working and breastfeeding. Some women feel guilty that they want to return to work, especially as time goes on. Some mothers feel a sense of isolation and they may desire the social interaction and fulfillment that comes from continuing their career path. Reassure mothers that these feelings are normal.

Obstacles to Opportunities: Breastfeeding and Childcare



- Mothers worry that baby will not take a bottle
- Encourage mother to do a “trial run” with childcare
- Let mothers know about reverse cycle feeding

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OBSTACLES TO OPPORTUNITIES: BREASTFEEDING AND CHILDCARE

- Some mothers worry their baby will not take a bottle. Most babies learn to take a bottle from the childcare provider, so it may not be a problem if the baby does not accept a bottle during her maternity leave. Babies often accept a bottle or cup if it is offered before six weeks, or two weeks before returning to work, whichever comes soonest.
- The mother can view these supplemental feedings as “practice” trial-run feedings, not full feedings. A small amount of one ounce every day or so will help the baby practice. Babies usually accept a bottle better from someone other than the mother. The mother can leave for a brief time to give the caregiver time to work with the baby to accept the bottle.
- The mother may want to do a trial run with childcare a few days before she returns to work. This allows both her and her baby time to adjust and helps her see how the baby responds to the childcare provider so any adjustments can be made before she returns to work.
- Mothers can feed their babies directly at the childcare center immediately before and after work and perhaps during the meal period as well to minimize the number of milk expression times needed during the workday.
- Mothers need to know ahead of time that some babies “reverse cycle feed” and wait until the mother is home to feed. If the mother is aware that this might happen, she won’t doubt her milk production if the baby wakes up to feed more often at night and she won’t be frightened if her caregiver tells her that her baby “didn’t eat all day.” Staff can also help mothers explore options for getting rest if this happens.

Help Mother Protect Her Milk Production



- Help mom figure out when to begin expressing milk
- Encourage her to express milk on a regular basis
- Let her know pumping takes practice
- Share relaxation pointers from other moms



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HELP MOTHER PROTECT HER MILK PRODUCTION

- Provide ample support in the form of Peer Counselor follow-up where available, access to information, and strategies for beginning to express milk. Milk expression takes practice. Encourage her to practice expressing milk to build her confidence that she can continue to breastfeed after she returns to work. Options include:
 - Express milk from one breast while feeding the baby on the other side. The baby can get the milk flowing well which makes it easier when learning how to use a breast pump.
 - Express milk in the early morning hours if her breasts seem extremely full. Prolactin levels are highest at night, so mothers often have extra full breasts in the morning.
 - Give her some tips for relaxation that you've learned from other mothers, such as listening to music and massaging her breasts before and during expression. Each mother will have her own way of relaxing: For some it will be looking at a photo of their baby, for others, they may want to have an item that smells like their baby. Some mothers relax by watching or listening to a funny show while they pump.
- After the mother returns to work, help her access a Peer Counselor or WIC Breastfeeding Contact if she has questions or concerns about maintaining milk production, and to get help if concerns arise.

Handling Human Milk



- Store in refrigerator or freezer after expressing
- Freeze in small quantities
 - 2-4 ounces typically
 - Smaller amounts for premature babies
- Share info for milk storage
- Keep milk cool when transporting



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HANDLING HUMAN MILK

- Another common question of mothers is how to handle the milk they express.
- Suggest that mothers freeze their milk in small quantities to eliminate waste. For healthy full-term babies, milk can be stored in 2-4 ounce quantities. For premature babies, they can store their milk in even smaller quantities.
- Label all milk, and use the oldest milk first.
- Ask mothers to store their milk in a refrigerator or freezer after expressing. If adding new milk to a container of frozen milk, chill the milk first before adding to avoid thawing any of the frozen milk.
- Milk should be kept cool while transporting it.
- Mothers will want to share this information with their childcare providers.

Storing Human Milk

- American Academy of Pediatrics (AAP) recommends:
 - Freezing milk that will not be fed with 72 hours
 - Milk can be frozen for as long as 3 to 6 months



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STORING HUMAN MILK

- The AAP's "Pediatric Nutrition Handbook," 6th edition, 2009 recommends that if milk will not be fed within 72 hours, it should be frozen. Milk can be stored in the freezer for 3-6 months.

