

Module

1

ARKANSAS WIC
NUTRITION AND BREASTFEEDING

Competency Based Breastfeeding Training

**Self-Study Module for
WIC CPA's**

COMPETENCY BASED BREASTFEEDING TRAINING

Developed January 2004, Updated March 2007

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Introduction

Why study breastfeeding? Isn't breastfeeding "natural"? Why do health professionals need a module to learn about it?

Beginning in the 1940's breastfeeding began to decline. The United States now has a very low percentage of babies who are breastfeeding. Many of today's health care professionals grew up seeing mostly formula feeding with few opportunities to "naturally" learn about breastfeeding.

Module Purpose

The purpose of this module is to help you become more knowledgeable and proficient in promoting and supporting breastfeeding. USDA requires Arkansas WIC to provide competency based breastfeeding training for all colleagues who have direct contact with WIC participants. Competency based training focuses on those tasks or functions that you are expected to do as part of your job. Your tasks or functions as a CPA (Competent Professional Authority) are derived from current Arkansas Department of Health WIC policies. A Pre-test, Post-test, Evaluation, and Self-Assessment are required as part of this competency based training. The module contains six chapters and requires approximately four clock hours to complete.

Trainee Qualifications

This module is intended for Arkansas Department of Health colleagues – RN, LPN, RD, Social Worker and Home Economist. To be able to view and hear the audio section of the CD, the computer you are using should have speakers and Adobe Reader (free download on ADH website).

Continuing Education Credits

Continuing education contact hours are available for registered dietitians through the Commission on Dietetic Registration and for nurses through the Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Instructions for obtaining contact hours are listed on the final page of the module.

Instructions

1. You'll need the following supplies:
 - Scissors.
 - Copy of PM-152 "Yes, I'm Going to Breastfeed." (If not available in your local health unit, this pamphlet and others in the Self-Study module can be printed from the enclosed CD).
2. You'll need a computer:
 - Contact your Regional Information Technology (IT) person to install the applications needed for the CD included with this module. All files needed by the IT person to install the applications are included on the CD. The applications are Adobe Reader (ar51), QuickTime, and Media Player.

Note to the Information Technology person:

You may find previous versions of Adobe Reader and Media Player on the person's computer. If so, uninstall and replace it with the version on the CD.

You may see several messages when you install QuickTime. Its best to accept all defaults. No registration number is needed – click "next/yes" and move on. On the "File Type Association" screen, click "all options." On the "finished" screen, uncheck everything checked.

When the "Balloon Video" is opened, Media Player may attempt to start. Check the message box to indicate that "yes" QuickTime is to run this video.

Open Adobe Reader and Media Player to make sure that each program will run properly.

If difficulties occur, contact WIC Breastfeeding staff at the 800-445-6175 or e-mail wicbreastfeeding@arkansas.gov with a description of the problem and a phone number. Assistance will be provided as quickly as possible.

Remember to log off as Administrator and log the User back on.

3. After the applications are installed, you're ready to start the Self-Study.
 - Click on "My Computer."
 - Select the "D" drive.
 - Double click to open.

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- 4.** Look for the file labeled “Forms.”
 - Click to open it.
 -  Print each of the following:
 - Pre-test
 - Competency Check List
 - Self-Assessment Tool
 - Evaluation Form
- 5.** Follow these instructions for each of the printed forms:
 - Pre-test
 -  Answer all questions BEFORE you begin the module.
 - Put the completed test in the pre-addressed stamped envelope included with the module.
 - Put the envelope aside until you finish the module.
 - Competency Check List
 - Keep this handy as you complete each chapter.
 - Follow the instructions at the end of each chapter.
 - Self-Assessment Tool
 - Mark your answers BEFORE you start the module.
 - Set it aside for use later in the module.
 - Evaluation Form
 - Mark the form as you work through the module.
 - Follow the instructions at the end of the module for mailing.
- 6.** Turn to Chapter 1 and begin the module.

Chapter 1

What’s Good About Breastfeeding?

Dr. Ruth Lawrence, MD is the author of *Breastfeeding: A guide for the medical profession* and is a world-renowned expert on breastfeeding.

 Insert the CD (located in the back pocket of this module). **Open the file on the CD** labeled  “Benefits of Breastfeeding.” Listen as Dr. Lawrence discusses the many health benefits of breastfeeding.

After watching the video, **open the file on the CD** labeled “101 Reasons to Recommend Breastfeeding.”

Using what you’ve learned, list 5 benefits that are new to you.

ICON KEY

-  Valuable Information
-  Test Your Knowledge
-  What You Know
-  Competency Document
-  CD
-  Video
-  Powerpoint
-  Print

 *Initial and date Competency #1 “Know the benefits of breastfeeding.”*

Note: If the video doesn’t play, be sure that Windows Media Player is installed on your machine. If you need help, contact your Regional IT person. Also, see the note on the Instructions page.





Counseling Strategies

You’ve learned about the many benefits of breastfeeding. You might think that if moms knew how much healthier it is, they’d want to do it. But...does knowing the benefits cause mothers to choose breastfeeding? No...Research has shown that WIC clients know about the benefits of breastfeeding, but still choose formula feeding. Why?...Because underlying issues and concerns have a stronger influence. Until these underlying issues and concerns are brought out into the open, acknowledged, and discussed, the client is unlikely to be influenced by the benefits alone.

How do you get the mother to tell you her underlying concerns and issues? One technique that has proven to be effective is called the “Three Step Method.” At first, it may feel awkward and unnatural. With practice though, it becomes easier and makes maximum use of the short time you have for patient education.

ICON KEY	
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	Print

- Open the file on the CD labeled  “Three Step Method.”
- Use the arrow keys to move though the slide presentation.
- Return to this page when you’ve finished.

Turn to pages 9-10 for a list of common breastfeeding myths that you are likely to hear from mothers when you begin to use the Three Step Method.

- Find the myth about “spicy chili and Tabasco sauce.”
- **Circle** the facts so that you’ll be prepared when you hear that particular myth.
- Remember...acknowledge the concern first and provide the facts last. “Lots of women think that they can’t have their favorite spicy foods while breastfeeding. The facts are...”

Does the Three Step Method work for all clients? NO...

Teens and some very shy women will not share their feelings despite your best efforts to use the Three Step Method. They may respond best to one of the following:

Pile Sort – A process of having WIC clients put things together that they believe belong together. This process helps generate a dialogue.

