ARKANSAS WIC
NUTRITION AND BREASTFEEDING

Competency Based Breastfeeding Training

Self-Study Module for WIC CPA's

Before you begin the module – Helpful Tips!

Throughout the module, you will be instructed to refer to several tools. It works best to print these tools before you begin. (**Important Note**: The linked document will open in the same window as the document you are currently viewing. To return to this page, click the back arrow located in the upper left hand corner of your screen.)

Some of the tools are pamphlets from central supply (high-lighted in yellow) that may not need to be printed if you have copies in your local health unit. For those tools you do not already have copies of, you can print them from the list below. Hit "print current page" to use the following list as a check off to gather the tools you will need:

Introduction
____ Module Competency Checklist (Click **here** to print)

Chapter 1
____ 101 Reasons to Recommend Breastfeeding (Click **here** to print)

Chapter 2
____ Common Breastfeeding Myths (Click **here** to print)
____ Pile Sort (Click **here** to print)
____ Photo Projection (Click **here** to print)

Chapter 3
____ PM – 152: Yes, I'm Going To Breastfeed (Click **here** to print)
____ FM – 493: Starting a Feeding (Click **here** to print)
____ PM – 400: How to Know Your Baby is Getting Enough (Click **here** to print)
____ FM- 492: Positions for Breastfeeding (Click **here** to print)
____ The Transfer of Drugs or Other Chemicals into Human Milk (Click **here** to print)

Chapter 5
____ Tip Sheet: # 602 Maternal Breastfeeding Complications
____ Tip Sheet: # 603 Infant Breastfeeding Potential Complications
____ Tip Sheet: Pain with Breastfeeding
____ Tip Sheet: Breastfeeding Assessment Guide
____ (Click **here** to print all of the tip sheets)
____ Patient Education Tear-offs: ___Breastfeeding & Biting, ___Cold Facts on Storing Breastmilk, ____Difficult Latch-on During Breastfeeding, ____Engorgement During Breastfeeding, ____Mastitis During Breastfeeding, ____The Nipple Pinch Test ____Sore Nipples During Breastfeeding, and ____Yeast Infection During Breastfeeding
____ (Click **here** to print all of the tear-off sheets)

Chapter 6
____ Hospital Self Appraisal Tool (Click **here** to print)

Developed January 2004, Updated January 2009

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Introduction

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

The 1940's marked the beginning in the decline of breastfeeding rates. The United States currently has a very low percentage of babies who are breastfeeding. Many of today's healthcare professionals grew up experiencing 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 the Arkansas WIC Program to provide competency-based breastfeeding training for all staff 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 job responsibilities as a WIC CPA (Competent Professional Authority) are derived from current Arkansas Department of Health WIC policies. The module contains seven chapters and requires approximately four clock hours to complete. After completing this module, you are required to achieve a score of 100% on the post-assessment (post-test) found on A-TRAIN. Instructions for completing the post-assessment were e-mailed to you when you registered for this course.

Trainee Qualifications

The module is intended for Arkansas Department of Health employees – RN, LPN, RD, Social Worker, Home Economist and other WIC counselors.

Continuing Education Credits

Continuing professional education credit hours are available for registered dietitians through the Commission on Dietetic Registration. The course does not provide continuing nursing education (CNEs) contact hours at this time.

Getting Started

Get out the "***Competency Checklist***" you printed prior to beginning this module. Place a check mark next to each competency as indicated within each chapter as you complete the coursework associated with them.

Chapter 1:
What's Good About Breastfeeding?

1. Dr. Ruth Lawrence, MD is the author of *Breastfeeding: a guide for the medical profession* and is a world-renowned expert on breastfeeding. Click **here** to watch a video of Dr. Lawrence discussing the many health benefits of breastfeeding. (**Important Note**: When you are finished watching the video, click on the x in the upper right hand corner of your computer screen to close media player and return to this page.)

2. Review some of the many reasons to recommend breastfeeding on the document titled "***101 Reasons to Recommend Breastfeeding***."

After completing the above, initial and date Competency #1: "Know the benefits of breastfeeding" on the Competency Checklist.

Chapter 2:
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.