How to Thaw Frozen Milk

- Thaw frozen milk under warm water
- Don't thaw milk in the microwave
- Use thawed milk within 24 hours
- Do not refreeze
- Discard unused milk



California Public Health Foundation Enterprises



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HOW TO THAW FROZEN MILK

- Thaw frozen milk under warm water. Never microwave breastmilk.
- Milk that has been warmed must be used immediately and only for that feeding time period.
- Milk that has been thawed should not be refrozen.

SUCCESS STARTS AT HOME: WIC SUPPORTING BREASTFEEDING EMPLOYEES

Success Starts at Home: WIC Supporting Breastfeeding Employees

Case Study:

California Public Health Foundation Enterprises



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- Modeling support at WIC is the first step toward encouraging mothers to combine employment with breastfeeding.
- The California Public Health Foundation Enterprises has implemented a comprehensive employee worksite program for their WIC staff. The program has resulted in dramatic increases in breastfeeding rates among staff, with a spillover effect on mothers.¹
- Agencies can also provide recognition and publicity to employers that provide lactation accommodation to WIC mothers.

ACTIVITY



SHOW ME!

To help you gain confidence in counseling mothers about their milk production, view the video, “Show Me Video Vignettes: Talking about Breastfeeding with Working Mothers”.

Use handout 9.3 to complete the questions as you view the video snippet.

[Click Here](#)

to view the video

Take-away Points

- Many mothers have reported that combining working and breastfeeding is one of the hardest things they have done.
- Consistent messages should be provided to mothers that breastfeeding can continue after returning to work, and WIC has solutions they can consider.
- Pausing to affirm mothers helps mothers feel they have been heard and that they are not alone in their concerns.

Show Me!



DVD: “Show Me Video Vignettes”

Handout 9.3: “Show Me Video Vignettes:
Talking about Breastfeeding with Working Mothers”

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ACTIVITY



APPLICATION TO PRACTICE: BACK TO WORK, HOSPITALIZED INFANT

Materials Needed:

Handout 9.4: “Application to Practice: Back to Work

Handout 9.5: “Application to Practice: Hospitalized Infant

- Read the scenarios in each handout
- Devise appropriate responses for the question on each handout
- How do you see yourself using this information in your clinic with WIC mothers?

Application To Practice



Handout 9.4: “Application To Practice: Back to Work”

Handout 9.5: “Application To Practice: Hospitalized Infant”

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SUMMARY

- This module addressed the ways staff can better assist breastfeeding mothers who are apart from their babies.
- By helping mothers devise a plan ahead of time to maintain their milk production during these times of separation, staff support mothers to continue breastfeeding as long as they and their baby wish.
- Support, information, and encouragement from all WIC staff is what helps WIC mothers feel that they don't have to figure it all out on their own.

Summary

- Assisting mothers in coming up with a plan ahead of time helps them reach their breastfeeding goals.
- Support, information, and encouragement from all WIC staff helps WIC mothers feel that they don't have to figure it all out on their own.

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Grow Your Breastfeeding Skills



“My Goals for Breastfeeding Support”
Goal-Setting Flower

MODULE 7

Providing Support for New Breastfeeding Moms



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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 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.

¹ Centers for Disease Control and Prevention. (2005). *CDC Guide to Breastfeeding Interventions*. Atlanta, GA: Centers for Disease Control and Prevention. Available online at: www.cdc.gov/breastfeeding.

² Schanler RJ. (2001). The use of human milk for premature infants. *Pediatric Clinics of North America*, 207-219.

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

⁴ Vohr B, et al. (2006). Beneficial Effects of Breast Milk in the Neonatal Intensive Care Unit on the Developmental Outcome of Extremely Low Birth Weight Infants at 18 Months of Age. *Pediatrics*, 118(1). e115-e123 (doi:10.1542/peds.2005-2382).

⁵ Whaley SE, Meehan K, Lange L, SLusser W, & Jenks E. (2002) Predictors of breastfeeding duration for employees of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Journal of the American Dietetic Association*, 102(9):1290-3.