- Open the file on the CD labeled “Pile Sort.”
- Print both pages.



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- Cut out the pieces to make two table tents and a set of flash cards.
 - Ask a colleague to play the role of a client.
 - Ask the colleague to place the flash cards in front of either the table tent labeled “Positive Things about Breastfeeding” or the table tent labeled “Negative Things about Breastfeeding.”
 - List one response that wasn’t what you expected.
-
-

Photo Projection – Uses photos of common situations to start a discussion.

- Open the file on the CD labeled “Photo Projection.”
 -  Print the page
 - Show the pictures to two of your colleagues and ask the question “Is this woman likely to breastfeed? Why? Or Why not?”
 - List one or two attitudes or feelings that this activity brought out.
-
-

Most health professionals assume that these methods will take more time. After trying them, many change their mind. They find that these methods::

- Open up new ways of interacting with clients.
- Produce productive and satisfying results.
- Can be used to meet the requirements of the Breastfeeding Nutrition Education Plan and other checklists.

In summary, most of our WIC clients know that breastfeeding is better. However, they have underlying concerns that must be identified and acknowledged BEFORE they are ready to hear about breastfeeding. Our tendency as health professionals is to teach the information that we want the client to know. When we forget the first two steps – identify and acknowledge – we may be wasting both our time and the client’s.

 *Initial and date Competency #2 – “Utilize effective counseling methods to enable the pregnant woman to make an informed decision about infant feeding options.”*

You may not feel proficient in using the counseling methods described in this chapter. However, you should now have a basic understanding of several effective counseling methods. Your proficiency will increase with practice.

Commonly Believed Myths About Breastfeeding and the Facts

Myth	Fact
<i>"I tried breastfeeding, but I didn't have enough milk."</i>	Milk supply can be increased. The supply of milk is determined by how often the baby is put to the breast, how long the baby suckles the breast, and how effectively the baby removes milk from the breast.
<i>"I can't stand pain. Every time I breastfeed, it hurts so much that I cry."</i>	Good positioning and latch-on, along with frequent feeding, will eliminate most pain. If the pain continues, refer the mom to a breastfeeding counselor or lactation consultant.
<i>"I have to stop breastfeeding or the baby will get the awful flu that I have."</i>	Continued breastfeeding protects the baby. Breastmilk contains antibodies which protect the baby from the mother's illness. If a breastfed baby gets sick, the illness will be less severe than if the baby had not been breastfed.
<i>"My boyfriend doesn't want his friends to see my breasts, so I guess I can't breastfeed."</i>	Loose blouses and a baby blanket help a mother breastfeed without showing her breasts. Or, a mom can breastfeed in the privacy of her room or in her car. Or, she can choose to pump her milk and feed her baby expressed breastmilk if friends are around.
<i>"My breasts are too small. I can't make enough milk."</i>	Milk supply is determined by the frequency of breastfeeding. Breast size only indicates the amount of fat in the breasts, not the ability to produce milk.
<i>"I eat spicy chili and Tabasco sauce every day. Those foods will go through my milk and make the baby sick."</i>	Most women can eat their normal diets. Women from Mexico and India eat very spicy food, and they successfully breastfeed.
<i>"I can't stop smoking, so I can't breastfeed."</i>	Nicotine does go into the breastmilk. However, the advantages of breastfeeding outweigh the risk of nicotine in the breastmilk if the mother is smoking fewer than 20 cigarettes a day. The risks increase with more than 20 cigarettes a day so the mother should be encouraged to cut down as much as possible.

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Myth

Breastfeeding ties you down. I need my freedom.

"If I get upset or angry, my milk will spoil and the baby will get sick. My mother said it happened to her."

"I never eat breakfast. I don't eat good enough to make breastmilk."

"I'm having a C-section, so I won't be able to breastfeed."

"Twins! I can't possibly feed both babies."

"Formula is just as good as breastmilk."

Fact

It is easy to pump and store breastmilk. A mom can leave her baby for an evening or even return to school or work. Breastmilk is always available. There is no running to the store for formula.

Emotions may temporarily suppress the let-down process a little, but many moms have nursed successfully through wars and other stressful events.

The quality of breastmilk remains good even if the diet is not perfect. Women in other countries often have very poor diets yet they breastfeed successfully for two or three years.

Women who have had Caesarean births can breastfeed their babies. There are ways of positioning the mother and baby so both are comfortable during the feeding.

Women can successfully breastfeed twins and even triplets. There is information about positioning and scheduling that is helpful, and many cities have support groups for parents of multiples.

Breastmilk is made for human babies. It protects babies from infections and allergies. Formula is made from cow's milk or soy milk. It contains no immunological properties. It contains only the nutrients that scientists have been able to identify in breastmilk and replicate. A container of formula never changes, but breastmilk changes constantly to meet the baby's needs.

What to Teach the Mother Who Has Decided to Breastfeed

Mothers who are informed and know what to expect are much more likely to succeed with breastfeeding. The CPA’s dilemma is deciding what to teach the mother given the limited amount of time available in most busy WIC clinics.

An easy way to teach the basics is to use the pamphlet “Yes, I’m Going to Breastfeed.” It was designed to cover the basic concepts that a mother needs to know. To print a copy, **open the file on the CD** labeled “Yes, I’m Going to Breastfeed.”

In this chapter, we’ll follow the sequence of the pamphlet, pointing out the reasons behind the statements.

- You’ll seldom give the patient as much information as we’re going to give you.
- We think you’ll feel more comfortable using this pamphlet if you understand the science behind each statement.

ICON KEY	
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Nipple Preparation

- Shower or bathe as you usually do.
- Do the nipple "Pinch Test"
 - Make a "C" shape with your right hand.
 - Place your thumb and first finger around the areola.
 - Push back against your chest.
 - Gently squeeze the thumb and finger together.
 - Use a mirror to look at a side view of both nipples as you do the pinch test.
 - A normal nipple will move forward.
 - Flat or inverted nipples move back and may cause problems with breastfeeding. Get help before the baby comes.