1. **Three Step Method**
   Click on the link above to access the slide show that explains this effective counseling strategy. Scroll through the slide show using the scroll bar to advance each slide. (**Important Note**: The linked document will open in the same window as the document you are currently viewing. To return to this page, click the back arrow located in the upper left hand corner of your screen.)

2. **Common Breastfeeding Myths**
   Review the common breastfeeding myths document you printed prior to beginning this module. 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…"

3. 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:
   a. **Pile Sort** – A process of having WIC clients put things together that they believe belong together. This process helps generate a dialogue.
      i. Get the Pile Sort document you printed prior to beginning this module.
      ii. Cut out the pieces to make two table tents and a set of flash cards.
      iii. Ask a colleague to play the role of a client.
      iv. 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."
      v. List one response that wasn't what you expected.

b. **Photo Projection** – Uses photos of common situations to start a discussion.
    i. Get the Photo Projection document you printed prior to beginning this module.
    ii. Show the pictures to two of your colleagues and ask the question "Is this woman likely to breastfeed? Why? Or Why not?
    iii. 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, however, many change their minds. They find that these methods:

- Introduce 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.

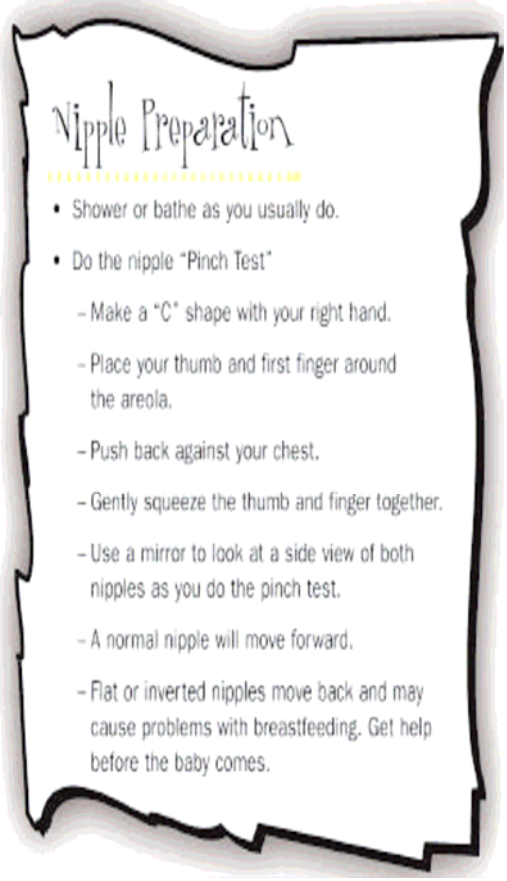
Chapter 3:
What to Teach the Mother Who Has Decided to Breastfeed

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. Review your copy of the pamphlet, "***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.



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, its 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.

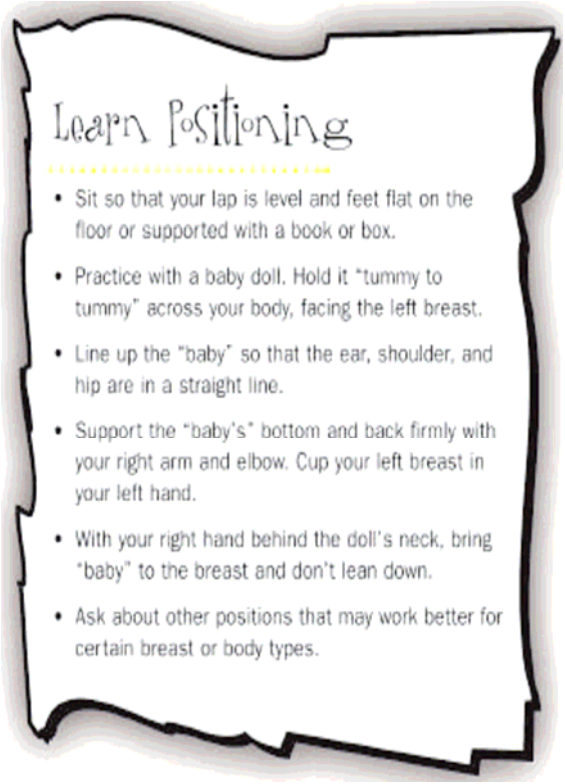
  – If the nipples flatten or don't project well, advise the mom that correct positioning and latch-on will be especially important for her to be successful.