Nipple Preparation

- The Montgomery glands enlarge during pregnancy and make extra oil to protect the nipple from dryness. The mother can shower or bathe as usual. It's not necessary to avoid getting soap on the nipples.
- It may be helpful to advise the woman to go without a bra (when at home) to allow normal friction from her clothing to gently prepare the nipples.
- The nipple "Pinch Test" simulates what happens when the baby latches on. The nipple provides a "guide" to assist latch.
 - To obtain an accurate result, it's important to press the breast inward against the chest before squeezing the nipple.
 - The mother should stand beside a mirror, turned to the side, and observe what happens as she presses the breast in against her chest wall and then squeezes the nipple.
 - Normal nipples will extend forward.
- Some nipples flatten instead of extending. When that occurs, the baby usually has difficulty latching on and may grasp only the nipple instead of the areola.
- Recheck any abnormal tests.
 - If the nipples flatten or don't project well, advise the mom that correct positioning and latch-on will be especially important for her to be successful.
 - Arrange for her to view a video showing correct latch and positioning or loan it to view at home. If she has access to a computer at home or a local library, suggest viewing the positioning video on the website <http://www.breastfeeding.com/>
 - Give her the tear off sheet FM-493 "Starting a Feeding." To print a copy, **open the file on the CD** labeled "Starting a Feeding."
 - If you know that the delivering hospital does NOT have breast pumps, use your professional judgement and issue one. Tell the mother not to use the pump for any reason until she has the baby. Use during pregnancy could result in labor contractions and preterm delivery.
 - **Open the file on the CD** labeled 🎧 "Balloon." This short clip demonstrates how to use a balloon and a pump to teach mothers a technique for managing flat nipples.



Learn Positioning

- Sit so that your lap is level and feet flat on the floor or supported with a book or box.
- Practice with a baby doll. Hold it "tummy to tummy" across your body, facing the left breast.
- Line up the "baby" so that the ear, shoulder, and hip are in a straight line.
- Support the "baby's" bottom and back firmly with your right arm and elbow. Cup your left breast in your left hand.
- With your right hand behind the doll's neck, bring "baby" to the breast and don't lean down.
- Ask about other positions that may work better for certain breast or body types.

Learn Positioning

- The best way to teach positioning and latch-on is by demonstrating or showing a video of real women and real babies.
 - Open the file on the CD labeled "Infant Cues" 🎧 to view a short clip on positioning and latch.
 - Most local health units have the video "Breastfeeding: A guide to successful positioning," which is helpful for teaching patients. (If your local health unit does not have a positioning video, please contact WIC Breastfeeding at 1-800-445-6175 to obtain a video for your local health unit.)
- The basic positions may not work for special circumstances such as:
 - Large breasts/short arms
 - Suggest that the mother lay the baby on her lap or on a pillow (rather than in her arms).
 - She should not lean down to latch baby nor lift up the breasts.
 - It may be helpful to place a small towel roll under the breast.

Basic Positions for Twins



Football



Criss-cross



Layered

- Twins – The basic positions are the same, with some modifications.
 - Both babies in football hold.
 - Both babies in front across each other with the bodies criss-crossed.
 - Layered – One baby in cradle; one baby with head on other one's abdomen and positioned to the side.
- Weak, premature, or floppy baby
 - Use extra pillows for support.
 - Cross cradle or football holds often work best.
 - Undress so mom and baby are skin to skin. Skin to skin contact has been shown to boost the mothers' milk supply and enhance breastfeeding.



Latch-On

- Read through the description of a correct latch.
- Watch the video clip again.
- Pay particular attention to the signs of a good latch.
- When the baby's head is allowed to tilt slightly backwards, the approach to the breast is "chin first."
- The baby's lower jaw should cover more of the breast and areola than the upper jaw.
- A good latch will result in a visual path from baby's eyes to mother's face.



What to Do in the Hospital

- Nurse within the first hour after delivery –
 - **Open the file on the CD** labeled “Self Attachment” ☺ to view a short segment from the video “Delivery Self Attachment.”
 - Healthy babies should go to the breast immediately after delivery.
 - Apgar testing can proceed as usual, but performed with the baby at the mother’s breast.
 - The other routines of cord care, eye care, and weighing can wait.
 - Skin-to-skin contact helps stabilize the baby’s temperature, respirations, and blood sugar.
 - Early breastfeeding reduces maternal bleeding and hormone production is enhanced.
- Room In
 - Allows mom to take advantage when baby shows readiness to feed.
 - Allows for many brief nursings.
 - Hospital routines interrupt moms’ sleep more than having the newborn baby in the room.

- Nurse often
 - Early, frequent nursing helps “bring in” an abundant milk supply.
 - Infants who don’t nurse often enough in the first few days of life are at risk for significant weight loss and jaundice.
 - Many babies are abnormally sleepy due to medications given the mother during labor. They need to be awakened to practice nursing.

- Record wets & stools
 - The pamphlet PM-400 “How to Know Your Breastfeeding Baby is Getting Enough” contains a log for the mother to record wets and stools. You might suggest that she take it with her to the hospital. **Open the file on the CD** labeled “How to Know” to print a copy.
 - Wets and stools track with the day of life (Day 1 – one wet, one stool; Day 2 – two wets, two stools) until about day 3 or 4 when the milk becomes abundant. Once the milk “comes in” abundantly, the wets and stools should progressively increase each day. A well-fed breastfeeding baby will have eight or more diaper changes a day.

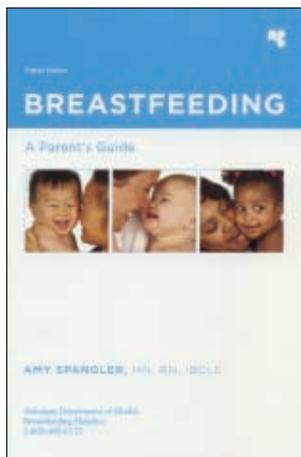


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- Avoid formula, water, bottle nipples, or pacifiers unless medically indicated.
 - Normal term babies do not require extra water, glucose water, or formula.
 - Unnecessary liquids fill the baby’s tummy and interfere with normal thirst and appetite. The result is less nursing and delayed milk production.
- Ask for help if breastfeeding hurts or baby isn’t latching well.
 - It’s important for moms to request lactation assistance and to complain to hospital administrators when it isn’t available.
 - If the mom is likely to encounter negative or erroneous advice, arm her with information and prepare her to deal with negative advice.
 - FM-492 “Positions for Breastfeeding” and PM-377 “Breastfeeding, A Parent’s Guide” are self help tools that the mom can take with her to the hospital. To print a copy of FM-492, **open the file on the CD labeled “Positions.”**

- Ask for pain relief
 - Many moms (and hospital staff) erroneously believe that a breastfeeding mom should not take pain medication.
 - Most common postpartum analgesics are minimally excreted into the milk and are safe for short-term use.
 - Prolonged use beyond a few days may cause sleepiness in the infant.
 - **Open the file on the CD labeled “AAP.”** This is the American Academy of Pediatrics statement on “The Transfer of Drugs and Other Chemicals Into Human Milk.”