  – Arrange for her to view a video showing correct latch and positioning or loan it to her 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/helpme/helpme_videos/23_latch_on.html

  – Give her the tear off sheet FM-493 "***Starting a Feeding***."

– If you know that the delivering hospital does NOT have breast pumps, demonstrate for the mother how she can gently roll and stretch the nipple for a few seconds just prior to latching the baby at the breast.

– Click **here** to watch a short video clip that demonstrates how to use a balloon and a pump to teach mothers a technique for managing flat nipples. (**Important Note**: When you are finished watching the video, click on the x in the upper right hand corner of your computer screen to close media player and return to this page.)



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.

  – Click **here** to view a short clip on positioning and latch. (**Important Note**: When you are finished watching the video, click on the x in the upper right hand corner of your computer screen to close media player and return to this page.)

  – 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.)

Basic Positions for Twins

Football

Criss-crossed

Layered

The basic positions may not work for special circumstances such as:

– Large breasts/short arms:

1. Suggest that the mother lay the baby on her lap or on a pillow (rather than in her arms).
2. She should not lean down to latch baby nor lift up the breasts.
3. It may be helpful to place a small towel roll under the breast.

– Twins – The basic positions are the same, with some modifications.

1. Both babies in football hold.
2. Both babies in front across each other with the bodies criss-crossed.
3. Layered – One baby in cradle; one baby with head on other one's abdomen and positioned to the side.

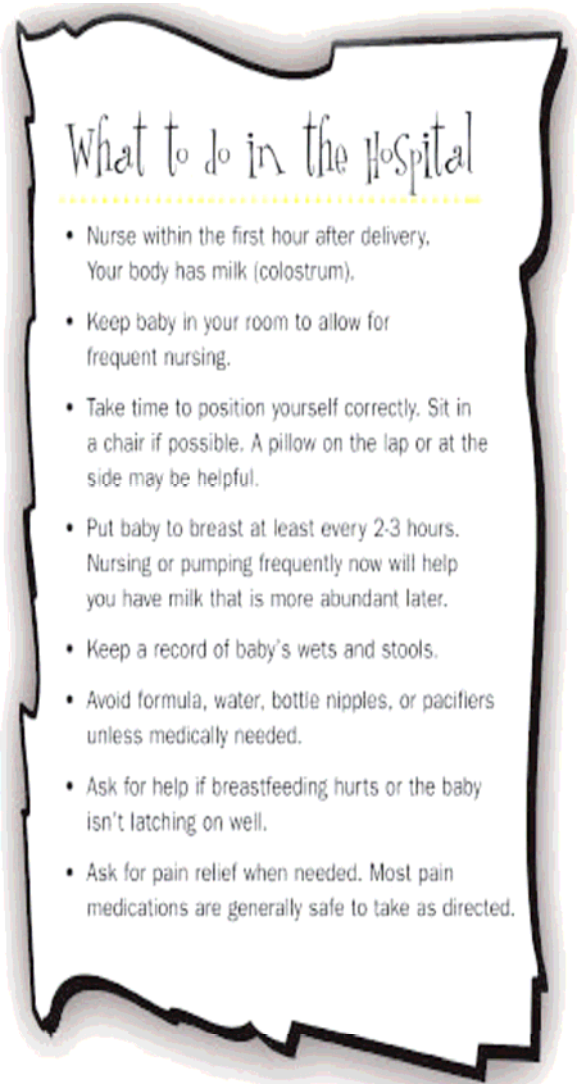
– Weak, premature, or floppy baby

1. Use extra pillows for support.
2. Cross cradle or football holds often work best.
3. 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


What to do in the Hospital

- Nurse within the first hour after delivery. Your body has milk (colostrum).
- Keep baby in your room to allow for frequent nursing.
- Take time to position yourself correctly. Sit in a chair if possible. A pillow on the lap or at the side may be helpful.
- Put baby to breast at least every 2-3 hours. Nursing or pumping frequently now will help you have milk that is more abundant later.
- Keep a record of baby's wets and stools.
- Avoid formula, water, bottle nipples, or pacifiers unless medically needed.
- Ask for help if breastfeeding hurts or the baby isn't latching on well.
- Ask for pain relief when needed. Most pain medications are generally safe to take as directed.