– Go to **Table 6** on pages 5-7 and list the “Reported Sign or Symptom in Infant or Effect on Lactation for the following medications:

Acetaminophen _____

Codeine _____

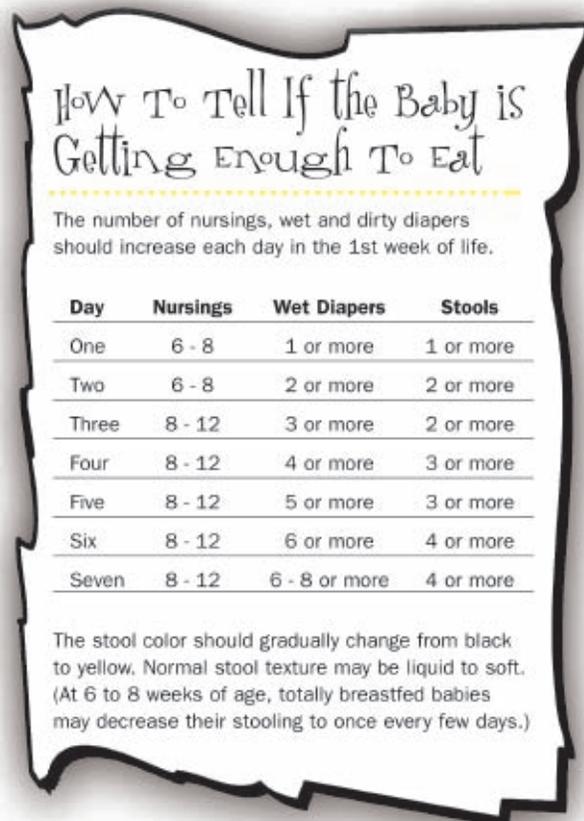
Ibuprofen _____

What to Expect in the 1st Week

- Most moms feel awkward and uneasy at first.
- Breastfeeding gets easier with practice.
- Sitting in a chair or couch with arms makes latch on and correct positioning easier.
- Every baby is different, but most will nurse at least every 1 1/2 to 3 hours.
- Wake a sleepy baby if it's been longer than 3 hours during the day and 4 hours at night since the last nursing.
- You should hear swallowing during a feeding.
- Feedings will usually last 15-45 minutes.
- Baby should end the feeding by letting go. If not, insert a finger to break the suction.
- You should notice more wet diapers and stools as your milk supply increases.
- Stools become bright yellow and liquid. This is normal and not diarrhea.
- Some weight loss in the first week is normal. Get a weight check at the doctor's office or county health unit by 2-4 days of age.

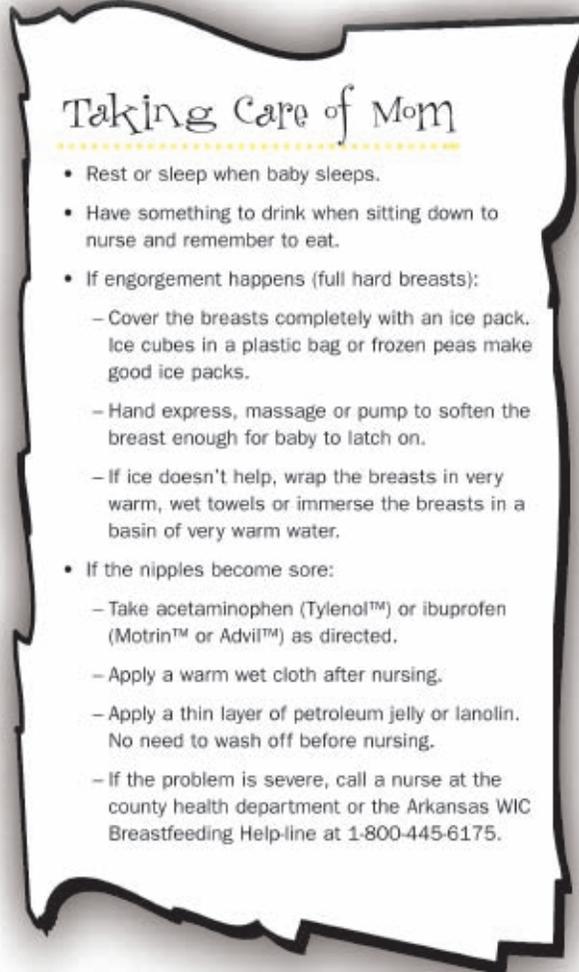
What to Expect in the First Week

- Breastfeeding may seem more difficult than formula feeding at first. Support for the mother is critical during this time.
- Breastmilk is rapidly utilized. Breastfed babies have a need to nurse often – usually every 1½ to 3 hours.
- During the day, the mother should arouse the baby to nurse if it's been three hours or more since the baby finished nursing. At night, it's OK to let the baby wake on its own unless there's a problem with milk supply or weight gain.
- Breastmilk stools change in color as the baby takes in more breastmilk.
 - The early stools are made up of meconium, which contains bilirubin from the breakdown of extra red blood cells, needed in fetal life but no longer needed once the baby is born.
 - Milk feedings stimulate the baby's intestine to expel the meconium. If the baby isn't taking in enough milk, the meconium stays in the intestine where bilirubin is reabsorbed. The result is a rise in bilirubin levels in the blood and yellowing of the skin.
 - Frequent, effective nursing results in a rapid change from meconium to yellow liquid stool. Some parents will be unnecessarily concerned that the stool is liquid or some consistency other than formed, though this is completely normal for an exclusively breastfeeding baby.
- Some babies "bunch" the nursings – nursing every few minutes for an hour or so. This is normal.
- Feedings usually last 15-45 minutes. This is a big issue with parents who often rely on "timed" feedings to determine if the baby is getting "enough." It is normal for feedings to vary widely in the early weeks.
- The length of the feeding is not a reliable measure of adequate intake. Better indicators are:
 - Increasing wets and stools
 - Audible swallowing
 - Softening of the breast after nursing
 - Infant gaining weight
- Whatever the pattern, newborns will nurse about 10-12 times in 24 hours. As the baby gets older the nursing will be less frequent.



How to Tell if the Baby is Getting Enough to Eat:

- This is critical information for parents to know.
- Once milk is abundant (usually by the 3rd or 4th day) the baby should be having multiple wets and stools.
- The stool should be yellow and liquid or semi-solid – (never hard or formed) as long as the baby is getting only breastmilk.
- Notice the sentence right under the chart. At about 6-8 weeks of age, the gastrointestinal tract matures and stooling is less frequent. Normal, healthy, growing exclusively breastfeeding babies may have only one very large soft stool every 5 -10 days.



Taking Care of Mom:

- Keep it simple – Drink to thirst; eat to appetite.
- Lie down and rest when baby sleeps.
- Engorgement and sore nipples are the two most common problems that women experience during the first few days of nursing.
- Sore nipples
 - Moist wound healing is now being used for healing sore nipples. (Applying breastmilk and keeping the nipples dry is no longer recommended for most women.)
 - Warm wet soaks applied for a few minutes after breastfeeding is soothing.
 - Purified lanolin or petroleum jelly helps retain moisture. Neither product is orally absorbed and will not harm the infant.

COMPETENCY BASED BREASTFEEDING TRAINING

In addition to the “Yes, I’m Going to Breastfeed,” there are other materials that can be used to teach breastfeeding.

- PM-154 “Babies First: Family Support for the Breastfeeding
- PM-150 “Is Breastfeeding Right for Me?”
- PM-157 “Babies First: Teen Moms Breastfeeding”



Summary:

The pamphlet “Yes, I’m Going to Breastfeed” includes most of the critical information that a mother needs to know to be successful with breastfeeding during the early weeks. Moms who learn about breastfeeding during pregnancy know what to expect and how to handle problems.

 Sign and date Competency #3: Teach the basic concepts that a woman needs to know to enable her to be successful with breastfeeding.

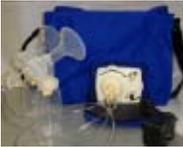
Breast Pumps

Pumping is an option that appeals to many women who are planning to breastfeed. Pregnancy is a good time to learn about the various kinds of breast pumps that are available through WIC. (Actual use of a breast pump should be delayed until after delivery, as pumping could trigger pre-term labor.)

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Arkansas WIC Breast Pump Guide 3/07

	<p>MANUAL OR HAND PUMP</p> <ul style="list-style-type: none"> <input type="checkbox"/> For occasional or short term pumping. (i.e. stay at home mothers, mild engorgement, short separations etc) <input type="checkbox"/> Unit contains a standard 24 mm shield (flange) and a 27 mm shield option <input type="checkbox"/> Not intended for reuse, not to be returned <input type="checkbox"/> Order # CL – 141
	<p>PERSONAL DOUBLE ELECTRIC PUMP</p> <ul style="list-style-type: none"> <input type="checkbox"/> For mothers of premature infants or infants with serious or chronic medical problems and mothers returning to work or school <input type="checkbox"/> Unit contains a standard 24 mm shield (flange) and a 27 mm shield option <p>Not intended for reuse, not to be returned</p> <p>Order # CL - 147</p>
	<p>LACTINA (DOUBLE ELECTRIC PISTON PUMP)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loan for short-term medical complications of mother or infant (i.e., severe engorgement, nipple trauma, temporary latch-on problem, surgery separation etc.) <input type="checkbox"/> Reusable loaner pump; property of LHU. Must be cleaned with 1:10 bleach solution after each loan. <input type="checkbox"/> Not available in all counties. <input type="checkbox"/> Order collection kit # CL - 139

To be eligible for a breast pump, a mother must be on WIC as a "Breastfeeding Woman".
Issuance must be documented on the WIC 5, "Comments Section" and the Drug Inventory Accountability Inventory Form (PhA:CPS-5) for breast pumps.
 Call WIC Breastfeeding 1-800-445-6175 for further information.

COMPETENCY BASED BREASTFEEDING TRAINING

 Answer the following True/False questions.

1. ___ T ___ F A Personal Double pump that has been used can be issued to another mother.
2. ___ T ___ F The pump to use for a mom with a baby having difficulty latching on is the Personal Double pump.
3. ___ T ___ F Moms who are only working a few hours a week should be given a Personal Double pump.
4. ___ T ___ F A mother who is mostly formula feeding doesn't deserve a pump.
5. ___ T ___ F The manual pump is intended for the woman who pumps for an occasional bottle.
6. ___ T ___ F Pregnant women who are on WIC can receive a breast pump about 2 – 3 weeks before delivery.

Go to the top of the next page to see the correct answers.

Answers

1. T F *A Personal Double pump that has been used can be issued to another mother.*

A previously used Personal Double pump cannot be issued to another mother. It is not FDA approved for use by more than one mother. Clients should be encouraged to keep the pump. If returned, the pump should be discarded or used as a demo only.

2. T F *The pump to use for a mom with a baby having difficulty latching on is the Personal Double pump.*

Latch-on problems usually only require a pump for a few days. The goal should be to assist the mother in getting the baby back to the breast. The mother might never need a pump again. The Lactina loaner pump would be the best pump to issue in this instance. However, Lactina pumps are limited and may not be available at some health units. If no Lactina pump is available, the Personal Double Pump can then be issued.

3. T F *Moms who are only working a few hours a week should be given a Personal Double pump.*

The policy does not specify a required number of hours the woman works or attends school. It also does not require proof of employment or school enrollment. The purpose in making pumps available is to extend the time that a baby receives breastmilk. Research has shown that returning to work or school is a major cause of early weaning.

4. T F *A mother who is mostly formula feeding doesn't deserve a pump.*

A mother who is providing breastmilk as little as one time a day meets the WIC definition of a Breastfeeding Woman. If she fits one of the justifications for a pump, we can't penalize her because she's giving some formula.

5. T F *The manual pump is intended for the woman who pumps for an occasional bottle.*

Though not as well liked as the automatic pumps, the manual pump is effective, quiet, and easy to store or transport. It is a good choice for women who need a pump only occasionally.