- **Nurse within the first hour after delivery**

  – Click **here** 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. Click **here** 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.

- 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, Keep It Simple" are self help tools that the mom can take with her to the hospital.

- Ask for pain relief

  – Many moms (and hospital staff) erroneously believe that a breastfeeding mom should not take pain medication.

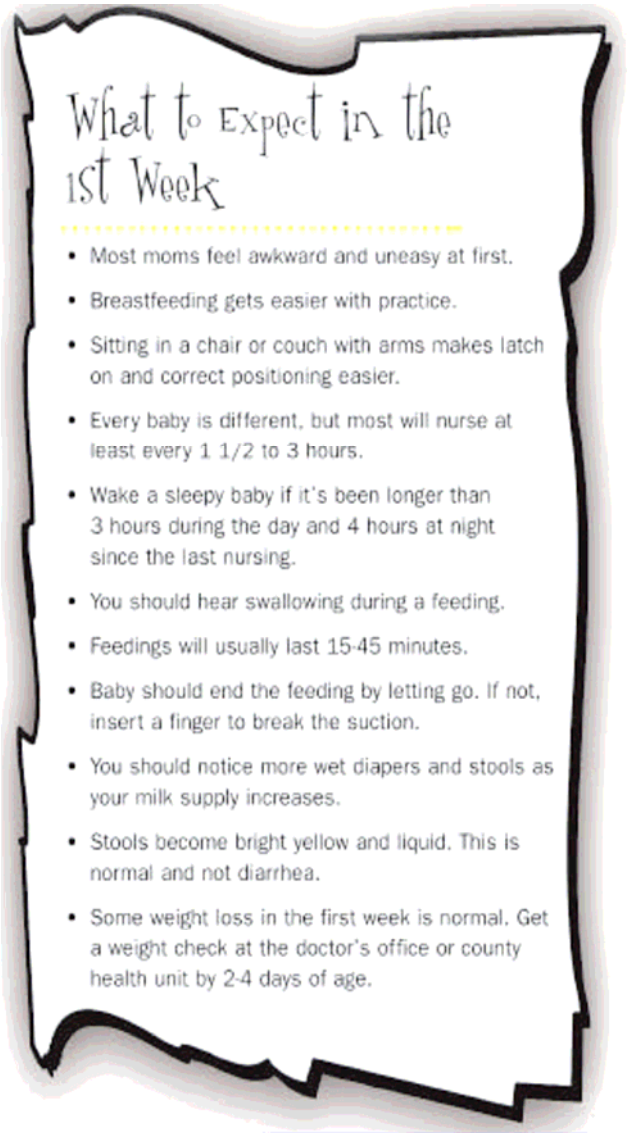
  – Most common postpartum analgesics are minimally excreted into the milk and are safe for short-term use.

  – Prolonged use beyond a few days may cause sleepiness in the infant.

  – Get your copy of the American Academy of Pediatrics statement on "***The Transfer of Drugs and Other Chemicals Into Human Milk***" you printed prior to beginning this module.

  – Go to Table 6 on pages 5-7 and review 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 11/2 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