6. T F *Pregnant women who are on WIC can receive a breast pump about 2 to 3 weeks before delivery.*

Pregnant women are not eligible to receive breast pumps from WIC. The WIC policy states that a woman must be certified for WIC as a "Breastfeeding Woman" to receive a breast pump. Some new mothers, such as those who delivered premature or sick infants, may leave the hospital in need of a breast pump right away. Health units should make every effort to get those mothers certified as breastfeeding mothers immediately or as soon as possible to facilitate pump issuance.

Chapter 5

Management of Common Breastfeeding Problems

Breastfeeding problems often cause mothers to discontinue breastfeeding. When breastfeeding assistance is readily available to mothers, many of the common problems can be solved and breastfeeding preserved.

All health professionals working in WIC should know how to manage common breastfeeding problems. They should also know where to call for backup and where to refer patients with more complex problems.

There are many “tools” already in use in local health units that provide a quick reference for managing typical breastfeeding problems. **Open the file on the CD** labeled “Tip Sheet” to review those tools. If they are new to you, print yourself a copy and keep them where you can easily refer to them when a problem occurs. Look at the tip sheets now and answer the following questions:

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-  • What’s the first problem listed on Tip Sheet #602? _____

- What’s one characteristic of breastfeeding pain that begins on the 1st or 2nd Postpartum Day? _____

- Describe one intervention for the baby having difficulty latching on.

- What is the meaning of the term “Inappropriate Length of Nursing”?

COMPETENCY BASED BREASTFEEDING TRAINING

There's also a series of patient education tear off sheets (English on the front and Spanish on the back) specific for common breastfeeding problems and written at a 5th grade reading level. Locate the order number (lower right corner) for the following.

Open the file on the CD labeled "Tear Sheets" to view the tear off sheets.

 "Difficult Latch-On During Breastfeeding" Order # _____

"Sore Nipples During Breastfeeding" Order# _____

"Mastitis During Breastfeeding" Order# _____

"Engorgement During Breastfeeding" Order# _____

"Yeast Infection During Breastfeeding" Order # _____

Open the file on the CD labeled  "Problem Management" to view a PowerPoint Presentation.

- Use the arrow keys to move through the slide presentation.
- Return to this page when you've finished.

Complete the following sentences:

1. The best indicator of adequate breastmilk supply is _____
_____.
2. Early weaning can often be avoided if the mother _____
_____.
3. Breastfeeding _____ as the infant grows.

The basic breastfeeding problems in the PowerPoint presentation aren't the only ones you'll typically encounter. There are many other issues and questions that breastfeeding mothers might ask. As you'll learn in the next section, some breastfeeding problems or questions aren't just about breastfeeding.

Using Information That You Know

Some of you “panic” when you’re asked a breastfeeding question. You forget that you already have a wealth of information that can help you answer breastfeeding questions. In the following exercise, a situation will be described and you’ll be reminded of the information that you already know (or should know) to enable you to answer the question.

- Read each of the following situations.
- Circle your answer to the question.
- Go to the next page to check your answer.

Situation #1

Should a mother stop breastfeeding when she has a cold, the flu, or GI upset?

What you know (or should know)?



- Everyone around an ill person is usually already exposed by the time the person develops symptoms.
- The body makes natural antibodies to fight the infection.
- Very few common illnesses require isolation of the mother from her baby or other members of the household.



What is the correct answer to the question?

1. Yes, stop because the breastmilk has the germs in it.
2. Stop temporarily; pump & dump.
3. Continue breastfeeding to give the baby the antibodies that are in the breastmilk.

Go to the top of the next page to see the correct answer.

Answer to Situation #1

The correct answer is #3. The virus or virus particles may be in the breastmilk, but the baby is already exposed before mom knows she's sick. The baby benefits from continuing to breastfeed because in the breastmilk are specific maternal antibodies to the virus. Temporarily stopping or pumping & dumping won't prevent exposure as it's already happened.

Situation #2

A breastfeeding mother is starting a new job. She needs a TB skin test, an MMR, and the Hepatitis series.

What you know (or should know).



- Immunizations stimulate the body to make natural antibodies to the disease. They do not cause the person to have the disease.
- According to the American Academy of Pediatrics *Red Book* "Women who have not received the recommended immunizations before or during pregnancy may be immunized postpartum regardless of lactation status. No evidence exists for concern about the potential presence in maternal milk of live virus from vaccine if the mother is immunized during lactation." (Note: Smallpox is an exception – contact with the immunization site itself puts the infant at risk for developing vaccinia, a serious infection in infants).



What is the correct answer to the question?

1. Request an exception due to possible harm to the nursing infant.
2. Temporarily stop breastfeeding for 24 hours after each immunization.
3. Take immunizations and continue breastfeeding as usual.

Go to the top of the next page to see the correct answer.

Answer to Situation #2

The correct answer is #3. Breastfeeding can continue without harm to the nursing infant. There's no evidence to support exempting lactating women from being immunized.

Situation #3

What's the best advice for a breastfeeding woman who needs to take the antibiotic Cipro?

What you know (or should know):



- When providing information about any medication it is important to consider the route, dose, duration of treatment, potential side effects, and other medications in use.
- Although there are exceptions, less than 1% of the “maternal dose” of a drug will ultimately get into the milk and into the infant.
- The dose present in the breastmilk is often much lower than the therapeutic amount that would be needed to treat the infant with the drug.
- Sometimes a safer drug with fewer side effects and a longer track record can be substituted.
- Drug lists can be helpful, but also have limitations. The American Academy of Pediatrics Committee on Drugs “Transfer of Drugs and Other Chemicals Into Human Milk” is one of those.
- **Open the file on the CD labeled “Medications”** and compare this detailed information for Cipro with the brief information on Table 6 of the AAP statement.
- Ultimately, the risk to the infant must be weighed against the benefit to the mother of taking the particular medication and the negative consequences of discontinuing breastfeeding.



What is the correct answer to the question?

1. Stop breastfeeding while taking Cipro.
2. The American Academy of Pediatrics approves Cipro for use during lactation.
3. Cipro is acceptable for use during lactation if the benefit to the mother exceeds the potential risk to the infant

Go to the top of the next page to see the correct answer.

Answer to Situation #3

Stopping breastfeeding when taking Cipro avoids any possible risk to the infant, but doesn't take into consideration the benefits to the baby of continuing to breastfeed. The AAP has approved Cipro for use in breastfeeding women, but inclusion on the approved list does not mean that the medication is acceptable under all circumstances. The correct answer is #3. Cipro is an example of a drug that requires consideration of both maternal benefits and potential risks to the infant. In "Medications and Mothers' Milk," the author Dr. Thomas Hale points out that Cipro is not a drug routinely used for infants (except to treat Anthrax). It is a member of a family of drugs known to have potentially serious side effects, including Pseudomembranous colitis. Cipro may be acceptable if a safer drug can't be substituted and the seriousness of the mother's condition indicates need for this drug. Since Cipro is seldom used for infants, it's important to watch for side effects in the infant.

Situation #4

What 's the best advice to give to mothers who want to continue breastfeeding after returning to work?

What you know (or should know):



- Though exclusive breastmilk provides the best protection against illness, partial breastfeeding (giving part breastmilk, part formula) is better than no breastmilk at all.
- Exclusive breastfeeding for the first few weeks before the mom returns to work seems to help ensure a continued adequate supply.
- Experience has shown that the best time to introduce a bottle is between the 3rd and 4th weeks.
- Breastfed babies seem to prefer bottle nipples that are similar in shape to their mom's nipples.

 **What is the correct answer to the question?**

1. In the first week, start pumping and giving a bottle.
2. Nurse exclusively for 3-4 weeks, then begin pumping and give a bottle once a day.
3. Wait to introduce a bottle until 6 weeks and then only twice a week.

Go to the top of the next page to see the correct answer.

Answer to Situation #4

The first week is too early to start pumping. The mom needs to get breastfeeding off to a good start, stimulating lactogenesis with exclusive breastfeeding. However, waiting until 6 weeks to offer a bottle misses what clinical experience has shown to be the “window” of opportunity.

The correct answer is #2. Starting at 3-4 weeks, the baby should be given one bottle a day with 1-2 ounces of pumped breastmilk. Most mothers find the most productive time of day to pump is early morning rather than late in the evening when milk production is lowest. If it happens that the baby wants to nurse right after the mom has pumped, she should go ahead and nurse. The body will respond with milk. Some moms prefer to pump one side while nursing on the other.

At about 10 days before returning to work, the mom should begin gradually transitioning the baby to the kind of feeding schedule that she’ll have after return to work – gradually replacing breastfeeding with pumping and breastmilk by bottle. If she doesn’t plan to pump at work, she should slowly eliminate a nursing, substituting formula and allowing the breast to remain full. The fullness will signal the body to gradually turn down the supply during the workday. Ideally, she would continue to nurse during the evening and night.

There are many strategies for continuing breastfeeding. The ideal is pumping mid morning, noon, mid afternoon and nursing when with the baby. However, mothers have also been successful with “reverse cycle nursing” – nursing only in the evening and at night and giving formula at daycare. The most important point is that there’s many ways to manage breastfeeding and working.

Situation #5

What’s the best advice for weaning in an emergency?

What you know (or should know):



- Abrupt weaning is not advisable, but sometimes it’s necessary – certain radioisotope studies, surgery requiring prolonged hospitalization, most types of chemotherapy, new HIV infection in the mother, life threatening or debilitating illness in the mother, or drug abuse.
- When the milk is not removed, the breasts become full and hard.
- Ice helps reduce swelling.
- Wearing a tight bra or ace bandage during weaning increases the risk of mastitis and plugged duct.
- Certain medications such as estrogen and antihistamines have been shown to help decrease the mother’s milk supply.

 **What is the correct answer to the question?**

1. Bind the breasts and take ibuprofen for pain.
2. Use ice packs and avoid pumping or nursing.
3. Start an oral contraceptive that includes estrogen and pump every 3 to 4 hours.

Go to the top of the next page to see the correct answer.

Answer to Situation #5

Binding increases the risk of mastitis or plugged duct. The estrogen in combination oral contraceptives will decrease the milk supply but pumping will stimulate milk production. The correct answer is #2. Ice packs will help decrease the milk and the pain. Antihistamines such as Benadryl may also be helpful to further turn down the supply.

Situation #6

Is it safe to issue or recommend iron to an anemic breastfeeding woman?

What you know (or should know):



- Anemia is not a healthy state for any woman.
- The level of iron in breastmilk has been shown to remain stable regardless of the mother's own iron status.



What is the correct answer to the question?

1. Recommend iron to ensure an adequate amount of iron in the mother's breastmilk.
2. Don't recommend iron as it puts the infant at risk for getting an overload of iron through the breastmilk.
3. Recommend iron, according to the same protocol as for any anemic postpartum woman.

Go to the top of the next page to see the correct answer.

Answer to Situation #6

The amount of iron transferred to the breastmilk from the mother is small (0.3mg/day). There are no pediatric concerns for the infant of a lactating woman who is taking oral iron. The correct answer is #3. An anemic mother needs the iron for her own good health and well-being.

Situation #7

Breastfeeding women often ask about the safety of nipple piercing, tanning beds, and hair dyes during lactation.

What you know (or should know):



- Body piercing has occurred for centuries in certain cultures. Many of those cultures have high breastfeeding rates.
- Tanning beds increase a person's risk of developing skin cancer.
- Hair dyes affect only the hair itself and are not absorbed internally.



What is the correct answer to the question?

1. These practices do not adversely affect breastfeeding.
2. All of these practices are detrimental to breastfeeding.
3. Hair dyes and tanning are safe, but nipple piercing is contraindicated for breastfeeding.

Go to the top of the next page to see the correct answer.

Answer to Situation #7

Hair dyes are not absorbed into the body and don't affect breastfeeding, though tanning and nipple piercing may have other associated health risks, neither is harmful to breastfeeding. The nipple ring must be removed before nursing to avoid any risk of the infant swallowing the ring. Milk may leak through the opening left by the ring, but this is not harmful. The correct answer is #1; these practices do not adversely affect breastfeeding.

Situation #8

What's the appropriate advice for a pregnant woman expecting twins who's also nursing a 2-year-old?

What you know (or should know):



- Nursing during pregnancy is common in many cultures.
- Healthy women are able to sustain both a pregnancy and a nursing toddler if there are no other complications.
- Any woman pregnant with twins will require more calories during pregnancy.



What is the correct answer to the question?

1. Wean the toddler now as continued nursing will deplete the nutrients needed to sustain the twin pregnancy.
2. Continuing to nurse may cause pre-term labor.
3. If there are no pregnancy complications, the mother is healthy and the toddler's diet and growth are adequate, support should be given to continue nursing as long as the mother desires.