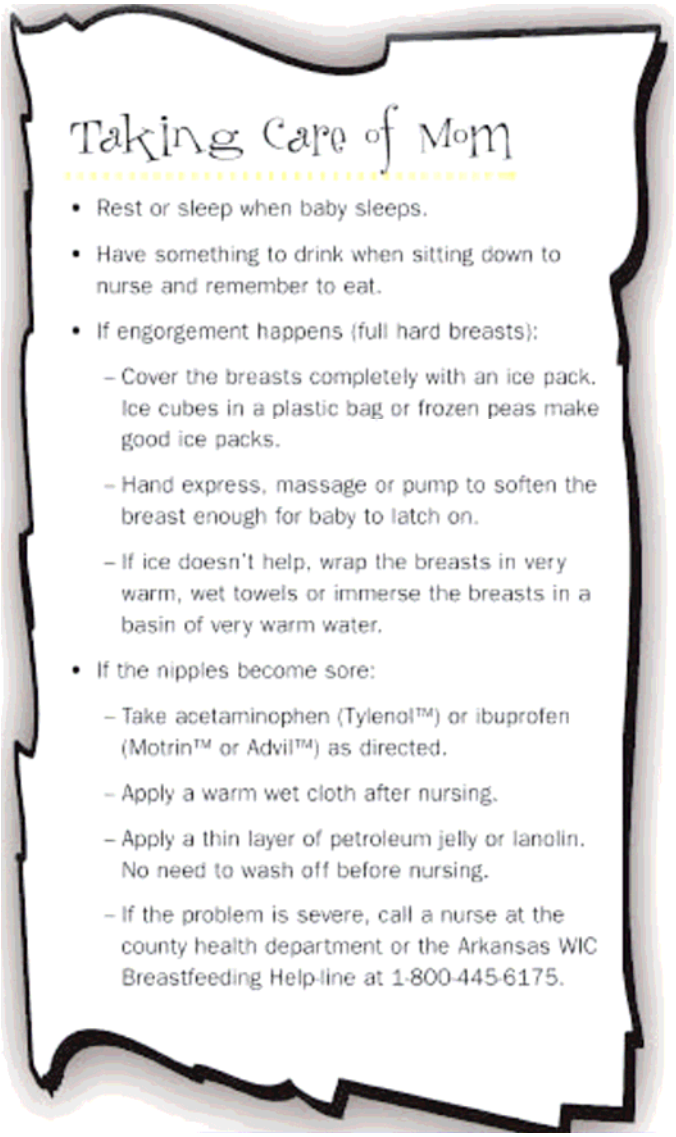
The number of nursings, wet and dirty diapers should increase each day in the 1st week of life.

Day	Nursings	Wet Diapers	Stools
One	6 - 8	1 or more	1 or more
Two	6 - 8	2 or more	2 or more
Three	8 - 12	3 or more	2 or more
Four	8 - 12	4 or more	3 or more
Five	8 - 12	5 or more	3 or more
Six	8 - 12	6 or more	4 or more
Seven	8 - 12	6 - 8 or more	4 or more

The stool color should gradually change from black to yellow. Normal stool texture may be liquid to soft. (At 6 to 8 weeks of age, totally breastfed babies may decrease their stooling to once every few days.)

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

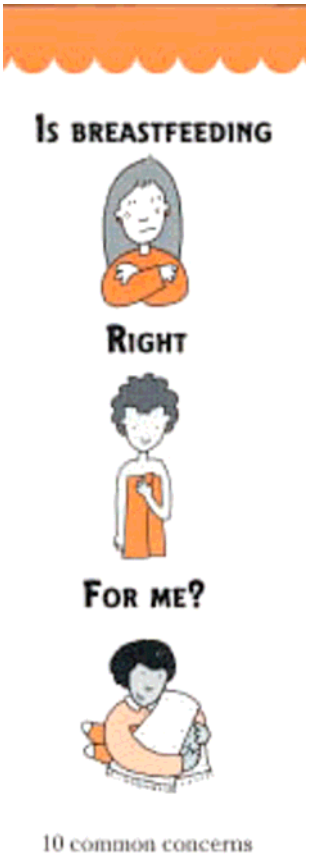
- Rest or sleep when baby sleeps.
- Have something to drink when sitting down to nurse and remember to eat.
- If engorgement happens (full hard breasts):
  - Cover the breasts completely with an ice pack. Ice cubes in a plastic bag or frozen peas make good ice packs.
  - Hand express, massage or pump to soften the breast enough for baby to latch on.
  - If ice doesn't help, wrap the breasts in very warm, wet towels or immerse the breasts in a basin of very warm water.
- If the nipples become sore:
  - Take acetaminophen (Tylenol™) or ibuprofen (Motrin™ or Advil™) as directed.
  - Apply a warm wet cloth after nursing.
  - Apply a thin layer of petroleum jelly or lanolin. No need to wash off before nursing.
  - If the problem is severe, call a nurse at the county health department or the Arkansas WIC Breastfeeding Help-line at 1-800-445-6175.

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.

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.

Chapter 4
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.)