Go to the top of the next page to see the correct answer.

Answer to Situation #8

The mother's body is accustomed to the toddler's nursing. Continuing to nurse during pregnancy does not appear to stimulate pre-term labor in healthy pregnant women. Sudden weaning isn't necessary and could cause the mother to become engorged. The CPA's role is ensure that the mother and the toddler are well nourished. The mother should be referred to a nutritionist for an individualized diet plan that provides adequate calories and nutrients to support appropriate weight gain for pregnancy. The correct answer is #3; if there are no pregnancy complications and mother and toddler are healthy, support should be given to continue nursing as long as the mother desires.

Situation #9

A breastfeeding mother wants to go on a weight loss diet.

What you know (or should know):



- Moderate, gradual maternal weight loss has not been found to affect breastfeeding.
- Rapid weight loss naturally occurs in most women during the first month postpartum without any calorie restriction.



What is the correct answer to the question?

1. Refer the mother to the nutritionist for a 1200-calorie diet.
2. Advise the mother to increase physical activity, control portion sizes, and maintain at least an 1800-calorie intake per day.
3. Suggest using Slim Fast for breakfast and lunch, with a regular meal for supper plus a multivitamin.

Go to the top of the next page to see the correct answer.

Answer to Situation #9

An intake of 1200 calories is too restrictive for a breastfeeding woman and will result in excessive weight loss, inadequate nutrient intake, and a possible decrease in milk volume. Slim Fast contains approximately 250 calories. Even two Slim Fast drinks plus a meal do not provide enough calories. The correct answer is #2. The minimum amount of calories required for breastfeeding moms is 1800. By increasing physical activity and controlled portion sizes, most moms will lose weight while taking in a least 1800 calories.

 *Initial and date Competency # 4: Identify and manage breastfeeding problems throughout the certification period.*



Personal and Community Characteristics that Promote or Detract from Breastfeeding

Maybe you’ve had a bad experience with breastfeeding and don’t feel that you can honestly promote it. Some people recall seeing a woman breastfeeding in public and remember feeling embarrassed or uncomfortable.

Locate the *Self-Assessment Tool* that you filled out when you began the module. Some of your feelings may now have changed and you might answer the questions differently. However, don’t change your original answers. Count the number of A’s & B’s that you circled.

- If you answered mainly “B”s to the questions, congratulations. You’re already a breastfeeding advocate.
- If you answered mostly “A”s, you may have some issues about breastfeeding that are troubling you.
 - We hope that learning more about breastfeeding may have helped you begin to feel more comfortable.
 - You may want to talk about these issues with a colleague.
 - However, if you’re still feeling uncomfortable, that’s OK. There are many ways you can still promote breastfeeding.
 - You might ask a colleague to substitute for you (while you see her patient) if you have a patient needing breastfeeding help.
 - You could make a point not to say negative things about breastfeeding.
 - You might want to find at least one fact from the “101 Reasons to Recommend Breastfeeding” that you feel comfortable talking about with patients.
 - You can display breastfeeding posters in your workspace.
 - You can use pamphlets and videos to give your patient basic breastfeeding information.

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Community Attitudes

We've explored your attitudes and feelings, but how about your local medical community? Are they supportive of breastfeeding? Knowledgeable? How would you assess your community?

Open the file on the CD labeled "10 Steps" to view a PowerPoint presentation on the Ten Steps to Successful Breastfeeding:

- The Ten Steps program was developed by the WHO as a standard for all clinics and hospitals around the world.
- The Ten Steps include the necessary policies and procedures that any hospital providing maternity services should have in place to support and promote breastfeeding.
- Using the Ten Steps as the basis, the WHO also developed an assessment tool, the "Hospital Self Appraisal Tool."
- The "Hospital Self-Appraisal Tool" is an objective method for assessing the effectiveness of breastfeeding support and promotion.

Open the file on the CD labeled "UNICEF" to view the Hospital Self-Appraisal Tool and  print a copy.



- Read the standards listed for Step 2.
- Answer the questions to assess your local health unit.
- Next, answer the same questions to assess your local hospital. Call and ask the nurse manager of the Labor and Delivery or Postpartum Unit if you need help answering the questions.

In summary, mothers and babies benefit and breastfeeding rates increase when the local Health Department, the local hospital, and the doctor's offices are working together to promote and support breastfeeding.

- The "Hospital Self Appraisal Tool" is a way to objectively assess and gather data about the current situation in your community hospitals and clinics.
- The data gathered could be used to teach clients about what a hospital should provide in support of breastfeeding.
- The Tool might be used to stimulate breastfeeding interest in a Hometown Health coalition or other community group. To access a ready to use PowerPoint for making a Ten Steps presentation to a group, go to <http://www.gov.mb.ca/health/nutrition/10steps.ppt>

Finishing the Module:

- Sign each **COMPETENCY**.
 - This signifies a beginning Level I Competency.
 - Keep it for your records.
- Complete the **EVALUATION** form.
 - Add any comments that you want to make.
 - Place the form in the pre-addressed, stamped envelope with the Pre-test.
- **Open the file on the CD** labeled “Post-test” and  print.
 - Answer the questions on the **POST-TEST** without referring to the module.
- **Open the file on the CD** labeled “CEU Certificate” to  print the Order Form.

Mail the Pre-test, Post-test, Evaluation, and Certificate Order Form in the pre-addressed, stamped envelope included with your module packet.

- A Certificate for ArNa nursing and CDR contact hours will be mailed after receipt of the Pre-test, Post-test, Evaluation, and Order Form.
- Contact WIC Breastfeeding for questions about CPE approval by the Commission on Dietetic Registration (CDR) for registered dietitians and Arkansas Nurses Association (ArNA) for nurse contact hours.
- Arkansas WIC Breastfeeding’s number is 1-800-445-6175 or e-mail at wicbreastfeeding@arkansas.gov.

Brief clips from three videos were used in this Self-Study.

For information about obtaining the videos for use in the Local Health Unit, contact Arkansas WIC Breastfeeding.

“Benefits of Breastfeeding” – Eagle Video Productions

“Delivery Self Attachment” – Lennart Righard

“Infant Cues, A Feeding Guide” – Mark-it TV in association with Texas Department of Health



P.O. Box 1437, Slot H-43, Little Rock, AR 72203-1437 ■ 1-800-445-6175

<http://www.healthylarkansas.com/breastfeeding/>