Arkansas WIC Breast Pump Guide 2/08

	MANUAL OR HAND PUMP ❑ For occasional or short term pumping. (i.e. stay at home mothers, mild engorgement, short separations etc) ❑ Unit contains a standard 24 mm shield (flange) and a 27mm shield option ❑ Not intended for reuse, not to be returned ❑ Order # CL – 141
 	PERSONAL DOUBLE ELECTRIC PUMP or ADVANCED MODEL ❑ For mothers of premature infants or infants with serious or chronic medical problems and mothers returning to work or school ❑ Unit contains a standard 24 mm shield (flange) and a 27 mm shield option ❑ Not intended for reuse, not to be returned ❑ Order # CL – 147
	LACTINA (DOUBLE ELECTRIC PISTON PUMP) ❑ Loan for short-term medical complications of mother or infant (i.e., severe engorgement, nipple trauma, temporary latch-on problem, surgery separation etc.) ❑ Reusable loaner pump; property of LHU. Must be cleaned with 1:10 bleach solution after each loan. ❑ Not available in all counties. ❑ Order collection kit # CL – 139

Click **here** to watch a video demonstration on how to use the Medela Advanced Personal Double Electric breast pump. (**Important Note**: When you are finished watching the video, click on the x in the upper right hand corner of your computer screen to close media player and return to this page.)

To be eligible for a breast pump, a mother must be on WIC as a “Breastfeeding Woman”. Issuance must be documented in the "Notes" section of the Participant folder and logged on the breast pump inventory form.

Call WIC Breastfeeding 1-800-445-6175 for further information.

Now it’s time to test your knowledge of breast pumps. Click **here** to take an interactive PowerPoint quiz on breast pumps.

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. Refer to the "***Tip Sheet***" document you printed prior to beginning this module to review those tools. If they are new to you, keep a copy where you can easily refer to them when a problem occurs.

Look at the tip sheets now and answer the following questions:

- 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"?

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. Review the ***tear off sheets*** you printed prior to beginning this module. Locate the order number (lower right corner) for the following.

"Difficult Latch-On During Breastfeeding" Order # _____
"Sore Nipples During Breastfeeding" Order# _____
"Mastitis During Breastfeeding" Order# _____
"Engorgement During Breastfeeding" Order# _____
"Yeast Infection During Breastfeeding" Order # _____

Click **here** to view a pdf PowerPoint Presentation on "Problem Management." (**Important Note**: The linked document will open in the same window as the document you are currently viewing. To return to this page, click the back arrow located in the upper left hand corner of your screen.)

- Use the arrow keys to move though 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
Situation Quiz

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 questions.

- Click **here** to start the situation quiz.

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

Chapter 6:
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.

Hopefully at this point in the module some of your feelings about breastfeeding have changed. If you already have positive feelings about breastfeeding, you can be a breastfeeding advocate. We hope that learning more about breastfeeding may have helped you begin to feel more comfortable about promoting breastfeeding and supporting mothers who do.

If you still feel uncomfortable about breastfeeding, that's OK. You can still promote breastfeeding in a variety of ways:

- 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.

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?

Click **here** to view a PowerPoint presentation on the **Ten Steps to Successful Breastfeeding** (**Important Note**: The linked document will open in the same window as the document you are currently viewing. To return to this page, click the back arrow located in the upper left hand corner of your screen.)

• The Ten Steps program was developed by the World Health Organization (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.

Review the ***Hospital Self-Appraisal Tool*** you printed prior to beginning this module.

• 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.

Summary
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 the breastfeeding support a hospital should provide.

• 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

Check off competency #5: ***Identify characteristics of the local health unit and the community that enhance or distract from the promotion of breastfeeding.***

Chapter 7:
Case Studies

The following case studies are intended to enhance critical thinking assessment skills for breastfeeding counseling, problem management and ongoing support of breastfeeding.

Read the following case scenarios. For each case scenario, you will be asked to identify the following:

- The primary concerns/issues to address;
- The best initial response to affirm the mother's feelings about the situation;
- The best assessment of the cause of the problem; and
- The best plan of care.

- Click **here** to review the case studies and answer questions about each.

Post-Assessment for this Module

•Please return to A-TRAIN to complete the post assessment for this module.

•Instructions for completing the post assessment were e-mailed to you when you registered. They were attached to the registration notification.